

CR-98-2171

Donald J. Schneider  
Senate Chief Clerk



P.O. Box 7882  
Madison, WI 53707-7882  
(608) 266-2517

**Wisconsin State Senate**

March 23, 2000

MW

Ms. Zoe Metallo  
P.O. Box 233  
Waukegan, IL 60079

Dear Ms. Metallo:

I am in receipt of your recent letter regarding Chapter 979.03 of the *Wisconsin Statutes* which deals with the autopsy requirement for those children, two-years and under, who die suddenly and unexpectedly under circumstances indicating that the death may have been caused by sudden infant death syndrome.

I have taken the liberty of forwarding your letter to the Chairman of the Senate Committee on Health, Utilities, Veterans and Military Affairs, Senator Rodney Moen.

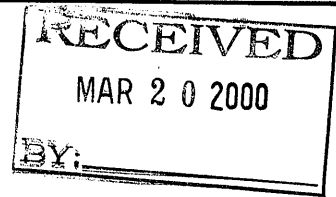
I thank you for bringing this matter to my attention.

Sincerely,

DONALD J. SCHNEIDER  
Senate Chief Clerk

DJS:dwk

Cc: Hon. Rodney Moen



P. O. Box 233  
Waukegan, Illinois 60079  
March 17, 2000

Wisconsin State Senate  
P. O. Box 7882  
Madison, Wisconsin 53707

Dear Senators

I'm proposing the State Legislature abolish the law which requires an autopsy be performed, on all young children who die unexpectedly. This in light of the fact that the autopsy findings are being ignored. All you need to do is pass a law which says such cases are all "Shaken Baby Syndrome." , That is what is being done routinely now. Why not make it legal?

While you are at it do away with the Offices of Coroner, or Medical Examiner. The above laws would make their expenses unnecessary. No trial the last person with the child is guilty.

If you know why I'm so angry case number 98-2171-CR might explain it. It is the current one, but by far not the only such charade. My interest started with a case in Lake County Illinois, in 1996. In this case it was documented fact the Father was alone with the child less than five minutes. The child fell off the couch and hit his head. The baby probably would be alive today except for a faulty placed cervical collar. The Father spent six months and one day in jail. Then there have been several more where no conviction was obtained. One a carbon copy of case number 98-2171-CR.

There is nowhere in the autopsy findings which demonstrate the child was shaken. The corpus collosum isn't torn, the nerves, the connecting tissue is in tact, there was no injury to the neck noted, no external bruising, just retinal hemorrhage. So little blood within the skull that it is noted, in the autopsy it would argue against shaking. There was a hematoma under the scalp. This so old that the original injury on the outside of the scalp had disappeared. There is no note made of any contracoup injury which would have been there if the child had suffered a blunt force trauma. Although the child had been alone with the care giver less than an hour the injuries by the State's own witnesses were 12-to 24 hours old This on a Monday Morning. The child had been in the care of others for all weekend. The final autopsy findings claim the child died within minutes of injuries inflicted 12 to 24 hours earlier. Only in Madison, Wisconsin does this make sense. Also there is no demonstrable blunt force, but they still used that to get a conviction

Why does the State have a Court of Appeals? When this case came up for an appeal Judge Roggonsack denied the appeal. The reason given were outright lies. This case was denied a review by the Supreme Court, at least that is what I've been told. Repeated requests for the Attorney General to investigate are ignored. It seems that the State judiciary Commission has no power to investigate Judge Roggonsack's ruling. It just seems all the officials, from the Governor on down, suffer from a serious complaint called the " Ostrich Syndrome." With their collective heads in the sand, it would seem they think with what is left sticking out of the ground.

Yours truly

A handwritten signature in cursive script that reads "Zoe Metallo". The signature is written in dark ink and is positioned below the "Yours truly" text.

Zoe Metallo

Autopsy No. W95-294-F  
Name: Natalie Beard

tibia cover a pretibial puncture proximal left tibia. Feet appear fairly dusky. Body is cold and rigor is well developed in this body. Abundant posterior livor is noted on the back. Some dried pale material behind the right ear suggests either electroencephalogram paste or possibly some vomitus. Enter now Detective Bongiovani, Dane SO.

