Toxicology Laboratory Report
Cuyahoga County Regional Forensic Science Laboratory
11001 Cedar Avenue, Cleveland, Ohio 44106
Final Report

CUYAHOGA COUNTY REGIONAL FORENSIC SCIENCE LABORATORY

Case Number :	**IN2019-01001**	**Report Date :**	**Wednesday, July 10, 2019**
Name :	**Tia Parks**	**Receipt Date :**	**Monday, June 10, 2019**
Agency :	**Cuyahoga County (CCMEO)**	**Pathologist :**	**TBAR - Dr. Todd Barr - M.D.**

TmB 7/17/19

Specimen Received

B1 - Blood | F1 - Femoral Blood | I1 - Bile | L1 - Liver
R1 - Longterm Storage | R2 - Longterm Storage | R3 - Longterm Storage | V1 - Vitreous Humor
V2 - Vitreous Humor

COMMENT :

B1: Heart Blood Analysis

Drug Group/Class	Result	Quantitation	Analyte(s)
Acetaminophen Screen		**NOT PERFORMED**	**See Last Page, Group 9**
Salicylate Screen		**NOT PERFORMED**	**See Last Page, Group 10**
Cannabinoids by LC-MS/MS	**Positive**		**See Last Page, Group 14**
Delta-9-THC		Positive	
Delta-9-THC-COOH		Positive	

F1: Femoral Blood Analysis

Drug Group/Class	Result	Quantitation	Analyte(s)
Volatile Screen & Confirmation	**None Detected**		**See Last Page, Group 1**
Opiate ELISA Screen	**None Detected**		**See Last Page, Group 7**
Basic Drugs by GC/MS	**None Detected**		**See Last Page, Group 8**
Opiates by GC/MS	**None Detected**		**See Last Page, Group 15**
Amphetamine ELISA	**None Detected**		**See Last Page, Group 7**
Barbiturates ELISA Screen	**None Detected**		**See Last Page, Group 7**
Benzodiazepines ELISA Screen	**None Detected**		**See Last Page, Group 7**
Cannabinoids ELISA Screen	**Positive**		**See Last Page, Group 7**
Carisoprodol ELISA Screen	**None Detected**		**See Last Page, Group 7**
Cocaine Mtb. ELISA Screen	**None Detected**		**See Last Page, Group 7**
Fentanyl ELISA Screen	**None Detected**		**See Last Page, Group 7**
Methamphetamine ELISA Screen	**None Detected**		**See Last Page, Group 7**
Oxycodone ELISA Screen	**None Detected**		**See Last Page, Group 7**
Phencyclidine ELISA Screen	**None Detected**		**See Last Page, Group 7**
Tricyclic Antidepressants ELISA Screen	**None Detected**		**See Last Page, Group 7**
Methadone ELISA Screen	**None Detected**		**See Last Page, Group 7**
Zolpidem ELISA Screen	**None Detected**		**See Last Page, Group 7**
Buprenorphine ELISA Screen	**None Detected**		**See Last Page, Group 7**

I 1: Bile Analysis

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

L 1: Liver Analysis

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

R 1: Long Term Storage Red Top

Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

R 2: Long Term Storage Purple Top			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

R 3: Long Term Storage Purple Top			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

V 1: Vitreous Humor Post Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

V 2: Vitreous Humor Post Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

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Analysis Summary

1) **VOLATILES:** Acetaldehyde, Acetone, Acetonitrile*, Butane, Chloroform*, Dichloromethane*, Ethanol, Ethyl Acetate*, Formaldehyde, Isopropanol, Methane, Methanol, Paraldehyde*, Propane, Toluene*. **ETHANOL, ACETONE, ISOPROPANOL,** and **METHANOL CONFIRMATION(s) by alternative GC column and/or alternative specimens. METHANOL** is differentiated from **FORMALDEHYDE by Colorimetry (Qualitative).**

