



PROFESSIONAL PATHOLOGY SERVICES, PC

**One Science Court, Suite 200
Columbia, SC 29203**

REPORT OF POSTMORTEM EXAMINATION

RECEIVED

Feb 26 2025

S.C. SUPREME COURT

NAME: BOWMAN, MARION JR

AUTOPSY #: FA25-62

DOB: 6/6/1980 (Age: 44)

RACE: AfricanAmerican

SEX: M

CHART #:

DATE OF DEATH: 1/31/2025 18:27

DATE OF AUTOPSY: 2/1/2025 08:00

REQUESTOR:

PROSECTOR: Amy M. Durso, MD

FINAL ANATOMICAL DIAGNOSES

- I. ACUTE PENTOBARBITAL TOXICITY.
 - A. JUDICIAL EXECUTION 1/31/25 BY SC DEPARTMENT OF CORRECTIONS.
 - B. PULMONARY EDEMA, COMBINED LUNG WEIGHT: 1930 GRAMS.
 - C. POSTMORTEM TOXICOLOGY RESULTS (NMS): PENTOBARBITAL 27 MCG/ML.
- II. CORONARY ARTERY DISEASE, MILD TO FOCALLY MODERATE.
- III. CHRONIC THYROID DISEASE (PER MEDICAL RECORD REVIEW).
 - A. CHRONIC LYMPHOCYtic THYROIDITIS.
- IV. OBESITY, BMI= 49.

CAUSE OF DEATH: ACUTE PENTOBARBITAL TOXICITY.

****If further information (forensic or otherwise) becomes available at a later time and is pertinent to the autopsy findings, I reserve the right to amend the report and cause of death statement.****

AMD: 2/24/25

Electronically Signed Out at Professional Pathology Services By Amy M. Durso, MD

CASE SUMMARY:

The decedent was a 44 year old African American who was sentenced to death and chose lethal injection. Per information provided by the SC Department of Corrections, he received 2 milligrams of lorazepam and 10 grams of pentobarbital.

There is a signed autopsy consent form without restrictions present prior to the start of the autopsy.

The body is received with printed medical records from SCDC (dated 2017-1/31/25) indicating a past medical history significant for hypertension, type 2 diabetes mellitus, chronic hypothyroidism. For further information please refer to all available medical records.

AMD: 2/1/25

GROSS ANATOMICAL DESCRIPTION:

EXTERNAL EXAMINATION: Body Weight: 404 lb; Body Length: 76 in. The body is that of a well developed, well nourished, adult man, who appears compatible with the stated age. The body is identified by the coroner's office. The body is cool to touch. Rigor is full in all extremities and jaw. Diffuse, blanching, purple livor extends over the posterior surfaces of the body, except in areas subject to pressure. The scalp and facial hair is black with scant gray. The irides are brown. The corneae are transparent. The sclerae and conjunctivae are unremarkable. The nose and ears are not unusual. The teeth are in fair repair. The neck is without masses, and the larynx is in the midline. The thorax is symmetric. The abdomen is obese. The genitalia, anus, and back are unremarkable. The upper and lower extremities are well developed and symmetrical, without absence of digits. Identifying marks and scars include several amateur black tattoos over the arms and lower legs including "Pat" on the dorsal left hand, "NIO" on the posterior right lower arm, "Denise Dogg" on the posterior left lower arm, "Turk" and "Rock" on the right lower leg, and "Marye" and "Shy" on the left lower leg and a 4 cm obliquely oriented linear scar on the right lower back.

The body is received wearing a green jumpsuit, white T-shirt, white underwear, white socks, and black rubber shoes, which are all returned with the body to the funeral home.

EVIDENCE OF MEDICAL INTERVENTION: EKG leads, puncture marks covered by bandages inferolateral to the right antecubital fossa, on the lateral right upper arm, and on the anteriomedial right lower arm, and a puncture mark in the left antecubital fossa without overlying bandage.

The puncture marks are dissected with the following findings:

Right upper arm and anterior left lower arm: minimal soft tissue hemorrhage within the superficial adipose tissue.

Right antecubital fossa: puncture in underlying vein with focal soft tissue hemorrhage

Left antecubital fossa: puncture in underlying vein with focal soft tissue hemorrhage and 1 cm hematoma adjacent to vein puncture

No other injuries are noted to the body.

INTERNAL EXAMINATION:

BODY CAVITIES: The pleural and abdominal cavities contain no significant fluid. All body organs are present in normal and anatomical position.

CENTRAL NERVOUS SYSTEM: Brain weight: 1250 grams. The dura mater and falx cerebri are intact. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact and free of abnormality. Sections through the cerebral hemispheres reveal no lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. The basal ganglia, thalami, and Ammon's horn are unremarkable. The cerebral ventricles are normal caliber. Sections through the brain stem and cerebellum are unremarkable.