INTERNAL EVIDENCE OF INJURY: When the scalp is reflected a 1/2 x 5/8 inch thin area of ecchymosis is noted in left frontoparietal region. This is well back of forehead. Almost in a line with this over to the right are two yellower areas suspected of being older points of ecchymosis. (Note: These were not confirmed on section.) Over the posterior fontanelles region a 1 x 7/8 inch area of brown discoloration appears to be old hemorrhage in the galea here. When the skull is opened there is readily perceived hemorrhage in the dura itself over the superior fontanelle meeting point and subdural hemorrhage in the right occipital region above tentorium and in both middle fossae. No subdural hemorrhage is plainly demonstrable in either anterior fossa or elsewhere. An adherent right parasagittal parietal blood clot, roughly 1/2 x 3/8 inch, adheres to the brain. Scattered subarachnoid hemorrhage is noted at base of brain over right occipital region inferiorly and over left lateral temporal region. Minimal subarachnoid hemorrhage is evident elsewhere. The brain weighs 940 gm and appears extremely soft at this time; it will be fixed in formaldehyde prior to further examination. Middle ears are removed. Enter now a kind gentleman from the Eye Bank who also removes eyes. The middle ears will be kept with the brain; no purulence is identified in either. Eyes will be transmitted to ophthalmic pathology facilities.

No definite [REDACTED] neck [REDACTED]

CARDIOVASCULAR SYSTEM: The heart appears normal *in situ*. Ductus is closed and no congenital abnormalities are evident. Coronary arteries are normally distributed. Heart weighs 40 gm. No myocardial, endocardial or valvular lesions are in evidence.

RESPIRATORY SYSTEM: Larynx and tracheobronchial tree are open; the endotracheal tube is in proper position but some blood is noted in mainstem bronchi. Both lungs appear fairly hyperemic and weigh 100 gm each. Some consolidations are suspected in medial aspects of the right upper lobe. No definite granulomas, masses or thromboemboli are present.

GASTROINTESTINAL TRACT: Gastroesophageal mucosa appears intact. An absolute minimum of milk curd, well less than 10 ccs, present in the stomach. The entire stomach is turned over to Analyst Schlicht. The remaining intestinal tract is unremarkable; appendix is present.

LIVER: The liver weighs 370 gm. External and cut surfaces are basically unremarkable and show no focal lesions.

GALLBLADDER AND BILIARY TREE: When the gallbladder is compressed bile is readily delivered to the duodenum.

URINARY SYSTEM: The renal capsules strip with ease to reveal congested appearing roughly symmetrical kidneys with fetal lobulations; they weigh 40 gm each. Cut surfaces reveal quite adequate amounts of parenchyma. Pelves, ureters and bladder are structurally unremarkable. The bladder does contain a cannula and is empty at this time.

GENITALIA: Normal infantile female internal genitalia are present.

Autopsy No. W95-294-F  
Name: Natalie Beard

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HEMATOLYMPHATIC SYSTEM: The spleen weighs 30 gm. Cut surfaces do show some white pulp but no abnormalities are noted. Numerous fine 3-6 mm nodes are noted in the mesentery; none appear pathologic. Marrow, as such, is not studied.

ENDOCRINE SYSTEM: Pancreas, adrenals and thyroid all appear within reasonable limits.

MUSCULOSKELETAL SYSTEM: No fractures or deformities are in evidence.

SKULL & CNS: The principal features have been described above. The brain weighs 940 gm. It has the features noted above. It will be fixed in formaldehyde prior to further examination.

MICROSCOPIC DESCRIPTION

POSTERIOR

SCALP: Older hemorrhage; with hemosiderin macrophages and fibrosis

ANTERIOR

SCALP: Recent hemorrhage, with inflammation

DURA:

Recent hemorrhage with inflammation

HEART:

NPD, congestion apart

NECK

ORGANS: NPD

LUNGS:

Acute hemorrhagic bronchopneumonia

LIVER:

Congestion

PANCREAS:

NPD; well preserved organ

KIDNEYS:

NPD

SPLEEN:

Congestion

NODES:

Follicular center necrosis, early

OVARY AND

TUBES: NPD

ADRENALS:

NPD

\*NOTE: Dr. M. Shamma Salama, consulted about this slide. Diagnosis: Metastatic melanoma in spleen.  
not mentioned.

