CASE REPORT

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Concealment of the Body in Drug Deaths

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ABSTRACT: Discovery of a concealed body often leads to the assumption that the manner of death was homicide. However, in cases where death has resulted from illicit drug use or drug abuse, the body may be concealed to protect persons involved in drug abuse or drug marketing.

KEYWORDS: criminalistics, pathology and biology, concealment, death, drugs, cocaine

Attempted concealment of the body is a frequent observation of homicide investigations [1]. Concealment is often attempted by "dumping" or abandoning the body in a remote area or into water. Concealment may also be attempted by dismemberment, burning, burial, or other methods to destroy the body. Concealment, however, does not invariably equate to homicide [2-5].

Case 1

A local criminal defense attorney called police and reported that his "client" had assisted with concealment of a body into a large steel drum. Furthermore, he related that his client had deposited the drum at a rented mini-warehouse. Upon opening the warehouse, police found a 55-gal (208-L) steel drum with the lid ajar. The drum was standing upright. A malodorous effluent was trickling from a fragment of cloth that prolapsed out of a small hole near the bottom of the drum. The drum appeared filled with concrete. The police brought the drum to the morgue.

The drum was packed with concrete that appeared to have been troweled or levelled to the top, as shown in Fig. 1. The malodorous effluent was tested by chemical reagent strip and

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FIG. 1-From Case 1, top view of 55-gal (208-L) drum filled with concrete.

found to react like blood. Tapping down the sides of the drum with a hammer revealed a resonant void cavity centrally, extending almost to the bottom. The drum weighed 258 kg (569 lbs), considerably less than the anticipated weight if totally filled with concrete (about 350 kg, 800 lbs). Therefore, the drum was turned over, upside down, and the bottom was carefully chiseled out with hammer and cold chisel. At the bottom of the drum was a quantity of dry, gravelly, unset concrete premix that was easily scooped out by hand, revealing the human feet, shown in Fig. 2. The sides of the drum were then opened vertically with an air chisel. The clothed body was partly bound in a fetal position, with the head and upper torso encased in concrete. The concrete was chiseled off, revealing a quantity of personal effects inside the drum, as demonstrated graphically in Fig. 3. The body was beginning to putrify.

The autopsy determined that no significant trauma was present. No needle punctures were found. Specimens were obtained for toxicologic analysis. Blood cocaine was found to be 2.30 mg/dL and blood benzoylecgonine was 1.76 mg/dL. Blood ethanol was 285 mg/dL. Cause of death was given as "cocaine overdose," and manner of death was given as "unclassified."

The circumstances of this drug-related death were described by witnesses during police interviews. A South American drug dealer ordinarily distributed his cocaine supply in an urban city in the Great Lakes area. His route from Mexico customarily brought him through several major metropolitan areas across the United States. In one "port-of-call" he apparently met a female. He alleged that she had "overdosed" on his cocaine. She subsequently disappeared. One week later, in a distant city, the body was found encased in the drum filled with concrete. Identification of the 26-year-old female was made by dental record and finger-print comparison. Charges of unlawful concealment of a body were filed, but the suspects fled to South America.

Case 2

A fisherman, boating down a secluded segment of a river, discovered a body on the riverbank. The body was found on a warm summer morning. The body was face down on the steep river bank, torso up on the bank, and face submerged in the water as shown in Fig. 4. Clothing was dry except for the pantcuffs and shoes. There were shoeprints consistent with



FIG. 2—From Case 1, drum after bottom was cut away exposing the feet.



FIG. 3—From Case 1, forensic medical illustration of cutaway view of drum.



FIG. 4-From Case 2, body (at arrow) face down in water on secluded riverbank.

the decedent's own shoes in the mud around the body. A wallet, containing \$125.00 and a local driver's license with an identification photo, was present in the hip pocket. Examination of the body at the scene revealed generalized rigor mortis consistent with the position as found and lividity fixed anteriorly and in the face. No fly eggs were present, although blowflies were very active at the scene.

Autopsy examination revealed numerous superficial abrasions. Petechia were found in the conjunctiva and scalp. Autolysis was advanced in the internal organs. Pulmonary edema was present, and fine particulate silt was found in the bronchi. Blood ethanol was 32 mg/dL. Blood and urine cocaine levels were 2.2 and 18.6 mg/dL, respectively.

Police went to the local address listed on the driver's license and discovered forged French and Canadian passports and numerous falsified identity documents. Comparison of fingerprints with FBI records revealed that this Canadian citizen was wanted in France and the United States for drug trafficking. Police later interviewed witnesses who were with the decedent on the night of his death. Based on the interviews and autopsy findings, police theorized that the death involved cocaine psychosis [6-8]. The decedent, while using cocaine, apparently abruptly ran out into the river and successfully waded across the shallow water to the opposite bank. He attempted to climb the bank, leaving his own shoeprints in the mud. He collapsed face down in the water at the edge of the steep embankment. His friends, unable to cross the river, abandoned his body at that site. No charges were filed.

Discussion

Attempted concealment of the body, though frequently associated with homicidal deaths, is occasionally encountered in nonhomicidal drug deaths [2]. Elaborate, thoroughly planned concealment of the body strongly suggests homicide. However, cases have been previously reported concerning unusual or uncommon methods for disposal or concealment of the body in nonhomicidal drug-related deaths. Specifically referring to Case 1, a similar case has been previously reported [2].

Common sense and casual observation instruct that the population most at risk for drugrelated death is also a population at much increased risk for homicidal death. Confusion may develop when a concealed or abandoned body is discovered, and the mechanism of death is proposed to be a homicidal administration of a commonly abused drug [9]. In such cases, the attempted concealment of the body, though incriminating, is not prima facie evidence of homicide. Concealment may be associated with homicidal death, but concealment is also encountered in nonhomicidal drug deaths.

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References

- [1] Adelson, L., The Pathology of Homicide, Charles C Thomas, Springfield, IL, 1974, pp. 22-24.
- [2] Baden, M. M., "Investigation of Deaths from Drug Abuse," in Medicolegal Investigation of Death, second ed., W. U. Spitz and R. S. Fisher, Eds., Charles C Thomas, Springfield, IL, 1980, pp. 527-555.
- [3] Baden, M. M., "Homicide, Suicide and Accidental Death Among Narcotic Addicts," Human Pathology. Vol. 3, No. 1, 1972, pp. 91-95.
- [4] Helpern, M. and Rho, Y.-M., "Deaths from Narcotism in New York City: Incidence, Circumstances and Postmortem Findings," New York State Journal of Medicine, Vol. 66, No. 18, 1966, pp. 2391-2408.
- [5] Baden, M. M., "Narcotic Abuse: A Medical Examiner's View," in Legal Medicine Annual 1971.
 C. H. Wecht, Ed., Appleton-Century-Crofts, New York, 1971, pp. 139-154.
- [6] Wetli, C. V., "Death Caused by Recreational Cocaine Use," JAMA. Vol. 241, No. 23, 1979, pp. 2519-2522.
- [7] Mittleman, R. E. and Wetli, C. V., "Death Caused by Recreational Cocaine Use—An Update," *JAMA*. Vol. 252, No. 14, 1984, pp. 1889-1989.
- [8] Houts, M., Baselt, R. C., and Cravey, R. H., "Cocaine," in *Courtroom Toxicology*, Vol. 3, Matthew Bender, New York, 1987, pp. 1-28.
- [9] Noguchi, T. T. and DiMona, J., Coroner. Simon and Schuster, New York, 1983, pp. 231-241. (Authors note: Reference John Belushi case, published as "non-fiction." Nonscientific reference selected for illustrative purpose only.)

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