NECK: Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact.

CARDIOVASCULAR SYSTEM: Heart weight: 600 grams. The pericardial surfaces are smooth, glistening and unremarkable; the pericardial sac is free of significant fluid and adhesions. The coronary arteries arise normally in a right dominant distribution. There are several areas of mild atherosclerosis by soft tan plaque with a focal area of moderate stenosis within the mid left circumflex which has 50% luminal stenosis. There is no evidence of severe atherosclerosis or thrombosis. The chambers and valves bear the usual size-position relationships and are unremarkable. The myocardium is dark red-brown, firm, and unremarkable; the atrial and ventricular septa are intact. The aorta and its major branches arise normally, follow the usual course and are widely patent, free of significant atherosclerosis and other abnormality. The vena cava and its major tributaries return to the heart in the usual distribution and are free of thrombi.

RESPIRATORY SYSTEM: Right lung: 1070 grams; Left lung: 860 grams. The airways contain frothy, thin fluid and are otherwise clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable. Lobar divisions are of the usual configuration. The pulmonary parenchyma is dark red-purple, exuding moderate to severe amounts of blood and frothy fluid; no focal lesions are noted. The pulmonary arteries are normally developed, patent, and without thrombus or embolus.

LIVER AND BILIARY SYSTEM: Liver weight: 2750 grams. The hepatic capsule is smooth, glistening and intact, covering tan-brown parenchyma, with no focal lesions noted. The gallbladder contains yellow-green-brown, slightly mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

GENITOURINARY SYSTEM: Right kidney: 200 grams; Left kidney: 210 grams. The renal capsules strip with ease from the underlying smooth, red-brown, firm, cortical surfaces. The cortex is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains translucent yellow urine and is unremarkable.

GASTROINTESTINAL TRACT: The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds, and the lumen contains approximately 450 mL of partially digested tan material with fragments of green vegetable. The small and large bowel are unremarkable. The appendix is present.

PANCREAS: The pancreas has a normal gray-white, lobulated appearance, and the ducts are clear.

RETICULOENDOTHELIAL SYSTEM: Spleen weight: 140 grams. The spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal.

ENDOCRINE SYSTEM: The pituitary and adrenal glands are unremarkable. The thyroid gland has a tan-pink to tan-white, diffusely fibrotic cut surface with no focal lesions, consistent with chronic lymphocytic thyroiditis.

MUSCULOSKELETAL SYSTEM: The bony framework, supporting musculature, and soft tissues are not unusual.

TOXICOLOGY: Femoral blood, urine, and vitreous fluid are obtained at autopsy. All tissues not retained for diagnostic purposes are returned to the body.

CASSETTE SUMMARY:

1. Heart, left circumflex coronary
2. Left lung, kidney, adrenal
3. Right lung, kidney, adrenal
4. Liver, spleen, pancreas, thyroid
5. Brain

AMD:2/1/25

MICROSCOPIC DESCRIPTION:

Blocks are held. Slides will be cut and reviewed upon request with results placed in an addendum.

TOXICOLOGY RESULTS (NMS): Expanded postmortem testing of the postmortem femoral blood is positive for pentobarbital 27 mcg/mL.

SUMMARY & COMMENT: The cause of death for this 44 year old man is acute pentobarbital toxicity due to judicial execution. The pertinent anatomic findings are summarized under "Final Anatomic Diagnoses."

AMD: 2/24/25

Signed out by Professional Pathology Services at CLIA # 42D0249417

***Electronically Signed Out By Amy M. Durso, MD ***



NMS Labs

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Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

CONFIDENTIAL

FA25-062

AMW

Toxicology Report

Report Issued 02/22/2025 11:02

Patient Name BOWMAN, JR, MARION
Patient ID FA25-062
Chain 25059400
DOB 06/06/1980
Sex Male
Workorder 25059400

To: 10403
Professional Pathology Services
1 Science Court
Suite 200
Columbia, SC 29203

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Positive Findings:

Analyte	Result	Units	Matrix Source
Pentobarbital	27	mcg/mL	001 - Femoral Blood

See Detailed Findings section for additional information

Testing Requested:

Test	Test Name
8052B	Postmortem, Expanded, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Labeled As
001	Gray Stopper Glass Tube	9.75 mL	02/01/2025 08:00	Femoral Blood	FA25-062

All sample volumes/weights are approximations.
Specimens received on 02/07/2025.