2) **Sedatives, Hypnotics, Anti-Epileptic and Other Acidic/Neutral Drugs by GC/MS and GC-FID:** Amobarbital, Butalbital, Caffeine, Carbamazepine, Carisoprodol, Glutethimide, Ibuprofen, Levetiracetam, Mephenytoin, Meprobamate, Metaxalone, Naproxen, Pentobarbital, Pentoxifylline, Phenobarbital, Phenytoin, Primidone, Secobarbital, Theophylline, Topiramate

3) **CARBON MONOXIDE*(Carboxyhemoglobin) by CO-Oximetry:** Carbon Monoxide, Methemoglobin, Hemoglobin

4) **GLYCOLS*:** Ethylene Glycol, Propylene Glycol **Screened and Confirmed by GC/MS**

5) **Gabapentin/Pregabalin by LC-MS/MS (mg/L)**

6) **EMIT®SCREEN: SYMPATHOMIMETIC AMINES (SMAs)** (target = d-Amphetamine); **BENZODIAZEPINES** (Target= Oxazepam); **COCAINE** (Target= Benzoylecgonine (a cocaine metabolite); **CANNABINOIDS** (Target= 11-nor-Δ-9-THC-COOH (a marijuana metabolite); **OPIATES** (Target= Morphine); **PHENCYCLIDINE** (Target= Phencyclidine); **FENTANYL** (Target= Fentanyl)

7) **ELISA** (*E*nzyme-*L*inked *I*mmuno*S*orbent *A*ssay) **SCREEN: SMAs** (Target = d-Amphetamine); **Barbiturates** (Target = Pentobarbital); **Benzodiazepines** (Target = Alprazolam); **Cannabinoids** (Target = 11-nor-Δ-9-THC-COOH (a marijuana metabolite); **Carisoprodol** (Target = Carisoprodol); **Cocaine** Metabolite (Target = Benzoylecgonine); **Fentanyl** (Target = Fentanyl); **Methamphetamine** (Target = d-Methamphetamine); **Oxycodone** (Target = Oxycodone); **Phencyclidine** (Target = Phencyclidine); **Tricyclic Antidepressants** (Target = Nortriptyline); **Methadone** (Target = Methadone); **Opiates** (Target = Morphine); **Zolpidem** (Target = Zolpidem); **Buprenorphine** (Target = Buprenorphine)

8) **BASIC DRUGS by GC/MS (Quantitation and Confirmation):** Amantadine, Amitriptyline, Amoxapine, Amphetamine, Atropine, Benztropine, Brompheniramine, Bupivacaine, Bupropion, Bupropion Metabolites, Buspirone, Caffeine, Carbinoxamine, Chlorophenylpiperazine, Chlorpheniramine, Chlorpromazine, Citalopram, Clomipramine, Clozapine, Cocaethylene, Cocaine, Codeine, Cocaine and metabolites, Cotinine, Cyclizine, Cyclobenzaprine, Desalkylflurazepam, Desipramine, Desmethyl Chlordiazepoxide, Desmethyl Clomipramine, Desmethyl Clozapine, Desmethylsertraline, Desmethylvenlafaxine, Dextromethorphan, Diazepam, Diethylpropion, Diphenhydramine, Disopyramide, Diltiazem, Doxepin, Doxylamine, Ecgonine methyl ester, Ephedrine/Pseudoephedrine, Fenfluramine, Fentanyl, Fluoxetine, Fluvoxamine, Guaifenesin, Haloperidol, Hydrocodone, Hydroxyzine, Imipramine, Ketamine, Laudanosine, Lidocaine, Lidocaine mb (MEGX), Loxapine, Maprotiline, Meclizine, Meperidine, Mephentermine, Mesoridazine, Methadone, Methadone primary mb (EDDP), Methadone secondary mb (EMDP), Methamphetamine, Methylene-dioxyamphetamine (MDA), Methylenedioxymethamphetamine (MDMA), Methylenedioxypyrovalerone (MDPV), Methylphenidate, Metoprolol, Mexiletine, Midazolam, Mirtazapine, Nefazodone, Nicotine, Nordiazepam, Nordoxepin, Norfluoxetine, Normeperidine, Norpropoxyphene, Nortriptyline, Norverapamil, Olanzapine, Orphenadrine, Oxycodone, Papaverine, Paroxetine, Pentazocine, Pentoxifylline, Perphenazine, Phencyclidine, beta-Phenethylamine, Pheniramine, Phendimetrazine, Phenmetrazine, Phentermine, Phenylpropanolamine, Phenytoloxamine, Procaine, Promethazine, Propoxyphene, Propranolol, Protriptyline, Pseudoehedrine, Pyrilamine, Quetiapine, Quinidine, Quinine, Sertraline, Thioridazine, Tramadol, Tranylcypromine, Trazodone, Trihexylphenidyl, Trimipramine, Venlafaxine, Verapamil, Zolpidem

