

5 ILCS 140/(7(1)(c) personal information the disclosure of which constitutes an unwarranted invasion of personal privacy

Investigative Report

Richard A. Jorgensen, MD
Coroner of DuPage County
414 N. County Farm Road
Wheaton, Illinois 60187
(630) 407-2600



Cremation Permit 061522MT05

Case #

CASTEN, GWEN

Classification

NATURAL

Notification Information

When: 06/13/2022 07:34 AM, Mon Name: RYAN,
Agency: DOWNERS GROVE PD Phone: [REDACTED] Ext:
Relationship: OFFICER

Expiration Information

When: 06/13/2022 07:02 AM, Mon Township:
Location: AT HOME - BEDROOM City Limits: Yes
Address: 4915 WOODWARD AVENUE
DOWNERS GROVE IL
Hospital Arrival: Location: Bed/Room:

Deceased Information

Name: CASTEN, GWEN A. Phone: (000)000-0000
Address: [REDACTED]
DOWNERS GROVE IL 60515
Age: 17 YRS Occupation: STUDENT
DOB: [REDACTED] Employer:
Sex: FEMALE Race / Color: WHITE Marital Status: NV MARRIED

Alias Information

<none>

Next of Kin Information

Relationship	Last Name	First Name	Middle Name	Title
PARENTS	CASTEN	SEAN & KARA		
Address:	[REDACTED]	DOWNERS GROVE IL		60515
Phone / Note:	[REDACTED]	# IS WIFE, KARA'S #.		

Identification

6/13/22 BY SIGHT BY FAMILY

Incident Information

Deputy: KERI MEDERICH

Printed: 10/17/2022 11:00:51 AM

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Case #

CASTEN, GWEN

When: 06/13/2022 06:48 AM, Mon	Township:
Address: [REDACTED]	City Limits: Y
DOWNERS GROVE IL	
Agency: DOWNERS GROVE PD	
Narrative: 911 CALL FOR 17 Y/O FEMALE FOUND UNRESPONSIVE & NOT BREATHING IN BED BY MOTHER	

Pronounced By

Title: DR. - VIA-TELEMETRY	Name: CARMODY - GOOD SAM	Phone:
----------------------------	--------------------------	--------

Transported By

Name	Requested By	Crime Scene
NEW TRADITIONS	DEP. MEDERICH #412	N/A

Physician Information

Last Name	First Name	Phone	Private Phone	Last Dr. Visit
VAN	JULIE	[REDACTED]		3/18/22

Medical History

NONE REPORTED

Medicine Taken

Med Name	Dosage	Fill Date	Orig Qty	Remain Qty	Comment
NONE REPORTED					

Police Agency Information

Date Time	Name	Complaint Number
06/13/2022 06:48 AM, Mon	DOWNERS GROVE PD	DGPC2201938

Autopsy / Pending Information

Autopsy Performed: Yes	Autopsy Date / Time: 06/14/2022 10:00 AM, Tue
Toxicology Taken: Yes	Autopsy Location: DUMOR
X-Rays Taken: Yes	Pathologist name: MC ELLIGOTT, HILARY
Pending Inquest: No	Pending Pathology and / or Tox: Y

Toxicology Information

Description	Date / Time (Drawn)	Location (Drawn)	Drawn By
FedEx track #	06/14/2022 10:00 AM, Tue		

Deputy: KERI MEDERICH

Printed: 10/17/2022 11:00:51 AM

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00128105

Cremation Permit 061522MT05

Case #

CASTEN, GWEN

Notes: 817445460272			
Sent: 06/15/2022 10:48 AM, Wed		Received:	
Laboratory: NMS - (NATIONAL MEDICAL SERVICE)			
CULTURE & SWABS	06/14/2022 10:00 AM, Tue	DU PAGE COUNTY MORGUE	DR. MCELLIGOTT
Notes: CONFIRMATION # 18659805			
Sent: 06/14/2022 10:49 AM, Tue		Received: 06/21/2022 08:16 AM, Tue	
Laboratory: CDH - (CENTRAL DUPAGE HOSPITAL)			
BLOOD	06/14/2022 10:00 AM, Tue	DU PAGE COUNTY MORGUE	ASHLEY GENTLE
Notes:			
Sent: 06/15/2022 10:48 AM, Wed		Received: 06/29/2022 08:10 AM, Wed	
Laboratory: NMS - (NATIONAL MEDICAL SERVICE)			
BILE	06/14/2022 10:00 AM, Tue	DU PAGE COUNTY MORGUE	DR. MCELLIGOTT
Notes:			
Sent: 06/15/2022 10:48 AM, Wed		Received: 06/29/2022 08:13 AM, Wed	
Laboratory: NMS - (NATIONAL MEDICAL SERVICE)			
URINE	06/14/2022 10:00 AM, Tue	DU PAGE COUNTY MORGUE	ASHLEY GENTLE
Notes:			
Sent: 06/15/2022 10:48 AM, Wed		Received: 06/29/2022 08:10 AM, Wed	
Laboratory: NMS - (NATIONAL MEDICAL SERVICE)			
HISTOLOGY	06/14/2022 10:00 AM, Tue	DU PAGE COUNTY MORGUE	ASHLEY GENTLE
Notes: CASSETTES A-L			
Sent:		Received:	
Laboratory: NMS - (NATIONAL MEDICAL SERVICE)			
VITREOUS	06/14/2022 10:00 AM, Tue	DU PAGE COUNTY MORGUE	ASHLEY GENTLE
Notes:			
Sent: 06/15/2022 10:48 AM, Wed		Received: 06/29/2022 08:10 AM, Wed	
Laboratory: NMS - (NATIONAL MEDICAL SERVICE)			

X-Ray Information

Date / Time	Description	Location	Technician
06/13/2022 10:00 PM, Mon		COR-OFFICE	JAMES GABINSKI

Police Officer Information

--

Deputy: KERI MEDERICH

Printed: 10/17/2022 11:00:51 AM

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Case #

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Badge	Last Name	First Name	Title	Department	Officer Role
64	MAROCCO	ALESSIA	LEAD DETECTIVE	DOWNERS GROVE PD	(DESK) (CELL)
7	RYAN		R/O	DOWNERS GROVE PD	
	STULTS	CODY	LEAD E/T	DOWNERS GROVE PD	
	WHEELER		AUTOPSY E/T	DUPAGE CO SHERIFF	
28	XU		ASSIST DET.	DOWNERS GROVE PD	

Release Information / Funeral Home

Body Location:	DU PAGE COUNTY MORGUE	Release Date/Time:	06/14/2022 11:30 AM, Tue
Funeral Home Name:	DU PAGE CREMATIONS	Funeral Home City:	WEST CHICAGO
Funeral Home Phone:	(630)293-5200		

Brief Summary / Press Release

IN SUMMARY, MS. CASTEN, AGE 17, WAS FOUND UNRESPONSIVE AND NOT BREATHING IN BED BY HER MOTHER. 911 WAS CALLED AND CPR INITIATED. DOWNERS GROVE PD AND FD RESPONDED TO THE SCENE AND DEATH PRONOUNCED VIA TELEMTRY STRIP. THIS OFFICE RESPONDED TO THE SCENE. NO APPARENT TRAUMA TO THE BODY. NO FOUL PLAY BY OTHERS OR SUSPICIOUS CIRCUMSTANCES AT THIS TIME. AUTOPSY ORDERED ON 6/14/22 W DR. MCELLIGOTT TO DETERMINE THE CAUSE AND MANNER OF DEATH. THIS OFFICE TO ISSUE A TEMPORARY DEATH CERTIFICATE AS: PENDING PATH & TOX.