Name: Natalie Beard

NEUROPATHOLOGY REPORTI. GROSS DESCRIPTION (M. Shahriar Salamat, MD, PhD)

The formalin fixed brain which weighs 964 gm is grossly symmetrical. It is remarkable for diffuse widening and flattening of gyri, bilaterally, involving all lobes of cerebrum. Also, three foci of fresh extravasation of blood are noted within the subarachnoid space. All three are irregular pattern, and the largest measures approximately 2.5 cm in the largest diameter and it lies over the right superior parietal lobule at the vertex. The other two are smaller, each measuring 1 cm in largest diameter, one being located on the left inferior temporal gyrus, inferiorly and in its midregion. The third is in the subarachnoid space, overlying inferior occipital gyrus and its right side. ~~It is noted, the amount of extravasated blood is small and locally confined.~~ There is no evidence of surface indurations, softening, or discoloration elsewhere. The gyral pattern is normal. A few of the dorsal cerebral veins are congested, particularly over the occipital lobes, bilaterally. The leptomeninges are otherwise translucent. ~~On the ventral surface the cerebral vessels have their usual pattern and distribution without evidence of aneurysm, malformations, or thromboemboli. The cranial nerves, and the cerebellum and brainstem are grossly normal and preserved symmetrically. There is no evidence of tissue softening, softening, discoloration, or laceration on the lateral surfaces of the temporal lobes and on the cerebellar hemispheres.~~

The coronally sectioned cerebral hemispheres are remarkable for slit-like sulci with flattened and widened gyri, but relatively well-preserved gray and white matter demarcation diffusely. ~~Abnormalities of cerebral white matter are minimal. The cerebral white matter is relatively normal and the ventricular system is normal in size and shape. The basal ganglia and the brainstem are grossly normal.~~ Ventriculomegaly is minimal. ~~The lateral ventricle and the third ventricle are normal in size. The basal nuclei and the diencephalic nuclei are of the usual pattern, shape, size, and relationship. The cerebral tissue is diffusely soft. Serial sections of the brainstem reveal normal relationship between ascending and descending fibers and normal myelination of the gray matter. Serial sagittal sections of cerebellum reveal normal anatomy of any of the cerebellar vermis and hemispheres. The cerebellum and brainstem are relatively soft and well-preserved. None of the sections reveal any evidence of intraparenchymal hemorrhage, cyst, abscess, plaque, or tumor.~~

II. LIST OF SECTIONS

A) left superior and middle frontal gyri (level of anterior commissure); B) left visual cortex; C) left hippocampus (level of lateral geniculate body); D) left basal nuclei (level of anterior commissure); E) left mammillary body and anterior diencephalon; F through K) representative serial sections through brainstem; L) cerebellar vermis, anterior; M) centrum semiovale, left triangular - right triangular, level of mammillary body; N) right superior parietal lobule; O) left inferior temporal gyrus, midregion; P) right inferior occipital gyrus.

III. GROSS NEUROPATHOLOGIC IMPRESSION

- I. Cerebral edema, diffuse.
- II. Subarachnoid accumulation of freshly extravasated blood, focal:
  - A. Right superior parietal lobule.
  - B. Right inferior occipital gyrus.
  - C. Left inferior temporal gyrus.



UNIVERSITY OF  
WISCONSIN-MADISON  
MEDICAL SCHOOL

AUTOPSY NUMBER: W95-294-F

NAME: Natalie Beard

PERTINENT NUMBERS: UW MR #1513284

AGE: 7 months

CORONER/SERVICE: Peds ICU/Dane SO/Coroner/  
Waunakee PD

SEX: Female

ASSISTANT: Phil Little

DATE/TIME OF DEATH: Pronounced 9  
pm, 10/16/95

IDENTIFICATION: ID by Dane wrist band

DATE/TIME OF AUTOPSY: 1 pm,  
10/17/95 at Dane County Morgue

PROSECTOR: None

FACULTY: Robert W. Huntington, III, MD

*Robert W. Huntington, III*  
(Signature)

*19 Oct 95*  
(Date)

PRELIMINARY GROSS ANATOMIC DIAGNOSES:

1. Probable head injury
  - a. Cerebral edema
  - b. Subdural hemorrhage, both middle fossae and right posterior
  - c. Scattered subarachnoid hemorrhage
  - d. Scalp hemorrhages, appearing to vary in age.
2. Status post resuscitation efforts
  - a. NG and ET tubes in proper position
  - b. Multiple venipunctures.