9) **ACETAMINOPHEN SCREEN:** Acetaminophen **by Colorimetry (Qualitative)**
10) **SALICYLATE SCREEN:** Salicylate (Aspirin) **by Colorimetry (Qualitative), SALICYLATE CONFIRMATION by Gas Chromatography**
11) **XANTHINES by GC/MS:** Acetaminophen, Caffeine
12) **CLINICAL CHEMISTRIES (CHEM7):** Ketones, pH, Specific Gravity, and Electrolytes (Sodium, Potassium, Chloride, TCO2, Glucose, Urea, Creatinine)

13) **COCAINE CONFIRMATION by GC/MS:** Anhydroecgonine methyl ester, Benzoylecgonine, Cocaine, Cocaethylene, Ecgonine ethyl ester*, Ecgonine methyl ester

14) **CANNABINOIDS by GC/MS:** TOTAL11-nor- D^9-THC-COOH (a marijuana metabolite); **CANNABINOIDS by LC/MS/MS:** Cannabinoids (ng/mL; mcg/L): D^9-THC, 11-OH-D^9-THC (a marijuana metabolite), 11-nor- D^9-THC-COOH (a marijuana metabolite)

15) **OPIATES by GC/MS** (ng/mL): Morphine, 6-Acetylmorphine (heroin metabolite), Codeine, Hydrocodone, Dihydrocodeine, Hydromorphone, Norcodeine*, Oxycodone; Oxymorphone. **TOTAL OPIATES by GC/MS-Hydrolysis followed by OPIATES by GC/MS**

16) **BENZODIAZEPINE CONFIRMATION by GC/MS:** Alprazolam/ metabolite, Diazepam/ metabolites, Clonazepam, Lorazepam, Midazolam/metabolite

17) **SYMPATHOMIMETIC AMINES CONFIRMATION by LC/MS/MS** analysis (ng/mL): Amphetamine, beta-Phenethylamine, MDEA, Methamphetamine, Methylenedioxyamphetamine (MDA), Methylenedioxymethamphetamine (MDMA), Phentermine, Ephedrine/Pseudoephedrine

18) **GHB by GC/MS** (mg/L): Gamma-hydroxybutyric acid (gamma hydroxybutyrate)

19) **FENTANYL and ANALOGS by LC/MS/MS** (ng/mL): N-methyl norfentanyl, Norfentanyl, Norcarfentanil, Methoxyacetyl fentanyl, Acetyl fentanyl, Beta-hydroxy fentanyl, Benzyl fentanyl, 4-ANPP, p-Methoxyacetyl fentanyl, Acryl fentanyl, Alfentanil, Fentanyl, Fluoro Acryl fentanyl, Fluoro fentanyl, Cyclopropyl fentanyl, 2-Furanyl fentanyl, Fentanyl carbamate, *trans*-3-Methylfentanyl, Crotonyl fentanyl, Carfentanil, *cis*-3-Methylfentanyl, Butyryl fentanyl, FIBF, Sufentanil, Phenyl fentanyl, Cyclopentenyl fentanyl

20) **SENT OUT TO REFERENCE LABS:** Synthetic Cannabinoids and Synthetic Cathinones, Cyanide, 7-amino Flunitrazepam, Flunitrazepam, LSD, Psilocin, Valproic Acid, **HEAVY METAL SCREEN:** (Antimony, Arsenic, Lead, Barium, Cadmium, Bismuth, Mercury, Selenium) or any other drugs not listed above

I certify that the specimen identified by this case, number IN2019-01001 have been handled and analyzed in accordance with all applicable requirements The result in this report relate to the items tested. For purposes of identification and case tracking the Toxicology Lab uses case numbers exclusively. Name is subject to change based on receipt of information. This report shall not be reproduced except in full, without the written approval of the Cuyahoga County Regional Forensic Science Laboratory.