Witness Information

Last Name	First Name	Role
CASTEN	KARA	MOTHER. FOUND BY. CALLED 911
Address:	DOWNERS GROVE	IL 60515
Phone:	Work Phone:	

Paramedic / Fire Department Information

Badge	Last Name	First Name	Department	Run #	Date / Time
			DOWNERS GROVE FD	22-	6/13/2022 6:48 AM

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Case #

CASTEN, GWEN

Case Narrative

On Monday, June 13, 2022 at 7:34am, this office was contacted by Ofc. Ryan, #7, of the Downers Grove police department. Ofc. Ryan was calling to report the death of 17-year-old, Ms. Gwen Casten. Ofc. Ryan stated that Ms. Casten was found by her mother, unresponsive and not breathing, in bed this morning. At this time, there are no foul play by others or suspicious circumstances. There is no apparent trauma to the body. I stated that I would be en route to the residence. The following is a summation of information gathered throughout the course of my investigation:

Ms. Casten is a 17-year-old white, single female who resided with her family at Downers Grove, IL. The next-of-kin are her parents, Kara and Sean Casten.

Ms. Casten is not reported to have any diagnosed medical history. A doctor visit summary from 3/18/2022 was located in her bedroom that showed she was seen by Dr. Julie Van for chronic right-sided thoracic back pain. Ms. Casten was not reported to be prescribed any medications. Ms. Casten is not reported to have suicidal thoughts, ideations or depression. Ms. Casten is not reported to use any illicit drugs. Ms. Casten is not reported to have any known allergies. Ms. Casten was reported to have COVID-19 in "mid-May". Her symptoms were reported to be minor. Ms. Casten was reported to be fully vaccinated (Pfizer) and receive the booster shot. She received the booster shot in December 2021.

Yesterday, 6/12/22, Ms. Casten was reported to be in good, typical spirits. She is not reported to have any recent complaints or discomfort. Ms. Casten was reported to go to a "get-together" with her friends from approximately 7:30pm-10:30pm when she returned home. Ms. Casten was reported to exhibit her normal behavior and cognition by her parents before she went to bed. It is reported that Ms. Casten had two Truly hard seltzers while at the "get-together". No illicit drugs were reported to be at the party.

Earlier on this date, Mrs. Casten went to wake up and check on Ms. Casten and found her lying face-up in bed, unresponsive and not breathing and called 911. Mrs. Casten moved Ms. Casten to the floor to start CPR until first responders arrived. Ofc. Ryan received the 911 call at 6:48am and was en route to the residence, along with Downers Grove fire department. Upon first responders' arrival life-saving resuscitative measures were continued. The paramedics placed cardiac leads on Ms. Casten that showed a rhythm of asystole. Ultimately, Ms. Casten did not regain any vital signs and a call was placed to Good Samaritan hospital ER where Dr. Carmody pronounced her expiration, via-telemetry strip, at 7:02am.

I arrived on-scene and met with Downers Grove police department outside the two-story residence. Upon entering into the residence, I was led upstairs into Ms. Casten's bedroom. I viewed Ms. Casten lying on her back, alongside the edge of the bed. (*Note: Ms. Casten was originally discovered face-up on her bed and moved to the floor for CPR by Ms. Casten.) I observed Ms. Casten to be clothed in a white tank top and [REDACTED]. Her right arm was slightly bent at the elbow, with her hand resting on her right hip. Her left arm was extended straight out along the left side of her body. Ms. Casten's legs were extended straight outward. AED pads were observed on the floor next to Ms. Casten. I performed a cursory examination of Ms. Casten. I did not observe any indications of trauma to the body. There was no evidence of any vomitus or froth cone around the mouth. I observed indications of drying to the sclera of both eyes consistent with post-mortem changes. Rigor mortis was minimally present and appeared in its beginning stage. Lividity was present and consistent with the positioning upon discovery and still blanchable. I rolled Ms. Casten to view her back and observed no indications of trauma. A black hair tie was observed in Ms. Casten's hair. The hair tie was removed and placed onto the desk. Documentation of the body was assisted by evidence technician, Ofc. Stults

Ms. Casten's bedroom appeared to be very clean and orderly as if she had been living this way. Nothing appeared to be disturbed in the bedroom. A damp washcloth was observed on the back of a pillow that Ms. Casten's head was resting on. There was a plastic trash bag hanging off of a desk, near the head of the bed. The bag was free of debris or fluids. The washcloth and trash bag were reported to be unusual. Additionally, the bathroom next to Ms. Casten's bedroom light was on and the toilet seat was up (appeared unused) which appeared to be unusual per family.

I spoke with Mr. and Mrs. Casten while at the residence. I informed them of the role of this office and approximate guidelines with regards to examination, findings and certificates. In regard to their family medical history, Mrs.

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Casten stated that her mother had a brain aneurysm and Mr. Casten stated his side has a history of heart disease. Ms. Casten was not reported to have any recent stressors in her life. She was reported to be going into college so dealing with that process, but nothing atypical. I gave Mr. and Mrs. Casten my contact information should they have any further questions or concerns.

New Traditions removal service arrived on-scene. Ms. Casten was placed into a body bag, onto a stretcher and removed from the residence, without incident. Transport was made to the DuPage County morgue.

New Traditions arrived at the DuPage County morgue with Ms. Casten, without incident. She was admitted into the morgue at 12:53pm as morgue #:M22-248. She had a weight of 124 lbs. No property was on her person to be inventoried. Her clothing was inventoried and kept with the body. A toe tag was placed and Ms. Casten was placed into the cooler to await pathology.

An autopsy with full body x-rays is ordered on 6/14/22 to determine the final cause and manner of death.

The body is released to pathology.

