

CLINICAL RECORD

AUTOPSY PROTOCOL

DATE AND HOUR DIED 18 November 1978	A. M. P. M.	DATE AND HOUR AUTOPSY PERFORMED 15 December 1978	A. M. P. M.	CHECK ONE		
PROSECTOR Kenneth H. Mueller, LTCOL, USAF		ASSISTANT Robert L. Thompson, CAPT, MC, USN		FULL AUTOPSY	HEAD ONLY	TRUNK ONLY
						X

CLINICAL DIAGNOSES (Including operations)

This body (later identified as James Warren Jones) was one of a large number of bodies discovered at Jonestown, Guyana on or about 19 November 1978 by members of the Guyanese Defense Force. The scene, as reported in various news media and by government officials of Guyana, was said to be grotesque in the extreme. A few witnesses, again reported in various news media, said that most of these people, some willingly and others unwillingly, had ingested poison(s) which fairly quickly led to their deaths.

After inquiries into the cause and manner of death by Guyanese officials, including Dr. Leslie Mootoo, forensic pathologist to the government of Guyana, the bodies, which were rapidly putrefying in the hot and humid tropical climate of Guyana, were released by the government of Guyana and transported by the United States Air Force from Jonestown, Guyana to Dover AFB, Delaware between 23 and 26 November 1978. Efforts to identify the bodies and add to the store of reliable information about the causes and manners of their deaths were carried on at Dover AFB from 27 November 1978 onward.

PATHOLOGICAL DIAGNOSES

1. Gunshot wound, head, hard contact, perforating, with extensive skull fractures.
 - a) Entrance wound: left temple area.
 - b) Wound track: left to right, anterior to posterior, and slightly inferior to superior.
 - c) Exit wound: right temple area.
2. Postmortem decomposition.
3. Embalming artifacts.

Cause of Death: Gunshot wound of head.

Manner of Death: Undetermined.

APPROVED-SIGNATURE <i>KH Mueller</i> KENNETH H. MUELLER, LTCOL, USAF, MC		APPROVED-SIGNATURE <i>Robert L. Thompson</i> ROBERT L. THOMPSON, CAPT, MC, USN				
MILITARY ORGANIZATION (If less required)	AGE 47	SEX Male	RACE Caucasian	IDENTIFICATION NO.	AUTOPSY NO.	
PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle, grade, date, hospital or medical facility)				REGISTER NO.	WARD NO.	

JONES, JAMES WARREN
 AFIP #1680342

AUTOPSY REPORT - (B013)

AFIP #1680342

Name: JAMES WARREN JONES
Age: 47 years
Date of Birth: 13 May 1931
Sex: Male
Race: Caucasian
Date of Death: 18 November 1978
Date of Autopsy: 15 December 1978
Prosecutor: Kenneth H. Mueller, Lt.Col, USAF, MC
Witnesses: Robert L. Thompson, CAPT, MC, USN
Joseph M. Ballo, LTC, MC, USA
Douglas S. Dixon, MAJ, MC, USA
Rudiger Breitenecker, M.D., Baltimore, Maryland

This is one of the bodies (B013) transported by the USAF from Jonestown, Guyana to Dover Air Force Base, Delaware.

Body Identification:

The body is identified as James Warren Jones on the basis of the comparison of antemortem and postmortem fingerprint and dental records. No medical records are available.

Description of Clothing:

The body is clothed in a red shirt with the label "Fruit of Loom, Extra Large", tan trousers labeled "Sears Permapress, 36 X 30", no belt, brief type underwear with the label "3H Fruit of Loom" and the name "Steve" initialed into the waist band, black socks and black lace shoes with the label "84550, Comb, 305Z".

External Description:

The body is that of a Caucasian male with moderate to severe decomposition changes. There is a tag attached to the toe with the name Reverend James W. Jones and the number 138 is also attached to the body. The body is well nourished, well developed and measures 68 inches in length. The age is estimated to be 45-60 and the weight 175 lbs. The color of the hair is black. The body has been previously embalmed and is covered with a white-tan powder. The examination of the teeth reveal them to be in good repair and a few of the anterior lower teeth have a pink coloration. The eyes are sunken. The face has been incised at each corner of the mouth for previous examination of the teeth. In the anterior midline of the body there is a 26 inch sutured incision which begins in the area of the left sterno-clavicular junction and ends in the supra-pubic area. There are coils of intestine protruding through the sutured incision. Examination of the external genitalia reveals the penis to be circumcised. No scars or tattoos are identified.