Chief Forensic Toxicologist

Luigino Apollonio PhD

Thomas P. Gilson, M.D.
Medical Examiner

Cuyahoga County
Medical Examiner's Office
11001 Cedar Avenue, Cleveland, Ohio 44106

REPORT OF AUTOPSY

THE STATE OF OHIO,
SS.
CUYAHOGA COUNTY

CASE NUMBER: **IN2019-01001**

REPORT OF AUTOPSY OF: **Tia Archeiva Parks**
ADDRESS: **2796 East 117th Street, Cleveland, Ohio**

I, **Thomas P. Gilson, M.D.**, Medical Examiner of Cuyahoga County, Ohio, Certify that on the **10th** day of **June**, **2019** at **10:05 AM** in accordance with Section 313.13 of the Revised Code, of the State of Ohio, an autopsy was performed on the body of **Tia Archeiva Parks**.

The following is the report of autopsy to the best of my knowledge and belief: This person was a **female**, **never married**, aged **26 years**, of the **Black** race; had **brown** eyes, **black** hair, **good** teeth, was **67 inches** in height, weighing **305 pounds**; a native of **Cleveland, Ohio**.

ANATOMIC DIAGNOSES:

I. Ruptured heterotopic gestation:
   a. Hemoperitoneum. 2300 ml liquid and clotted blood
   b. Perforation of left fallopian tube with extrusion of placental tissue
   c. Intrauterine gestational attachment site

II. Pulmonary edema and congestion (right lung = 870 grams, left lung = 800 grams)
   a. Bilateral pleural effusions (right = 100 ml, left = 50 ml)

III. Pericardial effusion, 30 ml

IV. Obesity (body mass index = 47.8 kg/m^2)

V. Dilated cardiomegaly:
   a. Cardiomegaly, 520 grams
   b. Four-chamber cardiac dilatation

Cause of Death: Hemoperitoneum.
Due To: Ruptured fallopian tube.
Due To: Heterotopic gestation.

Todd Barr, M.D.
(Name of Pathologist)

Todd M. Barr MD
Pathologist Signature

Tia Archeiva Parks
(Name of Deceased)

Thomas P. Gilson ,M.D.
Cuyahoga County Medical Examiner

Case: **IN2019-01001** County: **Cuyahoga**
Name: **Tia Archeiva Parks**

GROSS ANATOMIC DESCRIPTION

IDENTIFICATION: The body is identified by Cuyahoga County Medical Examiner tags attached to the left great toe.

EXTERNAL EXAMINATION: The body is that of a well-developed, well-nourished Black female, whose appearance is compatible with the reported age of 26 years. The body weighs 305 pounds and is 67 inches in length.

The body is received within a body bag, supine, unclad and with therapeutic/resuscitative instrumentation in place. Rigor mortis is moderate and easily broken. Lividity is purple-pink, fixed and present on the posterior surface of the body, except in areas exposed to pressure. The skin temperature is cold due to a period of refrigeration.

The scalp hair is black and has a normal distribution. The conjunctivae are congested; there are no petechial hemorrhages. The sclerae are congested. The corneas are glazed. The irides are brown. The ears are normally developed and unremarkable. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The facial bones are palpably intact. The lips are without evident injury; the frenula are intact. The teeth are natural and in good condition. The neck is atraumatic, of normal configuration and without any palpable lymph nodes. The chest is symmetrical and of normal female configuration; there are no palpable masses. The abdomen is protuberant. The extremities appear normal and the joints are not deformed. The skin is of normal pliability and texture. All digits are present; the fingernails are short, clean and atraumatic. The atraumatic external genitalia are of normal female conformation; there are no external lesions. The posterior torso is without note; the anus is unremarkable. There is no icterus. There is no dependent edema.