In summary, Ms. Casten, age 17, died as the result of unknown causes at this time after being found unresponsive and not breathing in bed by family. There are no foul play by others or suspicious circumstances at this time. There is no apparent trauma to the body. Downers Grove PD and this office are conducting a full death investigation into the cause and manner of death. This office to issue a temporary death certificate as: Pending Pathology & Toxicology.

**6/13/22 @ 12:26pm- Due to Ms. Casten being under the age of 18 years of age, DCFS was notified of the death and pertinent information given. I spoke with Joy L. Intake #:14391337. -KLM412.

**8/15/22 @ 11:50am- I contacted Det. Marocco and informed her of the death of Mr. Caden McCann who is a 17-year-old student from Downers Grove North. -KLM412.

..Nothing further at this time..KLM412.

COVID-19 QUESTIONNAIRE:

1. HAS THE DECEDENT EXPERIENCED ANY RECENT FLU-LIKE SYMPTOMS: No (Covid + in Mid May 2022; minor symptoms)
2. HAS HE OR SHE TRAVELED RECENTLY OR HAD BEEN IN CONTACT WITH SOMEONE WHO MAY HAVE BEEN EXPOSED TO COVID-19: no
3. HAS ANY FAMILY MEMBERS OR CLOSE FRIENDS TRAVELED RECENTLY OR CAME INTO CONTACT WITH SOMEONE WHO MAY HAVE BEEN EXPOSED: no
4. HAS THE DECEDENT BEEN VACCINATED AND/OR RECEIVED BOOSTER: Yes/ Yes (2 Pfizer shots. Booster in December 2021)

***** CLOTHING/PROPERTY INVENTORY *****

CLOTHING (LOCATION: w/body):

- White Tank Top
- White Underwear

PROPERTY (LOCATION: N/A):

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Case #

CASTEN, GWEN

***** AUTOPSY / TOXICOLOGY / EXTERNAL EXAM INFORMATION *****

MORGUE #: M22-248
WEIGHT: 124 lbs
DATE OF EXAMINATION: 6/14/22
TIME SCHEDULED: 1000

PATHOLOGIST: McElligott

AUTOPSY TECHNICIAN: Gentle

EVIDENCE TECHNICIAN: Crane

OTHERS PRESENT: Downers Grove Police Department: Det. Marocco #64, Xu #10, Xu #28

TOX ONLY:

HEAD ONLY:

EXTERNAL ONLY:

FULL EXAMINATION: Yes

***** TOXICOLOGY INFORMATION *****

LABORATORY : NMS / CDH / Northwestern

SPECIMENS DRAWN BY: Gentle

BLOOD: Yes

WAS BLOOD SPECIMEN FOR DNA COLLECTED? Yes

URINE: N/A

VITREOUS: Yes

BILE: yes

GASTRIC: N/A

LIVER: yes

OTHER: brain, heart (246 grams), histology (A-L), aerobic and anaerobic cultures, COVID swab, respiratory pathogen swab

WAS A HAIR STANDARD COLLECT: N/A

SEXUAL ASSAULT KIT: N/A

WAS A BLOOD STANDARD COLLECTED SPECIFICALLY FOR THE POLICE? NO

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Case # _____

CASTEN, GWEN

EXAMINATION RESULTS REPORTED TO DEPUTY: Mederich

BY WHOM? McElligott
DATE: 6/14/22
TIME: 1125

INFORMATION CONVEYED VIA: IN PERSON

06/14/2022 FOLLOWING AUTOPSY DR. McELLIGOTT TO CONTACT PARENTS WITH PRELIMINARY
AUTOPSY FINDINGS, TR403

***** PROVISIONAL FINDINGS OF GROSS EXAMINATION *****

- 1) cerebral edema
- 2) pulmonary congeston
- 3)

***** PROVISIONAL CAUSE OF DEATH *****

- A) --- Pending further studies
due to:
- B) ---
due to:
- C) ---

*Body released by pathologist 6/14/22 @1130

*6/15/2022@0903 - Northwestern contacted for cardiac consult. am

FINAL CONCLUSION: 10/12/22 - GVACALA

CORONER JORGENSEN AND HIS STAFF ALONG WITH THE ASSIGNED POLICE AGENCY HAVE REVIEWED
THIS CASE AND HAVE CONCLUDED THE FOLLOWING:

CAUSE OF DEATH:

- PART I. A.) CARDIAC ARRHYTHMIA
B.)
C.)

PART II.

MANNER OF DEATH WILL BE: NATURAL



NMS Labs

CONFIDENTIAL

200 Welsh Road, Horsham, PA 19044-2208
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com

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

Toxicology Report

Report Issued 06/28/2022 23:06

Patient Name CASTEN, GWEN
Patient ID M22-248
Chain 22212758
DOB 08/07/2004
Sex Female
Workorder 22212758

To: 10077
DuPage County Coroner's Office
Attn: Richard A. Jorgensen M.D
414 N. County Farm Road
Wheaton, IL 60187

Page 1 of 3

Positive Findings:

Table with 4 columns: Analyte, Result, Units, Matrix Source. Rows include Caffeine (Presump Pos), Creatinine (0.617 mg/dL), Sodium (145 mmol/L), Potassium (11.5 mmol/L), Chloride (126 mmol/L), and Urea Nitrogen (14.6 mg/dL).

See Detailed Findings section for additional information

Testing Requested:

Table with 2 columns: Test, Test Name. Rows include 1919FL (Electrolytes and Glucose Panel) and 8084B (Postmortem, Expanded w/ Vitreous Alcohol and 6-MAM Confirmation).

Specimens Received:

Table with 6 columns: ID, Tube/Container, Volume/Mass, Collection Date/Time, Matrix Source, Labeled As. Lists 7 specimens from 001 to 007.

All sample volumes/weights are approximations.
Specimens received on 06/16/2022.



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Workorder 22212758
Chain 22212758
Patient ID M22-248

Page 2 of 3

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Caffeine	Presump Pos	mcg/mL	0.20	001 - IVC (Inferior Vena Cava) Blood	LC/TOF-MS
This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.					
Creatinine (Vitreous Fluid)	0.617	mg/dL	0.500	004 - Vitreous Fluid	Colorimetry
Sodium (Vitreous Fluid)	145	mmol/L	50.0	004 - Vitreous Fluid	Chemistry Analyzer
Potassium (Vitreous Fluid)	11.5	mmol/L	1.00	004 - Vitreous Fluid	Chemistry Analyzer
Chloride (Vitreous Fluid)	126	mmol/L	50.0	004 - Vitreous Fluid	Chemistry Analyzer
Glucose (Vitreous Fluid)	None Detected	mg/dL	10.0	004 - Vitreous Fluid	Chemistry Analyzer
Urea Nitrogen (Vitreous Fluid)	14.6	mg/dL	2.00	004 - Vitreous Fluid	Chemistry Analyzer

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Chloride (Vitreous Fluid) (Cl-) - Vitreous Fluid:
Normal: 105 - 135 mmol/L
2. Creatinine (Vitreous Fluid) - Vitreous Fluid:
Normal: 0.6 - 1.3 mg/dL
3. Glucose (Vitreous Fluid) (C6H12O6; D-glucose (biologically active); Dextrose; L-glucose) - Vitreous Fluid:
Normal: <200 mg/dL

Postmortem vitreous glucose concentrations >200 mg/dL are associated with hyperglycemia.