SUMMARY COMMENT: She died with significant head injury. The grossly confined areas of bleeding are of recent onset. This brain must be carefully studied before the case is signed out.

RWH/mem

TAKE NOTE

Department of Pathology and Laboratory Medicine

505 Service Memorial Institute	1300 University Avenue	Madison, WI 53706-1532	608/262-1189
E5/324 Clinical Science Center	600 Highland Avenue	Madison, WI 53792-3224	608/263-8898

# CAUSE OF DEATH AMENDMENT FORM

NAME OF DECEDENT (First, Full Middle, Last) **Natalie Lynn BEARD**

DATE PRONOUNCED DEAD (Mo., Day, Yr.) **October 16, 1995**

DATE RECEIVED **October 16, 1995**

DATE ORIGINAL AMENDED

CERTIFICATE NUMBER

PLACE (City, Village, Township) **Madison**

COUNTY **Dane**

OFFICE USE ONLY:

After filling in the above requested information, please complete the lower portion of this form as follows:

- Type or use black ink. Complete items 46 and 38 for ALL deaths
- If the death was due to trauma or poisoning, complete 39-43b and 47.
- Remember to complete the interval between onset and death. Return this form to: Nosology  
 Vital Statistics  
 P.O. Box 309  
 Madison, WI 53701

4. To avoid confusion, re-do items 46, 38-43b, and 47 to show EXACTLY how the cause of death should read.  
 5. Sign and date this form as indicated below.

38. MANNER OF DEATH

1.  Natural 4.  Homicide 39. DATE OF INJURY (Mo., Day, Yr.) **October 16, 1995** 40. HOUR OF INJURY **Unk**

2.  Accident 5.  Undet. 41. PLACE OF INJURY (Home, Street, Farm, etc.) **M**

3.  Suicide 6.  Pending 42. INJURY AT WORK?  Yes  No

43a. LOCATION Street or RFD/City or Vill. State where injury occurred **507 Dorn Drive, Waunakee, WI** 43b. COUNTY **Dane**

46. PART I. Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. Do not list old age or senility as sole cause.

IMMEDIATE CAUSE (Final disease or condition resulting in death.)

(a) ~~Cardiac arrest~~ (DUE TO OR AS A CONSEQUENCE OF)

(b) ~~Myocardial infarction~~ (DUE TO OR AS A CONSEQUENCE OF)

(c) ~~Ischemic heart disease~~ (DUE TO OR AS A CONSEQUENCE OF)

(d) ~~Ischemic heart disease~~ (DUE TO OR AS A CONSEQUENCE OF)

47. IF INJURY, DESCRIBE HOW INJURY OCCURRED.

PART II Other significant conditions contributing to death but not resulting in underlying cause given in Part I.

*Where is the evidence?*

Wisconsin statutes (69.18) require you to report the status of a pending cause of death within 30 days after the pronouncement of death. The Center for Health Statistics requires an update EVERY 30 DAYS thereafter until the medical certification is complete (up to a year after the date pronounced dead).

If the cause of death is still pending, please state the reason: Awaiting autopsy report

Other, specify Awaiting court action

SIGNATURE (Name and Title) *Philip M. Leal* CHIEF DEPUTY CORONER

ADDRESS Number and Street **15 WEST DOTY STREET ROOM B-021, MADISON, WISCONSIN 53703-3202**

City, Village, Township **Madison**

DATE (Month, Day, Year) **JANUARY 2, 1997**

State **WI** ZIP **53703**

PO Box 233  
Wynona, WI 53707



Wisconsin State Senate  
PO Box 1882  
Madison, WI 53707

William  
B. ...