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Workorder 25059400
Chain 25059400
Patient ID FA25-062

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Pentobarbital	27	mcg/mL	2.0	001 - Femoral Blood	GC/MS

Examination of the specimen(s) submitted did not reveal any reportable findings by procedure(s) outlined in the accompanying Analysis Summary, other than those listed above. Interpretation of reported findings should be based on the totality of available case information. Reference information is not case-specific but is provided as a general guide.

Reference Comments:

1. Pentobarbital - Femoral Blood:

Pentobarbital is a barbiturate sedative hypnotic agent with a short duration of action. It has been used to treat insomnia, for pre-surgical anxiety, and in the control of seizures. It is subject to abuse. Reported plasma concentrations ranging from 1-5 mcg/mL are reported for the sedation-producing effects of pentobarbital whereas concentrations of 5-15 mcg/mL generally produce sleep. Plasma concentrations greater than 10 mcg/mL may produce deep coma. Major adverse effects associated with pentobarbital derive from its CNS-depressant properties including sedation, drowsiness, lethargy, respiratory depression, and coma.

Reported postmortem concentrations of pentobarbital in fatalities from the substance range from 5-112 mcg/mL.

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 25059400 was electronically signed on 02/22/2025 10:55 by:

Jolene J. Bierly, M.S.F.S., D-ABFT-FT
 Forensic Toxicologist

Analysis Summary and Reporting Limits:

The following test(s) were performed for this case; the scope of each test includes the analyte(s) listed along with the associated reporting limit(s). The reporting limit is the lowest concentration of the analyte that will be reported as positive. Only results that meet reporting criteria at or above the reporting limit appear in the Positive Findings section of the report.

Test 50011B - Barbiturates Confirmation, Blood: 001 - Femoral Blood

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Butalbital	0.20 mcg/mL	Phenobarbital	0.50 mcg/mL
Pentobarbital	2.0 mcg/mL	Secobarbital	0.20 mcg/mL

Test 8052B - Postmortem, Expanded, Blood (Forensic): 001 - Femoral Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Barbiturates	0.040 mcg/mL	Cannabinoids	10 ng/mL



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Workorder 25059400
Chain 25059400
Patient ID FA25-062

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Analysis Summary and Reporting Limits:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Gabapentin	5.0 mcg/mL	Salicylates	120 mcg/mL

-Analysis by Headspace Gas Chromatography (GC) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	10 mg/dL

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of analyte classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified analyte class are included. Some specific analytes outside of these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs. Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotics, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

Weight: 404
Length: 76"
Temp: Cool
Rigor: Full
Livor: N/A
Scalp hair: N/A
Facial hair: N/A

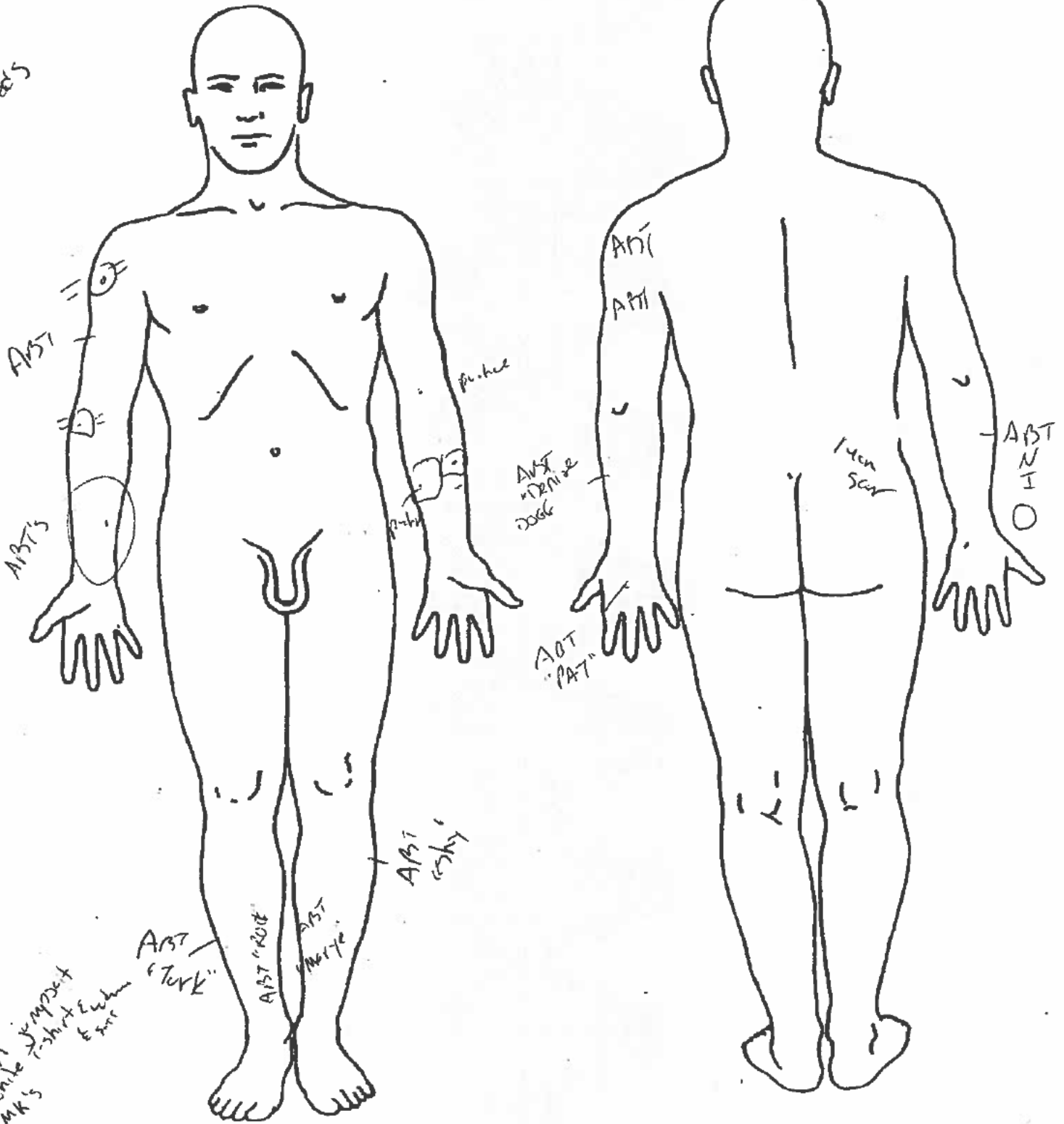
Eyes: Br, W, UR
Ears: UR
Nose: UR
Teeth: UR
Neck: UR
Abdomen: Sese
Genitalia: UR