Since postmortem vitreous glucose concentrations decline rapidly after death both in vivo and in vitro, care should be taken in the interpretation of results. Stability of vitreous glucose for up to 30 days has been noted by NMS Labs when specimens are maintained frozen (-20C).
4. Potassium (Vitreous Fluid) (K+) - Vitreous Fluid:
Normal: <15 mmol/L
Quantitative results for Potassium will be affected if performed on gray top tubes since these collection tubes contain potassium oxalate.
5. Sodium (Vitreous Fluid) (Na+) - Vitreous Fluid:
Normal: 135 - 150 mmol/L
Quantitative results for sodium will be affected if performed on gray top tubes since these collection tubes contain sodium fluoride.
6. Urea Nitrogen (Vitreous Fluid) (Carbamide; carbonyl diamide; carbonyldiamine) - Vitreous Fluid:
Normal: 8 - 20 mg/dL

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.



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Workorder 22212758
Chain 22212758
Patient ID M22-248

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Workorder 22212758 was electronically signed on 06/28/2022 22:32 by:

Stephanie M. Marco, Ph.D.
Forensic Toxicologist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Test 1919FL - Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic) - Vitreous Fluid

-Analysis by Chemistry Analyzer for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Chloride (Vitreous Fluid)	50.0 mmol/L	Sodium (Vitreous Fluid)	50.0 mmol/L
Glucose (Vitreous Fluid)	10.0 mg/dL	Urea Nitrogen (Vitreous Fluid)	2.00 mg/dL
Potassium (Vitreous Fluid)	1.00 mmol/L		

-Analysis by Colorimetry (C) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Creatinine (Vitreous Fluid)	0.500 mg/dL		

Test 8084B - Postmortem, Expanded w/ Vitreous Alcohol and 6-MAM Confirmation, Blood (Forensic) - IVC (Inferior Vena Cava)

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

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Barbiturates	0.040 mcg/mL	Gabapentin	5.0 mcg/mL
Cannabinoids	10 ng/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	5.0 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 included in this screen, please contact NMS Labs. Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotosedatives, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.



Office of the Coroner

DuPage County, Illinois

Richard A. Jorgensen, MD, FACS

Coroner

Timothy J. Rounce, F-ABMDI

Chief Deputy Coroner

Gabrielle M. Vacala

Administrative Assistant

REPORT OF POSTMORTEM EXAMINATION

NAME Gwen Casten

CASE NO. M22-248

AGE 17 **RACE** White **SEX** Female **DATE OF DEATH** June 13, 2022

ADDRESS , **DATE EXAMINED** June 14, 2022 (9:00 AM)

CITY & STATE Downers Grove, IL **EXAMINED BY** Hilary S. McElligott, MD

An autopsy is performed at the DuPage County Coroner's Office morgue facility under the authority of Coroner Richard Jorgensen, MD, FACS.

EXTERNAL EXAMINATION:

The body is received clothed in a white sleeveless shirt and white underwear that contains an unsoiled sanitary napkin. No clothing accompanies the body.

EXTERNAL EXAMINATION: Continued

The body is that of a well-developed, well-nourished, juvenile, white female weighing 124 pounds, measuring 5 feet 4 inches in length, and appearing the reported age of 17 years.

The body is cool to touch after refrigeration. Postmortem lividity is mild across the right side of the face and is well-developed in the posterior dependent portions of the body. Rigor mortis well-developed and evenly distributed.

The scalp hair is long, wavy, and brown. The eyes are open with scleral drying. The corneae are clear. The irides appear hazel. The skeleton of the nose is intact to palpation. Each earlobe has been pierced remotely. The lips and frenula are atraumatic. The teeth are natural and are in good repair. The neck is not hypermobile and is without evidence of injury.

The chest is symmetric and atraumatic. The breasts are symmetric and have no palpable masses. The abdomen is firm and flat. The external genitalia are atraumatic and are appropriately developed.

The right hand is remarkable for focal minor injury, to be described. The fingernails are short, clean, and are covered by pink polish.

The back and buttocks are symmetric. The back is remarkable for focal minor injury, to be described.

The knees are remarkable for injuries, to be described. About the right great toe, there is a morgue identification tag. The toenails are short, clean, and are covered by pink polish.

RADIOGRAPHIC EXAMINATION:

Total body x-rays are performed and reveal no evidence of acute skeletal injury.

EXTERNAL EVIDENCE OF INJURY:

1. On the posterior aspect of the right third finger, there is a punctate red abrasion.
2. On the upper right side of the back, there is a linear red abrasion, measuring approximately 0.2-inch in length.
3. Across the anterior aspects of the knees, there are scattered small brown/red bruises.

INTERNAL EXAMINATION:

BODY CAVITIES: The body is entered by a Y-shaped incision. All organs are present in their usual anatomic positions and present their usual anatomic relationships. There are no adhesions or abnormal collections of fluid present in any body cavity.

TONGUE AND NECK ORGANS: The soft tissues and the anterior muscles of the neck are without special note. The oral cavity and the posterior oropharynx are free of foreign bodies or obstruction. The cartilages of the larynx and the epiglottis are without special note. The hyoid bone is intact. The tongue is without evidence of injury.

RESPIRATORY SYSTEM: The right lung weighs 464 grams. The left lung weighs 431 grams. The lungs are purple/red and firm with smooth pleural surfaces. The tracheobronchial tree is patent and is without special note. There are no thromboemboli present in the pulmonary arteries. On cut section, the pulmonary parenchyma is remarkable for diffuse congestion and mild edema. There are no nodules or granulomas palpated in either lung.

CARDIOVASCULAR SYSTEM: The pericardial sac is intact and contains the usual amount of serous fluid. The heart weighs 246 grams. The epicardial surface is smooth and glistening. The heart is sent to the Northwestern Memorial Hospital Department of Pathology for examination - see separate report for details. The aorta and the great veins as well as their major branches are normally distributed.

HEPATOBIILIARY SYSTEM: The liver weighs 1443 grams. The liver is brown/red, smooth, and has sharp margins. On cut section, the hepatic parenchyma is smooth, brown/red, and is without evidence of specific gross pathology.

INTERNAL EXAMINATION: Continued

The gallbladder and biliary tract pursue their usual anatomic course. The gallbladder contains viscous brown bile.

