

## CASE REPORT

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# An Unusual Suicide Inside a Grave with Two Gunshot Wounds to the Head—The Psychological Approach

**ABSTRACT:** In this report, the authors present a case of suicide committed by a 66-year-old man, inside a grave at the local cemetery, with two gunshot wounds to the head. A multiple-paged, handwritten suicide note was found in an army type bag inside the victim's car, while a second one was found in his house. Medicolegal examination of the body revealed two typical contact gunshot entrance wounds and one exit wound to the head. Toxicological analysis of the femoral blood was negative for alcohol and drugs. The history, scene and autopsy findings, along with further police investigation, indicated an obvious case of suicide. The literature is reviewed and discussed. We report this case as the place of suicide is extremely uncommon and as there is no mention of a gunshot suicide inside a grave in the current literature.

**KEYWORDS:** forensic science, suicide, gunshot wound, grave, suicide note, forensic autopsy, Crete

Multiple gunshot wounds have been extensively studied in forensic literature, with articles focusing on the types of injuries, weapons used, wound locations, and weapon range, as well as a multitude of other factors (1). In most of the cases, multiple gunshot wounds to the head are attributed to homicide but there are also well-documented cases of suicide, even though their number is small and they represent the exception rather than the rule in such incidents (1–6).

As it has been previously stated in the literature the majority of gunshot suicides occur in familiar settings with privacy, particularly in the house or adjoining property (7–11). Sometimes though, the scene can be different. Individuals have shot themselves in front of friends, spouses, relatives, and even crowds (2). The place chosen for the suicide may be quite bizarre. Subjects have committed suicide while driving (12), in police cars, and on television (2). In this report, the deceased shot himself twice in the head inside a grave.

In order to evaluate multiple gunshot wounds to the head, when suicide is under consideration, all available data and findings should be carefully analyzed. It is very important to keep in mind that a thorough scene investigation, including the position of the body and gun, the characteristics of the entrance wounds and the rest of the autopsy findings, the pattern of blood splatter, past and recent medical and mental history of the victim, statements of household members, and the existence of a suicide note, are evident of suicidal intent or not in the medicolegal investigation and determine the cause and mainly the manner of death. For the case presented here, information was obtained from the records held at the Department of Forensic Sciences of the Faculty of Medicine of

the University of Crete. Furthermore, data was cross-checked with the Public Prosecutor's files and the records kept in the Police Department of Chania, Crete. The results of the scene investigation, autopsy findings, microscopic examination, ammunition used, and toxicological findings are described and a psychological reconstruction of the victim's personality is attempted.

## Case Report

In September 2003, a 66-year-old man, recently retired, visited his village, approximately 42 km from the city of Chania, on the Greek island of Crete, as he used to do on weekends. He had a telephone conversation with his children and a second one with his wife, who at the time was on holiday outside the country. The following day, none of the family members had any sign of him and this was reportedly a fairly uncommon practice. He was reported missing by his son as he recently had had a stroke and an extensive investigation started immediately.

During the initial investigation, police officers drove to the victim's residence, which had been locked, and found his car parked outside. Upon close inspection, a multiple-paged handwritten suicide note was discovered in an army type bag inside the victim's car while a second one was found inside the house, both manifesting his suicidal intent. The following hours until late at night an intensive investigation was carried out by police officers, firefighters, civilians, and family members; however the 66-year-old man was not found. Subsequently, interviews with the deceased's family and neighbors were conducted. According to his relatives, there had been clear signs of his suicidal intentions though no one had taken them seriously. When police inspectors revealed the fact that the victim had recently bought a grave, they re-examined the handwritten notes of the deceased more carefully, especially the point where he mentioned that he was not to be found in the mountains. Their attention then turned to the local cemetery and the nearby area.

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When police officers involved in the case entered the village's churchyard the following day, once again everything looked normal and peaceful. The cemetery consisted of several rectangular-built graves above ground up to 2.5 m and 1 m in depth, all made of white/red marble or of different kinds of stones, which represented family tombs. Underneath the marble headstone the graves were sealed by three smaller gravestones made of cement. The investigators then noticed that the gravestone of a certain grave, namely the one owned by the deceased, seemed slightly moved. They displaced the gravestone to have a closer look inside and found the 66-year-old man dead in a sitting position on a cement parapet. His left shoulder was lying on the inner side of the grave and he was still holding a 9-mm Luger pistol in his right hand (Fig. 1). A closer view of the victim is shown in Fig. 2.