DISTINGUISHING MARKS:
Tattoos:
No tattoos are identified.

Scars:
No scars are identified.

EVIDENCE OF RECENT THERAPY:
Evidence of medical intervention includes:
1. Nasogastric tube.
2. Endotracheal tube.
3. Intravascular catheters (5); right neck, right antecubital fossa, dorsal left hand, right and left groin.
4. Intraosseous puncture mark; right and left lower legs.
5. Evidence of cardiopulmonary resuscitation efforts:
   a. Concentric abrasions; central chest.

EVIDENCE OF RECENT INJURY:
No recent injuries are identified by the external and internal examinations. The remainder of the external examination of the head, neck, trunk, and extremities is unremarkable.

INTERNAL EXAMINATION:

BODY CAVITIES: The viscera of the thoracic and abdominal cavities occupy their normal sites. The serosal surfaces are smooth and glistening. There is 100 ml of serosanguinous fluid in the right chest cavity, 50 ml of serosanguinous fluid in the left chest cavity, 30 ml of serosanguinous fluid in the pericardial sac and 2300 ml of liquid and clotted blood in the peritoneal cavity. There are no abnormal adhesions or masses present. The edge of the liver is at the right costal margin; the spleen is above the left costal margin. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

HEAD: The scalp has no contusions or galeal hemorrhages. The skull is intact. The dura is smooth and glistening. The leptomeninges of the brain are translucent. The convexities of the cerebral hemispheres are symmetrical. The epidural, subdural or subarachnoid space does not contain any hemorrhage. The cerebrum has normal

convolutions, with no flattening of the gyri or deepening or widening of the sulci. There is no evidence of subfalcial, uncal, or cerebellar tonsillar herniation present. The arteries at the base of the brain are not grossly involved by atherosclerosis. The roots of the cranial nerves are unremarkable. The cut surfaces of the cerebral hemispheres have a grossly normal cortical ribbon and underlying white matter. The basal ganglia have no gross abnormalities. The brainstem and cerebellum have no gross lesions or abnormalities. The ventricular system is symmetrical and of normal size and configuration and contains no blood. After removal of the brain, no fractures are seen within the base of the skull. The brain weighs 1350 grams.

SPINAL CORD: Serial cross sections through a small portion of the cervical spinal cord show no gross abnormalities.

NECK: There is no evidence of hemorrhage involving the anterior cervical muscles. There is no blood extravasation in the pharyngeal tissues, or in the prevertebral fascia. Examination of the soft tissues and large vessels reveal no abnormalities. There is no evidence of a fracture of the thyroid, hyoid, cricoid, laryngeal, epiglottic, or tracheal cartilages. The laryngeal, epiglottic, and tracheal lumens are patent. The cervical spine is stable on internal palpation.

CARDIOVASCULAR: The pericardial surfaces are smooth, glistening and unremarkable; the pericardial sac is free of adhesions. The enlarged heart is globoid and floppy in configuration. The coronary arteries arise normally, follow a right-dominant pattern of distribution and are widely patent, without evidence of significant atherosclerosis or thrombosis. The epicardium is smooth and glistening with an increased amount and distribution of epicardial fat. The cardiac chambers and valves exhibit the normal positional relationship; the valves are thin, pliable and unremarkable. Valve circumferences are as follows: tricuspid valve = 14.0 cm, pulmonic valve = 7.0 cm, mitral valve = 11.5 cm, and aortic valve = 6.0 cm. The septa are intact and there are no gross congenital abnormalities. There is four-chamber cardiac dilatation. The left ventricular free wall measures 1.0 cm, the interventricular septum 1.0 cm, the right ventricle 0.3 cm in thickness, and the left ventricular cavity 5.0 cm in diameter. The trabeculae of the right ventricle extend to the apex. The myocardial cut surfaces have the usual brown appearance throughout without gross evidence of fibrosis or necrosis. The heart weighs 520 grams.