HEMOLYMPHATIC SYSTEM: The spleen weighs 177 grams. The spleen is firm and has a gray capsule that is neither tense nor wrinkled. On cut section, the splenic parenchyma is red with normal-appearing follicles. No abnormal lymphadenopathy is identified. Tan lobulated thymic tissue is present and is without special note.

GASTROINTESTINAL SYSTEM: The esophagus is without special note. The stomach is empty. The gastric mucosa has the usual rugosity. The small intestine and large intestines are without special note. The appendix is present.

GENITOURINARY SYSTEM: The right kidney weighs 115 grams. The left kidney weighs 130 grams. The capsules strip with ease. The cortical surfaces of the kidneys are red/brown and smooth. On cut section, the renal parenchyma is without special note. The corticomedullary junctions are distinct. The renal calyces, pelvises, and ureters demonstrate their usual anatomic relationships. The bladder is empty, and its mucosa is without special note. The uterus, fallopian tubes, and ovaries are without special note. The endometrium demonstrates mild uniform thickening. The vaginal vault is free of foreign bodies and the vaginal mucosa is without special note.

ENDOCRINE SYSTEM: The pituitary gland, thyroid gland, and adrenal glands are without special note. The pancreas is remarkable for postmortem autolytic changes.

MUSCULOSKELETAL SYSTEM: The ribs, long bones, and vertebrae are intact to palpation. The musculature is appropriately developed and is without evidence of injury.

SCALP, SKULL, AND BRAIN: The scalp displays no lacerations or hematomas. On reflecting the scalp there is no subgaleal hemorrhage. The temporalis muscles are reflected and reveal no evidence of hemorrhage. The skull is intact. On entering the cranial cavity there are no epidural, subdural, or subarachnoid hemorrhages. The leptomeninges are thin and translucent. The brain weighs 1459 grams and is remarkable for diffuse edema. The cerebral hemispheres are symmetrical, and there is no evidence of herniation.

INTERNAL EXAMINATION: Continued

Serial coronal sections of the cerebral hemispheres and serial sections of the cerebellum and brainstem reveal narrowing of the sulci and flattening of the gyri. No mass lesions or foci of intraparenchymal hemorrhage are identified, and the gray and white matter junction is distinct. The cranial nerves and the blood vessels at the base of the brain are without special note. Fluid blood is present in the dural sinuses. The base of the skull is intact. The spinal cord and proximal cervical spinal canal as viewed from the cranial vault are without special note.

MICROSCOPIC EXAMINATION:

Adrenal glands: No specific pathological change.

Cerebral cortex, basal ganglia, cerebellum: Vacuolization of neuropil, consistent with edema.

Kidneys: Changes consistent with postmortem autolysis; interstitial and glomerular congestion; no significant birefringent material.

Liver: Sinusoidal congestion; early centrilobular degeneration.

Lungs: Heterogeneous distribution of moderate to severe edema with associated intra-alveolar macrophages; diffuse congestion; no acute inflammatory infiltrates; no significant birefringent material; single focus of chronic perivascular inflammation with an associated increase in surrounding intra-alveolar macrophages. Fibrin staining performed on multiple sections reveals a heterogeneous distribution of increased fibrin deposition within alveolar spaces without discrete thrombi, and a focus of fibrin deposition in association with an intraparenchymal fibrocellular aggregate.

Pancreas: Changes consistent with postmortem autolysis.

Pituitary gland: No specific pathological change.

Spleen: No specific pathological change.

Thyroid gland: No specific pathological change.

MICROSCOPIC EXAMINATION: Continued

Blocks A-E: Lung/fibrin stains
Block F: Adrenal gland, pancreas
Block G: Spleen, adrenal gland
Blocks H-I: Kidney
Block J: Liver
Block K: Pituitary gland, cerebral cortex
Block L: Cerebellum
Blocks M-P: Lung
Block Q: Thyroid gland, lung
Block R: Cerebral cortex
Block S: Pancreas, liver
Block T: Basal ganglia

SPECIMENS SUBMITTED

1. Samples of vitreous fluid, peripheral blood (inferior vena cava), cardiac blood, bile, liver, and brain are submitted for postmortem toxicological analysis.
2. Biopsies of organs are retained, and additional sections are submitted for microscopic examination.
3. A DNA card is retained.
4. The heart is submitted to the Northwestern Memorial Hospital Department of Pathology for examination.
5. A nasal swab is submitted for SARS-CoV-2 (COVID-19) testing.
6. Samples of blood are submitted for aerobic and anaerobic bacterial cultures.

SUMMARY OF FINDINGS:

1. Dilation of right ventricle of heart - see separate report for details.
2. Cerebral edema.
3. Minor bruising of knees and small abrasions of back and right hand.


SUMMARY OF FINDINGS: Continued

4. Pulmonary edema and congestion with scattered bilateral foci of intra-alveolar fibrin deposition, consistent with mild viral respiratory infection.
5. Postmortem blood cultures positive for Clostridium species sordellii and septicum without antemortem or postmortem evidence of sepsis.
6. Nasopharyngeal swab positive for SARS-CoV-2 (COVID-19) - see separate report for details.
7. Non-contributory postmortem toxicology and vitreous electrolytes within normal limits - see separate report for details.

OPINION:

This 17-year-old white female, GWEN CASTEN, died of a cardiac arrhythmia.

Comment: The decedent had no complaints or signs/symptoms of illness in the hours and days prior to her death. The autopsy demonstrated largely normal findings of all organ systems except for right ventricular dilation of the heart without a discrete intrinsic cause, as is noted in the ancillary cardiac pathology report. A postmortem nasal swab was positive for SARS-CoV-2 (COVID-19) and, additionally, postmortem blood cultures were positive for Clostridium species. While the presence of these bacterial organisms is highly unusual in postmortem blood cultures, there is no evidence to support sepsis or widespread bacterial infection in the antemortem period or at autopsy. Additionally, only minor changes consistent with viral respiratory infection were seen at autopsy, as the majority of examined lung tissue appeared both grossly and microscopically unremarkable. Therefore, considering this constellation of both positive and negative findings in combination with non-contributory postmortem chemistry and toxicology testing, the cause of death is listed as "cardiac arrhythmia" to indicate that the decedent died of a sudden arrhythmogenic cardiac event of a natural but unspecified etiology.



