

CASE REPORT

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Two Six-Shot Suicides in Close Geographic and Temporal Proximity

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ABSTRACT: Two six-shot suicides are reported that occurred in adjoining counties in Ohio eleven-and-one-half weeks apart. There is no indication of any connection between victims, and it is doubtful that the second individual knew of the first death since there was no news media coverage of the first death. The most significant points of commonality between the two cases are the location of the gunshot wounds (anterior chest and upper abdomen) and the responses of disbelief from those outside the medicolegal professions. Knowledge of such cases with a high number of shots and more than one fatal wound can assist death investigators in confronting similar cases.

KEYWORDS: pathology and biology, criminalistics, suicide, wound ballistics

While suicides by multiple gunshot wounds are uncommon, they are not extremely rare and are routinely reported in the medicolegal literature [1]. Although three, four, and even nine gunshot-wound suicides have been mentioned [2], most multishot suicides consist of only two shots. One study of fifty-eight multiple-shot suicides, for instance, found fifty-four victims shot themselves twice and four shot themselves three times [3].

This is a report of two six-shot suicides which have the additional distinction of occurring in adjacent counties only seventy-four days apart. Social histories of the victims revealed no known relationship. Gunshot patterns, however, were similar as was the disbelief of those not directly involved in the investigation.

Multiple gunshot wounds always suggest the possibility of homicide and did, also, in both of these cases. Appropriate scene investigation, background inquiry, and autopsy, however, convinced the investigators (and eventually others) that suicide was the correct interpretation.

These cases are reported to provide literature references for other death investigators who

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encounter like cases and who may experience similar credibility problems with the news media or others.

Case 1

A 29-year-old Caucasian man was found dead in his apartment in the basement of his parents' home in Butler County, Ohio. He was discovered by his father who went to the room to investigate after hearing a rapid series of gunshots. The victim was lying on the floor with his shirtless upper body on top of a stereo record player which was also on the floor. A metal ventilation screen on top of the stereo was dented at the level of the victim's elbow. A large stereo speaker was adjacent to the forehead. A .22 caliber rifle, owned by the victim, was, according to the father, on the rug in front of and perpendicular to the body with the muzzle pointed toward the chest. The father moved the gun to another part of the basement and called the police.

The police and coroner's office representatives arrived to find the victim with six gunshot wounds in the anterior chest and abdomen. The victim's back was near a wall and there were four bullet holes through that wall parallel to the floor and at a level corresponding to four of the five exit wounds in the posterior chest. The other exit wound was lower on the back. Blood splatters on a dresser mirror in an upward direction led to a fifth mushroom-shaped bullet hole in a side wall near the ceiling. One bullet did not exit the body.

There was a "heavy metal" record on the stereo which repeated the refrain "God is dead—Satan reigns" and a bag of marijuana and 43 "hits" of lysergic acid (LSD) in the room. A paper sack of .22 caliber bullets was on a dresser. There were no indications that anyone had been in the home other than the victim and his parents.

An autopsy revealed six contact or near-contact gunshot wounds of the anterior chest (Fig. 1) with perforation of the heart, right lung, liver, pancreas, and inferior pole of the right kidney which resulted in secondary hemoperitoneum and bilateral hemothorax. All of the wounds showed marginal burning and subcutaneous fouling deposition.

Five of the wounds were clustered tightly within the central aspect of the anterior chest and were essentially parallel, passing front to back, angulating slightly left to right, and downward approximately 30 to 45°. The lower sixth wound also angled slightly left to right but showed no evidence of downward angulation. Two of the clustered wound tracks enter the body essentially through the same wound of entrance. One bullet was recovered from the right back near the midline and beneath the twelfth rib. The heart was struck by three of the bullets: in the atrial appendage, the left ventricle, and the right lateral wall of the right ventricle.

There was, in addition, a $\frac{3}{4}$ -in. (2-cm) superficial abrasion on the right side of the forehead and a patterned abrasion on the posterior aspect of the right elbow which matched the pattern of the stereo top.

It is concluded that the victim first shot himself while standing and leaning over the rifle, resulting in the straight-through wound. That bullet lodged near the ceiling. He then fell onto the stereo, bending the screen and injuring his elbow. The remaining five shots were then fired in rapid succession while lying on the floor.

Case 2

A 54-year-old physician from India was found dead in Montgomery County, Ohio, on a bathroom floor in the victim's bedroom. He was found by his wife and son after they became concerned about receiving no response to their knock. He was lying on his back and was dressed in street clothes. The shirt had numerous areas of gunpowder residue consistent with contact or close-range gunshots. A semi-automatic .380 caliber pistol was lying on the anterior chest. Sparse distribution of body fluids and small particles of tissue were located on the bathroom wall approximately 4 ft (1 m) above the floor. Two bullet holes were in the wall;



FIG. 1—*Twenty-nine-year-old male with six contact or near-contact wounds.*

one 30 in. (76 cm) from the floor, the other 40 in. (102 cm) high. Immediately outside the bathroom door was a box for the pistol found on the victim and a box of .380 ammunition.

It was later learned that the victim had purchased the weapon with a charge card a few hours before his death. At the time of purchase the victim requested a demonstration of how to operate the gun and asked "Will it go through the skull?"

An autopsy revealed six gunshot wounds; four to the upper anterior chest and mid-abdominal areas, one to the right lateral chest, and one in the left upper arm. These wounds produced massive blood loss secondary to lacerations of the lungs, left pulmonary artery, aorta, liver, right subclavian artery, and spleen. The direction of all the wounds were anterior to posterior, superior to inferior, and right to left. Four of the six wounds were deemed to be fatal.

Discussion

Rulings of suicide were approached with caution on both cases and all medicolegal possibilities were considered. It was only after lengthy background investigations and careful review of the autopsy findings, laboratory studies, and firearms examination (all of which are not reported here because of space limitations) that the final determination of suicide was

made. Still, when the ruling was made, it was received with skepticism by the family (Case 1), the news media (Case 2), and those authorities peripherally involved (both cases).

This skepticism was met by carefully explaining the facts of the cases and demonstrating the process of deduction. In the instance of the Butler County case, a meeting was held with representatives of the county prosecutor's office and police administrators before the ruling to explain the decision and offer an opportunity to express misgivings or suggest further investigation before closing the case.

In Montgomery County, disbelief by a seasoned police reporter was allayed by referring him to an additional, respected, outside authority.³

Multishot suicides are difficult medicolegal problems and are, additionally, often case management problems. Awareness of the possibility and prior reporting of such deaths (including high numbers of shots and more than one fatal wound) can limit the number of misdirected homicide investigations and avoid unwarranted skepticism of the coroner's and medical examiner's office.

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