The great vessels connect to the heart in a normal fashion. The aorta and its principal branches are patent throughout with no thrombi, areas of erosion, or zones of significant narrowing present. There are no atherosclerotic plaques of the aorta. The vena cava and major tributaries are free of thrombi or other abnormality.

RESPIRATORY: The upper and lower airways are free of foreign material or obstruction; the mucosal surfaces are smooth, tan-pink and unremarkable. The right and left lungs have a normal lobar configuration. The visceral pleurae are smooth and glistening with no brown-black pigment deposition beneath the surface. There are no subpleural emphysematous bullae/blebs noted. The cut-surfaces are red-purple, crepitant and moderately congested, exuding moderate amounts of bloody fluid and edema; no focal lesions are noted. The pulmonary arteries are free of emboli or thrombi; the remaining pulmonary vessels are unremarkable. The right lung weighs 870 grams; the left 800 grams.

RETICULOENDOTHELIAL: The spleen has a normal configuration. The capsule is blue-gray and smooth, without areas of thickening, covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The lymph nodes are not enlarged. The spleen weighs 230 grams.

DIGESTIVE: The tongue exhibits no evidence of recent injury. The esophagus is free of lesions. The stomach has a normal configuration with smooth and glistening serosal surfaces. The gastric mucosa is arranged in the usual rugal folds; the lumen contains no measurable contents and no identifiable foreign objects or pills. There are no areas of ulceration or abnormalities. The small bowel, the colon and the rectum are normal in appearance. The appendix is present.

HEPATOBILIARY: The liver is normal in configuration. The liver capsule is smooth and glistening, covering tan-brown parenchyma with no identifiable mass lesions. The gallbladder is of normal size and configuration and contains 12 ml of thin bile without evidence of gallstones. The wall is thin, and the mucosa is bile-stained and velvety. The liver weighs 1910 grams.

GENITOURINARY: The right and left kidneys are similar. The capsules are stripped with ease from the underlying smooth cortical surfaces. The renal cortices are of normal thickness and are congested. The cortico-medullary demarcations are distinct. The medullae are unremarkable. The pelvo-calyceal systems are normal in appearance. The renal arteries and veins are patent and free of narrowing lesions. The right kidney weighs 200 grams; the left 200 grams.

The vaginal mucosa is smooth, tan, and free of lesions. The cervical os and cervical mucosa are unremarkable. The endometrial cavity is of normal configuration with tan endometrium; approximately 50 ml of clotted blood and an area of possible intrauterine pregnancy attachment site, laterally and just inferior to the opening of the right fallopian tube. The myometrium is boggy and slightly enlarged. The ovaries are unremarkable, and each ovary contains a corpus luteum (consistent with bilateral ovulation). The left fallopian tube has a perforation with placental-appearing tissue extruding into the peritoneal cavity. Upon opening the dilated left fallopian tube, a roughened, granular purple-red area of tissue approximately 3 cm in diameter is noted in the proximal tube.

The urinary bladder is of normal configuration and contains no measurable urine. The mucosa is intact and free of ulcerations, lesions or trabeculations.

ENDOCRINE: No abnormalities are present in the pituitary, thyroid or adrenal glands. The pancreas is soft and normally lobulated; the cut surfaces are tan-brown with no identifiable gross lesions.

MUSCULOSKELETAL: The musculature is firm, red-brown and normally developed. No fractures are identified within the clavicles, sternum, ribs, spine or pelvis.

MICROSCOPIC EXAMINATION:

HEART:	Myocyte hypertrophy
LUNGS:	Eosinophilic material (edema) within airspaces Scattered foci of chronic inflammatory cells
LIVER:	No diagnostic pathology
KIDNEYS:	No diagnostic pathology
BRAIN:	No diagnostic pathology
UTERUS:	Gestational changes admixed with blood clot and acute inflammatory cells interspersed through myometrium Arias-Stella reaction and decidualization
LEFT FALLOPIAN TUBE:	Intermediate trophoblasts in tubal wall and vessels Syncytiotrophoblasts are present Lamina propria with decidual changes Arias-Stella reaction Blood clot admixed with acute inflammatory cells

TOXICOLOGICAL ANALYSIS:
See separate toxicology report.