Evidence of Embalming:

Trocar stab wounds are identified in the following areas: beneath the chin, in the cheek areas bilaterally, the right forearm near the antecubital fossa, the left anterior shoulder area, the right side of the anterior abdominal wall at the level of the umbilicus, the supra-pubic area slightly to the right, the right anterior upper thigh area, the area of the right medial thigh near the knee, the left lower leg anterior near the knee.

Evidence of Injury:

The entrance of a gunshot wound is located in the left temple area 3+7/8 inches below the top of the head, 1/2 inch anterior to the external auditory canal and 5 inches to the left of the midline of the face. The entrance wound is triangular shaped and measures 3/4 by 2+1/2 inches. No powder residue or muzzle imprint is identified around the wound.

The track of the wound perforates the underlying tempo-parietal skull with internal beveling. The wound track within the brain is not identified because of severe postmortem decomposition. The wound then perforates the right temporal bone with external beveling.

The exit gunshot wound is located in the right temple area superior to the right ear. The wound measures 3/8 by 1/4 inch, and is 3+1/2 inches below the top of the head, 1/2 inch posterior to the external auditory canal and 6 inches to the right of the midline of the face.

The path of the wound is directed from left to right, anterior to posterior and slightly inferior to superior.

Internal Examination:

The thorax and abdomen are opened by extending, in the usual Y shape, the previously described incision. The original incision on the chest is seen to have extended through the skin and subcutaneous tissue, but not the rib cage. The abdominal segment of this incision extends into the abdominal cavity. The usual intermastoid coronal scalp incision is employed for examination of the cranial cavity.

Cranial Cavity: The examination of the skull reveals multiple comminuted fractures in the areas of the frontal bone, parietal bone, occipital bone and base of the skull. There is a fracture of the base of the skull in the area of the ethmoid bone. The brain is severely decomposed and is in a semi-liquid state. No grossly identifiable structures are noted within the brain. Except for fractures, the sella turcica shows no abnormality and the pituitary gland is not enlarged. The gunshot wound of the head has previously been described.

Neck: The examination of the neck structures reveals no hemorrhage and no fractures of the hyoid bone or laryngeal cartilages. Examination of the interior of the larynx reveals no evidence of obstruction.

Body Cavities: Each chest cavity has approximately 150 cc's of reddish-brown, foul smelling fluid. The abdominal cavity contains a small amount of yellowish-brown fluid.

Cardiovascular System: The heart is of normal size and shape. Examination of the coronary arteries reveals no thickening and they are of normal size and distribution. Examination of the chambers of the heart reveals all valves to be normal and the myocardium shows no abnormalities except for the changes of decomposition. The examination of the aorta reveals a few small atheromatous plaques at the ostia of the coronary arteries.

Respiratory Tract: The lungs have an extensive honey-combed appearance due to decomposition, but they are of normal size and shape. Examination of the bronchi reveals a small amount of brownish material within the lumens.

Biliary Tract: The liver is of normal size and shape and there is no abnormality except for decomposition changes on the cut surfaces. The gall-bladder is empty.

Spleen: The spleen is of normal size and shape and there is no abnormality except for decomposition changes on the cut surface.

Pancreas: The pancreas is extensively decomposed, but no abnormality is noted.

Genitourinary System: The kidneys are of normal size and shape and examination of the cut surface reveals an extensive honey-combed appearance due to decomposition on the cut surfaces. There is no abnormality of the ureters. The bladder is empty, and the mucosa of the bladder shows no abnormality. The prostate gland is small and no nodules are noted on the cut surface.

Alimentary Tract: Examination of the pharynx reveals no obstruction. The esophagus is empty. The stomach is empty and no identifiable food or drugs are identified. Examination of the small and large intestine reveals no external abnormality.

