

**BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER**

Central Office
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OFFICE USE ONLY

Re _____ Co _____

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

By _____

Date _____

SUMMARY REPORT

DECEDENT First-Middle-Last Names (Please avoid use of initials) CYNTHIA ANN TAYLOR	Age 43	Birth Date 7/16/1980	Race WHITE	Sex F
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HOME ADDRESS - No. - Street, City, State
3509 CHURCHILL ROAD, OKLAHOMA CITY, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) DET. JASON LANDRUM - MOORE POLICE DEPARTMENT	DATE 1/24/2024	TIME 12:11
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INJURED OR BECAME ILL AT (ADDRESS)	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
1521 NE 3RD ST	MOORE	CLEVELAND	Boyfriend'sHome	Unknown	Unknown
LOCATION OF DEATH	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
1521 NE 3RD ST	MOORE	CLEVELAND	Boyfriend'sHome	1/24/2024 FOUND	11:30 FOUND
BODY VIEWED BY MEDICAL EXAMINER	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
921 NE 23RD ST	OKLAHOMA CITY	OKLAHOMA	AUTOPSY SUITE	1/25/2024	9:45

TRANSPORTATION INJURY DRIVER PASSENGER PEDESTRIAN

TYPE OF VEHICLE: AUTOMOBILE LIGHT TRUCK HEAVY TRUCK BICYCLE MOTORCYCLE OTHER: _____

DESCRIPTION OF BODY	RIGOR	LIVOR	EXTERNAL OBSERVATION	BLOOD	NOSE	MOUTH	EARS
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERNAL PHYSICAL EXAMINATION	Jaw <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Neck <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Arms <input checked="" type="checkbox"/> Passing <input type="checkbox"/> Legs <input checked="" type="checkbox"/> Passed <input type="checkbox"/> Decomposed <input checked="" type="checkbox"/>	Color RED Lateral <input type="checkbox"/> Posterior <input checked="" type="checkbox"/> Anterior <input checked="" type="checkbox"/> Regional _____	Beard _____ Hair BLONDE Eyes: Color BROWN Mustache _____ Opacities _____ Pupils: R 4 MM L 4 MM Body Length 62 IN Body Weight 144 LBS.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				BROWN MATERIAL			

Significant observations and injury documentations - (Please use space below)
PLEASE SEE AUTOPSY REPORT

<i>Probable Cause of Death:</i> FENTANYL AND COCAINE TOXICITY	<i>Manner of Death:</i> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown <input type="checkbox"/> Pending <input type="checkbox"/> Not Assigned <input type="checkbox"/>	<i>Case disposition:</i> Autopsy YES Authorized by ELEANOR ABREO M.D. Pathologist ELEANOR ABREO M.D. Not a medical examiner case <input type="checkbox"/>
	<i>Other significant conditions contributing to death (but not resulting in the underlying cause given)</i>	

MEDICAL EXAMINER:

Name, and Address:

ELEANOR ABREO M.D.
921 N.E. 23rd Street
OKLAHOMA CITY, OK 73105

I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.

Signature of Medical Examiner

Computer generated report

ELEANOR ABREO M.D.

1/24/2024

Date Case Initiated

7/2/2024

Date Case Finalize