CAUSE OF DEATH: Hemoperitoneum due to ruptured fallopian tube due to heterotopic gestation.

MANNER OF DEATH: Natural.

Based on all information known to me at this time, it is my opinion that **Tia Archeiva Parks**, a 26-year-old woman, died as the result of **a hemoperitoneum due to a ruptured fallopian tube due to a heterotopic gestation**. The circumstances surrounding the death, as determined by the investigative and postmortem findings, indicate that the manner of death is **Natural**.

Todd M. Barr MD — 7/17/19

Todd Barr, M.D. — Date

Thomas P. Gilson, M.D.
Medical Examiner

Cuyahoga County
Medical Examiner's Office
11001 Cedar Avenue, Cleveland, Ohio 44106

MEDICAL EXAMINER'S VERDICT

THE STATE OF OHIO,
SS.
CUYAHOGA COUNTY

CASE NUMBER: **IN2019-01001**

Be it Remembered, That on the **8th** day of **June**, **2019** information was given to me, **Thomas P. Gilson, M.D.**, Medical Examiner of said County, that the dead body of **a woman** supposed to have come to **her** death as the result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner, (Sec. 313-11, 313-12 R.C. Ohio) had been found **in Emergency Room, Cleveland Clinic** in **Cleveland** of Cuyahoga County, on the **8th** day of **June**, **2019**.

I viewed or caused to be viewed the said body at the Medical Examiner's Office. After the viewing and making inquiry into the circumstances that caused the death of the said person, I obtained further information, to-wit: **(CC #87331443)**. I also carefully examined or caused to be examined the said dead body at **7:14AM** on the **10th** day of **June**, **2019** and I find as follows: to wit:

I, **Thomas P. Gilson, M.D.**, Medical Examiner of said county, having diligently inquired, do true presentment make in what manner **Tia Archeiva Parks**, whose body was at the Medical Examiner's Office on the **10th** day of **June**, **2019** came to **her** death. The said **Tia Archeiva Parks** was **never married**, **26 years** of age, a resident of **Cleveland, Cuyahoga County, Ohio,** and a native of **Cleveland, Ohio**; was of the **Black** race, and had **brown** eyes, **black** hair, **--** beard, **--** mustache, was **67 inches** in height, and weighed **305 pounds**.

Upon full inquiry based on all the known facts, I find that the said **Tia Archeiva Parks** came to **her** death officially on the **8th** day of **June**, **2019** in Emergency Room, Cleveland Clinic and was officially pronounced dead at 5:01 P.M., by Dr. Kubit. There is information that on the afternoon of June 8th, 2019, the said Tia Archeiva Parks, 2796 East 117th Street, apparently became ill with chief complaint of abdominal pains and diaphoresis, while at 2314 East 87th Street. The Cleveland Paramedics were called and on arrival, treatment was administered. This woman was then transported to Cleveland Clinic where she was admitted to the Emergency Room at 1:48 P.M., and examination revealed a diagnosis of free fluids in the abdomen. Treatment and drug therapy were administered, however, the said Tia Archeiva Parks failed to respond and was pronounced dead at the aforementioned time and date. The County Medical Examiner's Office was notified and Esposito Mortuary Services was dispatched. This woman was then transported to the Medical Examiner's Office where an autopsy was performed, following a family request. That death in this case was the end result of hemoperitoneum due to ruptured fallopian tube due to heterotopic gestation.

Cause of Death:	Hemoperitoneum.
Due To:	Ruptured fallopian tube.
Due To:	Heterotopic gestation.

Tia Archeiva Parks
(Name of Deceased)

,M.D.
Cuyahoga County Medical Examiner