Marion Bowman FA25-062
Autopsy Private
2/1/2025 8:00 AM
Durso
RCCO# PRIVATE



Attach Barcode Label Here

at feet





P · P · S
PROFESSIONAL PATHOLOGY SERVICES, PC
Your Total Pathology Solution

ORGAN WEIGHTS

Marion Bowman FA25-062
Contents: DIAGRAM
2/1/2025 8:00 AM
Durso
RCCO# PRIVATE



Heart: 600 mild-mud

Right lung: 1070

Left lung: 860

Liver: 2750

Right kidney: 200

Left kidney: 210

Spleen: 140

Brain: 1250

Stomach contents: _____

Adrenals: _____

Appendix: Yes No

Thymus: _____

Gallbladder: Yes No

Thyroid: absent

~~Uterus: Yes No~~



PROFESSIONAL PATHOLOGY SERVICES

Consent for Postmortem Examination and Retention or Disposal of Tissue, Organs, ETC.

I do authorize the pathologists of Prisma Health or their designee to perform a postmortem examination on the remains of

Marion Bowman, Jr.

I do hereby authorize and direct the pathologist to examine, retain for scientific purposes and/or dispose of all such tissues, organs, etc. as shall be removed during postmortem examination with the exception of the following:

PLEASE CHECK ANY ORGANS/TISSUES THAT ARE **NOT** TO BE INCLUDED IN THE AUTOPSY EXAMINATION:

- BRAIN/HEAD
- NECK
- CHEST (HEART/LUNGS)
- ABDOMEN (LIVER, SPLEEN, KIDNEYS, GASTROINTESTINAL TRACT)
- OTHER: _____
- I AUTHORIZE A FULL AUTOPSY OF THE DECEDENT WITH **NO RESTRICTIONS**

Date: _____ Time: _____

MAVISSA BOWMAN / MARION BOWMAN
Print name of next of kin

Marion Bowman
Signature of next of kin

Brie Rust
Print name of 1st witness

Brie Rust
Signature of 1st witness

S. Boyd Young
Print name of 2nd witness

S. Boyd Young
Signature of 2nd witness

REASON FOR AUTOPSY:

Allan T. Bennett, MD
 Robert F. Bradley, MD
 Ronald G. Burns, MD
 A. Atwell Coleman III, MD
 Amy M. Durso, MD

Jacqueline A. Emery, MD
 Philip A. Finley, MD
 Larry D. Grant, MD
 Paul L. Guerry III, MD
 Michael J. Hayes, MD

Jennifer B. Jones, MD
 Lawrence E. Klein, MD
 Charles T. Lucas, MD, FCAP
 Bradley J. Marcus, MD
 Janet M. McNaughton, MD

Darren J. Monroe, MD
 Jesse W. Powell, MD
 Geoffrey P. Turner, MD, PhD
 Sarah G. Williams, MD