Hilary Strawn McElligott, MD
Chief Forensic Pathologist

10/07/2022

Date Signed

DUPAGE COUNTY CORONER'S OFFICE

414 N. COUNTY FARM ROAD, WHEATON, ILLINOIS 60187

NAME CASTEN, GWEN CASE # M22-248
AGE 17 SEX F RACE W TECH GENTLE TIME 0830 ⁰⁹⁰⁰ 6-14-22

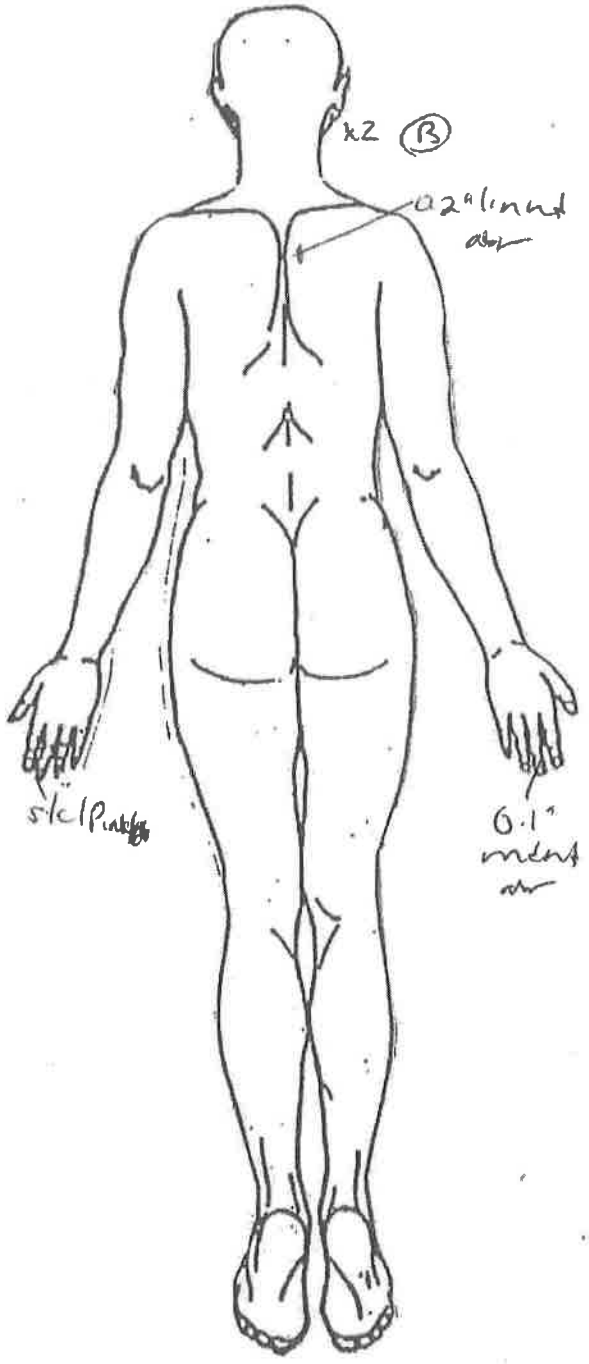
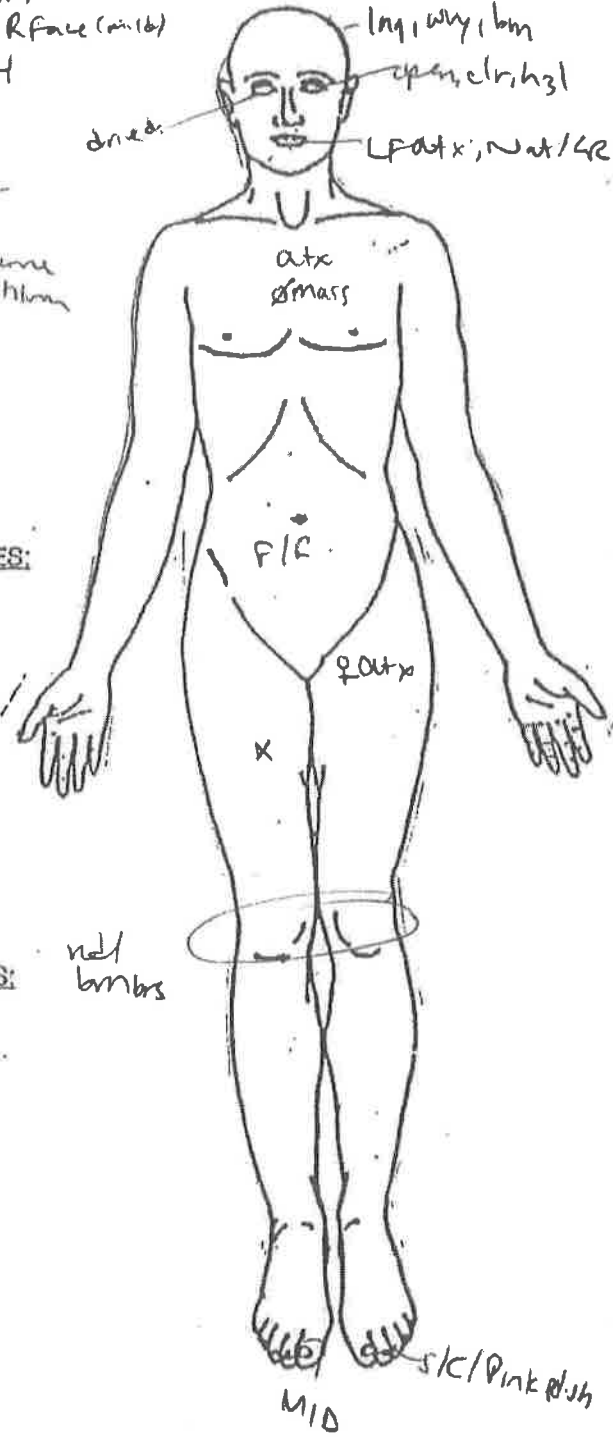
HT: 64"
WT: 124

R L L R

ALGOR: CCP
LIVOR: P, R face (in 1st)
RIGOR: = 4

WEARING:

wh + slvss st
wh + under - none
su. 42 -> partition



ACCOMPANIES:

∅

RADIOGRAPHS:
total body
OK

nd
bombs

BODY CAVITIES: NL Fluids:

NECK: NL Other:

TONGUE: NL / Other:

RESPIRATORY: Right Wt: 464

Left Wt: 431

-larynx:
-bronchi: OK

-trachea: OK
-diffuse or post. congested / other + edema

HEART: -Wt: 246

-LV: -RV:

-LAD: %

-dilated LV / RV

-LCFX: %

-RCA %

-Valves / Aorta: NL mild / moderate / severe / ulcerated

GASTROINTESTINAL:

-esophagus: NL / other:

-stomach: NL contents: Ø

-duodenum: NL / other:

-small intestine: NL / other:

-large intestine: NL / other:

-appendix: present / absent

LIVER: Wt: 1443

-smooth / nodular sharp / rounded yellow / brown / dark red

-GB / biliary tract: bile: visc NL / stones / other:

bmbile

SPLEEN: Wt: 177
prominent

soft / firm red / cong

follicles: NL /

KIDNEYS: Right Wt: 95

Left: 130

-smooth / granular

coarse / fine / pitted / other:

-cortex / medulla:

NL / congested / pale cortex / other:

BLADDER / Prostate: Urine: Ø ml

NL / Other

UTERUS & OVARIES: NL / absent / other: Ø menstruation (light) &

ENDOCRINE: -Thyroid: NL / Other / Wt:

-Pituitary: NL / Other:

-Pancreas: NL / Autolysis / Other:

-Adrenals: NL / Other

MUSCULOSKELETAL: NL / other:

BRAIN: Wt: 1459

Defects: edema

Vessels: NL / Other

TOXICOLOGY SENT: Vitreous / Blood / Urine / Bile / Liver / Spleen / Other

HISTO: None / Stock / Section

PHYSICAL EVIDENCE: Ø

Br

Gastric Ø

to nu

Ø tan lobe
thymic
tissue

Ø
top
ly lvs
BCx
V. swab
LAD swab
Histo

Ø further
studies

NMAC22-0130

Casten, Gwen
MRN: 111015318015
Female, 17 yrs
DOB: 8/7/2004
CSN: 200167241611

Ordering Location/Client:
NM Pathology
251 E Huron St, 7th floor
Chicago IL 60611
Client Acct: 70414
RQ2108229

Autopsy Report (Final result)

NMAC22-0130

Authorizing Provider:	Jorgensen, Richard A	Ordering Provider:
Ordering Location:	NM Pathology	
Pathologist:	Lomasney, Jon W., MD	

Final Diagnosis

"Heart", explant:

--Right ventricular dilation

Electronically signed by Lomasney, Jon W., MD on 6/28/2022 at 1441

Clinical Information

17-year-old female found unresponsive in her bed by her mother. The night prior the decedent reportedly had two alcoholic beverages while at a get together. No illicit drugs were reported. No evidence of drugs, foul play or trauma. The decedent was last seen by her doctor on March 18, 2022 for chronic right-sided thoracic back pain. No medical history or prescription drugs.

Microscopic Description

Microscopic examination of the heart demonstrates well-preserved myocardial fibers. There are not significant autolytic changes. Sampled coronary arteries have minimal atherosclerosis with minimal focal stenosis. Ischemic changes are not seen (acute nor chronic). There is no evidence for an inflammatory or infiltrative process. Sections of the right ventricular outflow tract demonstrate fatty infiltration, however fibrofatty replacement is absent.

The conduction system including the AV node, Bundle of His and right and proximal left bundle branches are well visualized and without inflammation or fibrosis.

Clinico-Pathologic Correlation

There was no histopathologic suspicion for arrhythmogenic cardiomyopathy. The pulmonic valve was grossly normal. The right ventricle was at least moderately dilated. An intrinsic cardiac cause of the right ventricular dilation was not identified. Clinical correlation suggested

Gross Description

Date: 6/16/22

Medical Examiner Heart Worksheet

ME Case #: M22-248

OA Case #: NMAC22-130

HEART:

The heart is received intact. The epicardial surface has a normal amount of epicardial fat and the surface is smooth and shiny. The great vessels are externally unremarkable. The heart is right dominant. The coronary arteries have no atherosclerotic plaques. Maximal stenosis are as follows: LAD 0%, LCX 0%, RCA 0%. The heart has a firm consistency. The heart is sectioned along the short axis from apex to base, then opened according to blood flow. The heart has a bulbous appearance. The atria are unremarkable. The right ventricle is dilated. The myocardium is unremarkable. The tricuspid valve has thin and translucent cusps. The chordae tendineae are unremarkable. The pulmonary valve has thin and translucent cusps. The mitral valve has thin and translucent cusps. The chordae tendinae are unremarkable. The aortic valve has thin and translucent cusps. The coronary ostia are appropriately placed. There is no atherosclerosis.

Aneurysmal dilation is not present.

Notes: Bulbous, right dominant, right ventricular dilation

Measurements:

Select the appropriate heart measurement table based on age (there are 2 choices).

Heart	Measured	Expected for adult female < 60 years of age
Weight (g)	246	174-374
Right ventricle thickness (cm)	0.4 (post)	0.29-0.47
Left ventricle thickness (cm)	Ant: 0.8 Lat: 0.7 Post: 0.8	1.10-1.42
Interventricular septum (cm)	1.1	
Tricuspid valve (cm)	10.1	10.2-10.9
Pulmonary valve (cm)	5.7	5.7-6.7
Mitral valve (cm)	8.8	8.2-9.1
Aortic valve (cm)	5.6	5.7-6.9

Data from Kitzman DW, Scholz DG, Hagen PT, Ilstrup DM, Edwards WD. Age related changes in normal human hearts during the first 10 decades of life. Part II: (Maturity): A quantitative anatomic study of 765 specimens from subjects 20 to 99 years old. Mayo Clin Proc. 1988;63:137-146.

CASSETTE LIST

- A1 Left anterior descending
- A2 Right ventricular outflow
- A3 Anterior left ventricle
- A4 Lateral left ventricle
- A5 Posterior left ventricle
- A6 Interventricular septum
- A7 Right ventricle
- A8 Anterior right ventricle
- A9 Aorta
- A10-A15 Conduction system

Specimens

- A Heart

Resulting Lab Contact Information

Northwestern Memorial Hospital, 251 E. Huron 7-307, Chicago IL 60611
Medical Director: Gregory Retzinger, MD CLIA: 14D0666246



25 N Winfield Rd. Winfield, IL 60190

Lab Client Services
(630) 933-2633 Fax (630) 933-5292

Department of Pathology
(630) 933-6636 Fax (630) 933-2669

TO:
dr
Fax #: 630-407-2601

Casten, Gwen
111015318015
Female, 17 yrs, 8/7/2004

Ordering Location/Client:
Dupage County Coroner's Office
414 N. COUNTY FARM RD.
Wheaton IL 60187
Client Acct: 70414
RQ2102216

CSN: 200167053001

Culture: Blood (Preliminary result)

Blood Culture **Culture in progress**
Clostridium septicum (AA)

Gram Stain Result **(AA)**
Gram positive rods seen
From anaerobic bottle

Resulting Lab: CDH Lab

ID: 22CD-165M00558 Collected: 6/14/2022 1000
Type/Src: Blood Received: 6/14/2022 1356
Authorized by: McEillgott, Hilary S., MD Verified On: 6/16/2022 1253

History

Previously reported as Preliminary on 6/16/2022 at 1248

Blood Culture **Culture in progress**
Clostridium septicum (AA)

Gram Stain Result **(AA)**
Gram positive rods seen
From anaerobic bottle.