The scene investigation showed no evidence of any previous to death struggle. In the interior of the grave where the body was found, investigation revealed:



FIG. 1—Body of the 66-year-old male as it was found at the bottom of the grave. Note the entrance wound of the bullet at the right temple surrounded by abundant soot.



FIG. 2—Closer view of the victim. Portion of the fractured mandible is protruding from the mouth as a result of the second shot at the palate, blood is soaking the upper parts of the body and clothes, the first shot to the right temple is evident, and white flakes from the fallen parts of the grave ceiling are on the body surface.

- (1) three fired cartridges, two lying next to the victim's right foot and the third one between his legs,
- (2) one cartridge in the chamber of the gun, two cartridges in the clip and another one out, fourteen cartridges in a paper bag,
- (3) a knife 28 cm long,
- (4) a hand lens and a battery,
- (5) two pairs of glasses,
- (6) a rubber cement tin and four silicone tubes, and a metal device used for the silicone. The deceased had apparently used the silicone to seal the grave's stones from inside before committing suicide.

External and internal examination of the body revealed two typical contact gunshot entrance wounds and one exit wound to the head. The first entrance wound was a typical loose contact star-shaped wound with circular deposition of gunsmoke around the central defect on the skin. It was located in the right temple and the exit wound was located at the left parietal region of the head. The direction of the bullet was from the right to the left and upwards. The second entrance wound was also a loose contact wound with soot deposits around the entrance opening. It was located in the middle line of palate inside the mouth with the upper jaw and mandible smashed. The bullet had taken an upward course rupturing the brain stem. One deformed bullet was found smashed in the fractured left zygomatic bone parts and just beneath the skin. Primer residues were detected in the right hand in the subsequent SEM-EDX analysis in the Crime Lab. Toxicological analysis of the femoral blood was negative for alcohol and drugs of abuse. History, suicide notes found, scene investigation, and autopsy findings indicated an obvious suicide death due to gunshot wounds to the head.

## Discussion

Multiple suicidal contact gunshot wounds to the head, although rare, are not unusual in everyday medicolegal practice (2,3,13). Di Maio (2) commented on a case of a well-documented suicide in which an individual had fired a bullet through the frontal lobes followed by a second shot into the basal ganglia area of the brain. Secula-Perlman et al. (4) reported three cases of multiple suicidal gunshot wounds to the head, and Jacob et al. (5) described two cases. Furthermore, Kury et al. (1) presented the case of a man with two through-and-through gunshot wounds to the head and Padosch et al. (6) reported a case of suicidal infliction of two simultaneous gunshots (oral, temporal) with two robbed police guns under the influence of high-dose alcohol and cocaine.

In our case, medicolegal examination of the body revealed two typical contact gunshot entrance wounds from a 9-mm pistol and one exit wound to the head. Widely known as the "Luger" or "Parabellum," the semi-automatic, recoil-operated P-08 Pistol was the standard service pistol of the German Army. According to information from the authorities, the deceased had no firearm acquisition licence and there are no indications about when and from where the gun was obtained, although several individuals in the prefecture have owned this type of handgun since the battle of Crete in May 1941 during World War II, when Nazi Germany launched an airborne invasion in the island. Apparently, the failure of the first shot to cause immediate death occurred either because of the low energy of aged ammunition or because of the victim's failure to injure a vital center of the brain, accurately due to misconceptions about the weapon or lack of anatomic knowledge (2).

The potential decedent's intention, in part, defines the choice of method. Individuals who are intent on committing suicide by means

of their self-inflicted act typically choose more lethal methods to carry out their intention. This is especially true in planned, well-prepared—as the case presented here—suicides, versus impulsive suicidal acts (14). The terms nonimpulsive and planned have been applied to suicidal behavior preceded by planning and forethought (15). A plethora of data indicates that greater planning is associated with higher lethality (16,17), greater depression, and hopelessness (18,19). Controlled data on completed suicide examining age and gender-related patterns in planning using cross-age samples and employing valid measures of planning are unavailable. Research on age-restricted samples indicates that older age is associated with greater planning among adolescents and older adults (15,20).

In most suicide cases, there is a history of psychiatric illness, often long-lasting depression (7,21). Pfaff and Almeida (22) in a cross-sectional analysis of elder patients presenting to Australian general practitioners (GPs) found that, although elderly patients tend to present for issues related to their physical health, approximately a quarter of this cohort also suffer from high levels of psychological distress, including current thoughts of suicide. These results reinforce the conclusions of published psychological autopsy studies reporting that depression in later life is the most significant factor associated with suicide (23,24).