Endocrine System: Examination of the area of the pituitary gland reveals extensive fractures of the bone in this area. The pituitary gland is extensively decomposed, but no gross abnormality is noted. Examination of the thyroid gland and adrenal gland reveals no abnormality except for changes of decomposition.

Musculoskeletal System: The extensive fractures of the skull have been previously described. Examination of other areas of the musculoskeletal system reveals no gross abnormality.

Toxicology: The following tissues are submitted for toxicological examination: the stomach and stomach contents, spleen, liver, kidney, lung.

X-Ray Examination: Total body X-rays reveal the only obvious trauma to be confined to the head. The calvarium is fractured in a massive, comminuted fashion. Within the head are scattered small metallic densities, consistent with a bullet track, but no large fragments are seen. There is no obvious evidence of sella turcica or pituitary problems, but the sella is not ideally evaluated on the available films.

Microscopic Description

All of the tissues show moderate to severe changes of postmortem decomposition:

Skin: Sections from the entrance and exit wounds are examined. No definite powder residue is identified. The changes of decomposition preclude further evaluation.

Coronary arteries: Sections of coronary artery show slight to moderate intimal thickening.

Lung: Sections of lung show focal intra-alveolar hemorrhage.

Sections of liver, kidney, thyroid, myocardium, and prostate show no changes except decomposition.

After fungus and bacterial stains were prepared, the microscopic stains were evaluated by the Department of Infectious Diseases. It is the opinion of this Department that fungi and bacteria seen in the sections are postmortem contaminants, and no changes to indicate antemortem infectious disease are noted.

Summary:

This is the case of a 47 year old Caucasian male who was found dead in Jonestown, Guyana. The cause of death is a gunshot wound of the head. The caliber of the gun was large enough to produce the typical stellate tearing of the skin surrounding the wound. The hands were not swabbed for powder residue because the embalming and extensive handling of the body after death would have led to the high probability of either false positive or false negative results.

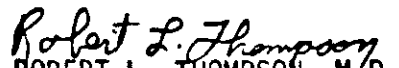
The tissue levels of pentobarbital are within the toxic range, and in some cases of drug overdose have been sufficient to cause death. The liver and kidney pentobarbital levels are within the generally accepted lethal range. The drug level within the brain is not within the generally accepted lethal range, and brain levels are the most important as far as vital functions are concerned. The cause of death is not thought to be pentobarbital intoxication because: (1) the brain level is low, as stated above (2) tolerance can be developed to barbiturates over a period of time and (3) the lethal level of a drug varies from individual to individual. The level of chloroquine within the liver is within the therapeutic range.

No anatomic evidence of antemortem disease is found.

The manner of death is consistent with suicide because of the finding of a hard contact gunshot wound of the head. The possibility of homicide cannot be entirely ruled out because of the lack of specific and reliable information.



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PATIENT IDENTIFICATION	PLEASE USE AFIP ACCESSION NUMBER IN ALL CORRESPONDENCE
AFIP ACCESSION NUMBER.	1680342
JONES, JAMES W.	
PLEASE INFORM US OF ANY PATIENT IDENTIFICATION ERRORS	

ADDRESS REPLY TO THE DIRECTOR
ATTN AFIP - CPL-T

18 April 1979

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

Specimens Submitted: Lung, kidney, muscle, stomach, brain, liver, teeth and spleen.

AFIP DIAGNOSIS REPORT OF TOXICOLOGIC EXAMINATION

1. All tissues submitted were putrefied; the body was embalmed prior to autopsy.
2. Neutral drugs - LIVER - None Found.
3. The following drugs were identified and quantitated by gas chromatography and uv spectrophotometry and verified by mass spectrometry. Amounts reported are in milligrams per 100 grams tissue.

	<u>LUNG</u>	<u>STOMACH</u>	<u>BRAIN</u>	<u>KIDNEY</u>	<u>MUSCLE</u>	<u>LIVER</u>	<u>SPLEEN</u>
Pentobarbital	0.5	37.3	0.3	8.4	0.03	5.7	19.3
Chloroquine	NR	NR	NR	NR	NR	8.3	NR

William W. Manders
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