from the upper torso and neck with handling. A watery red purge
drained from the mouth and nose. The palms and soles were wrinkled.
The only evidence of injury, external and internal, was a faint 0.50-
inches by 0.25-inches abrasion over the bridge of the nose.

**Autopsy**

Upon opening the body, a large rush of malodorous gas escaped from
the abdominal cavity. There was no significant natural disease. The
lungs were: heavy and fluid filled. The stomach contained approximately 250 milliliters of tan fluid.
Microscopically, the organs were autolyzed, although well enough preserved to rule out acute infection.
About 60 milliliters of cloudy urine were present in the bladder. There
was hemorhage in both mastoid cavities.
Blood was still available in the heart and major vessels. The blood
analyzed for ethanol and common drugs of abuse using a general
screen for acid and basic drugs. The results of the postmortem toxicology are as follows:

- **Blood**: Ethyl alcohol:
  - General drug screen:

  - 04 percent
- **Negative**
- **Urine**: Ethyl alcohol:
- **Vitreous**: Ethyl alcohol:

**Study Questions**

Based on the description of the body, is the stage of postmortem
decomposition mild, moderate, or severe?
How would you interpret the ethyl alcohol levels in the blood?
How much alcohol did he drink prior to death?
3. What additional toxicological studies should be ordered, if any?
4. What are the mechanism, cause and manner of death?
5. What should the police look for at the scene?