In the case presented herein, the deceased had a left hemispheric stroke 20 days prior to his suicide attempt, which increases the possibility of developing depressive symptoms. Current observations demonstrate that neuropsychiatric disorders are common after stroke and depression occurs in 30–50% of the patients (25). Views have been expressed that the risk of depression is greater with left and anterior hemispheric strokes, compared to posterior and right hemispheric strokes, but until recently the subject remains controversial (26,27). Nevertheless, in this particular case no information was available concerning contact of the victim with psychiatric services. The victim had visited a general practitioner (GP) 2 weeks prior to his death, however, no depressive or psychiatric symptoms were detected or treated nor did a referral to a mental health professional take place. Depressive disorders among older adults often go undetected, mainly because they are mistakenly considered as part of the aging process (28).

Moreover, psychological autopsy is supplementary to medical autopsy in finding out the correct manner of death. Suicide notes constitute an important component of psychological autopsy in confirming that death was due to suicide. They are traditionally considered as markers of the severity of the actual lethality of the suicide attempt (29) and are said to provide valuable insight into the thinking of suicide victims before their final act. Shneidman (30) stressed that “Suicide notes are cryptic maps of ill-advised journeys.” They also reflect the physical and mental status of the patient. In our case, the deceased left two suicide notes, in an effort to explain the reasons for his suicidal behavior. A multiple-paged note addressed to his brother-in-law was found in an army type bag inside the victim’s car while a second one, addressed to his wife and children, was discovered in his house. In his writings, the deceased reported an overwhelming affect of sorrow, a tone of seeing suicide as ultimate relief, anger at his wife as well as concern for those left behind and hope that they would understand and forgive him. There were certain indications of interpersonal problems (disturbed love affair), hopelessness, and depression. These findings are in accordance with what has been previously reported in many studies using suicide notes as the key to understanding suicide (31–35). The victim also noted that this was a case of suicide and stated “Don’t you try to find me in the mountains, no use...you will find me accidentally.”

It is noteworthy that approximately two-thirds of suicide-leaving notes with the themes “apology/shame,” “life too much to bear,”

and “hopelessness/nothing to live for” (themes identified in this case) had contacted a doctor (primary care doctor and/or psychiatrist) within a period of 12 weeks prior to death (36). Moreover, Tadros and Salib (37) found that older people, compared to younger adults, were more likely to have seen their GP in the 6 months before committing suicide and Takahashi et al. reported that significantly more suicide attempters than nonattempters had visited their GP in the 2 weeks prior to the index suicidal act (38).

Proportionately, Leenaars (39) emphasized that older men often write in their final letters about painful problems in their interpersonal relations, which play a significant role in making their final decision. It is obvious that some suicides involve persons in an acute emotional state (7), such as in this case, in which the victim shot himself mainly due to interpersonal problems with his wife.

One of the most consistent findings in suicide studies is that the overwhelming majority of suicides are committed at home or in the close vicinity of the home (7–11). In the case presented here, the victim had apparently chosen a quite bizarre place to put an end to his life committing an extravagant suicide. We can only find one case that has some similarity to ours with regard to the place of death, reported by Hänsch (40), who maintained the hypothesis of “suicide” for a diabetic 27-year-old young man, discovered dead in a pit in a forest. The man administered himself a large dose of insulin and died in hypoglycemic coma from bronchopneumonia, inside a “grave” he had dug himself.

Finally, it seems noteworthy to mention that classical Christian doctrines continue to maintain theological sanctions against suicide in the western world even today. Bearing in mind the religious-cultural traditions associated with orthodox countries like Greece, the choice of committing suicide inside a grave in a cemetery seems implausible, thus enhancing the uniqueness of the case presented.

## Conclusion

In conclusion, the classification of suicide in this death rests on autopsy findings, scene investigation, detailed history and analysis of the suicides notes left by the deceased, and reconstruction of the events. Furthermore, this case stresses the importance and need of taking a thorough look at every possible piece of evidence, determining what is known and what still needs to be known, questioning of investigative assumptions and preliminary conclusions in order to determine the depth and the direction the investigation will take. Reported herein, detailed analysis of the suicide notes and follow-up interviews with family members allowed the body of the victim to be discovered relatively soon after his death. This case is presented as an unusual location of a suicide event as, according to our knowledge, there is no other report of a gunshot suicide inside a grave in the current literature.

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