Resulting Lab: CDH Lab

Previously reported as Preliminary on 6/15/2022 at 1328

Blood Culture **No growth at 1 day**

Resulting Lab: CDH Lab

Previously reported as Preliminary on 6/14/2022 at 1707

Blood Culture **Culture in progress**

Resulting Lab: CDH Lab

Resulting Lab Contact Information

HealthLab 14D0042701

HEALTH LAB, 25 N Winfield Road, Winfield IL 60190

630-933-2633

HEALTHLAB
 25 N Winfield Rd. Winfield, IL 60190

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Casten, Gwen
 111015318015
 Female, 17 yrs, 8/7/2004

Ordering Location/Client:
 Dupage County Coroner's Office
 414 N. COUNTY FARM RD.
 Wheaton IL 60187
 Client Acct: 70414
 RQ2102216

CSN: 200167053001

Culture: Blood (Final result)

Blood Culture	Clostridium septicum (AA)
	Clostridium sordellii (AA)
Gram Stain Result	(AA) Gram positive rods seen From both bottles
Resulting Lab: CDH Lab	
ID:	22CD-165M00558
Type/Src:	Blood
Authorized by:	McElligott, Hilary S, MD
Collected:	6/14/2022 1000
Received:	6/14/2022 1356
Verified On:	6/19/2022 1226

History

Previously reported as Preliminary on 6/17/2022 at 1547	
Blood Culture	Culture in progress Clostridium septicum (AA)
Gram Stain Result	(AA) Gram positive rods seen From anaerobic bottle
Resulting Lab: CDH Lab	
Previously reported as Preliminary on 6/16/2022 at 1253	
Blood Culture	Culture in progress Clostridium septicum (AA)
Gram Stain Result	(AA) Gram positive rods seen From anaerobic bottle.
Resulting Lab: CDH Lab	
Previously reported as Preliminary on 6/16/2022 at 1248	
Blood Culture	Culture in progress Clostridium septicum (AA)
Gram Stain Result	(AA) Gram positive rods seen From anaerobic bottle.
Resulting Lab: CDH Lab	
Previously reported as Preliminary on 6/15/2022 at 1328	
Blood Culture	No growth at 1 day
Resulting Lab: CDH Lab	

Name: Casten, Gwen

MRN: 111015318015

Previously reported as Preliminary on 6/14/2022 at 1707

Blood Culture

Culture in progress

Resulting Lab: CDH Lab

Resulting Lab Contact Information

HealthLab 14D0042701

HEALTH LAB, 25 N Winfield Road, Winfield IL 60190

630-933-2633



Lab Client Services
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Casten, Gwen
111015318015
Female, 17 yrs, 8/7/2004

Ordering Location/Client:
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414 N COUNTY FARM RD.
Wheaton IL 60187
Client Acct: 70414
RQ2102216

CSN: 200167053001

Culture: Blood (Final result)

Blood Culture	Clostridium septicum (AA)
	Clostridium sordellii (AA)
Gram Stain Result	(AA) Gram positive rods seen From both bottles.
Resulting Lab: CDH Lab	

ID:	22CD-165M00558	Collected:	6/14/2022 1000
Type/Src:	Blood	Received:	6/14/2022 1356
Authorized by:	McElligott, Hilary S., MD	Verified On:	6/19/2022 1226

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Resulting Lab: CDH Lab	

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Gram Stain Result	(AA) Gram positive rods seen From anaerobic bottle.
Resulting Lab: CDH Lab	

Previously reported as Preliminary on 6/16/2022 at 1248

Blood Culture	Culture in progress Clostridium septicum (AA)
Gram Stain Result	(AA) Gram positive rods seen From anaerobic bottle.
Resulting Lab: CDH Lab	

Previously reported as Preliminary on 6/15/2022 at 1328

Blood Culture	No growth at 1 day
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Name: Casten, Gwen

MRN: 111015318015

Resulting Lab: CDH Lab

Previously reported as Preliminary on 6/14/2022 at 1707

Blood Culture

Culture in progress

Resulting Lab: CDH Lab

Resulting Lab Contact Information

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Casten, Gwen
111015318015
Female, 17 yrs, 8/7/2004

CSN: 200167053001

Ordering Location/Client:
Dupage County Coroner's Office
414 N. COUNTY FARM RD.
Wheaton IL 60187
Client Acct: 70414
RQ2102216

Reportable Tests: Respiratory Pathogen Panel (NAT), SARS-COV-2

Culture: Blood (Final result)

Blood Culture	Clostridium septicum (AA)
	Clostridium sordellii (AA)
Gram Stain Result	(AA) Gram positive rods seen From both bottles.
Resulting Lab: CDH Lab	
ID:	22CD-165M00558
Type/Src:	Blood
Authorized by:	McElligott, Hilary S , MD
Collected:	6/14/2022 1000
Received:	6/14/2022 1356
Verified On:	6/19/2022 1226

History

Previously reported as Preliminary on 6/17/2022 at 1547	
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Resulting Lab: CDH Lab	
Previously reported as Preliminary on 6/16/2022 at 1248	
Blood Culture	Culture in progress Clostridium septicum (AA)
Gram Stain Result	(AA) Gram positive rods seen From anaerobic bottle.
Resulting Lab: CDH Lab	
Previously reported as Preliminary on 6/15/2022 at 1328	
Blood Culture	No growth at 1 day

Name: Casten, Gwen

MRN: 111015318015

Resulting Lab: CDH Lab

Previously reported as Preliminary on 6/14/2022 at 1707

Blood Culture Culture in progress

Resulting Lab: CDH Lab

Respiratory Pathogen Panel (NAT), SARS-COV-2 (Final result)

	Value	Range	Units
Adenovirus	Not Detected	Not Detected	
Coronavirus 229E	Not Detected	Not Detected	
Coronavirus HKU1	Not Detected	Not Detected	
Coronavirus NL63	Not Detected	Not Detected	
Coronavirus OC43	Not Detected	Not Detected	
Severe Acute Resp Syndrome Coronavirus 2 (SARS-CoV-2)	Detected (A)	Not Detected	
Human Metapneumovirus	Not Detected	Not Detected	
Human Rhinovirus/Enterovirus	Not Detected	Not Detected	
Influenza A	Not Detected	Not Detected	
Influenza B	Not Detected	Not Detected	
Parainfluenza Virus 1	Not Detected	Not Detected	
Parainfluenza Virus 2	Not Detected	Not Detected	
Parainfluenza Virus 3	Not Detected	Not Detected	
Parainfluenza Virus 4	Not Detected	Not Detected	
Respiratory Syncytial Virus (RSV)	Not Detected	Not Detected	
Bordetella parapertussis	Not Detected	Not Detected	
Bordetella pertussis	Not Detected	Not Detected	
Chlamydia pneumoniae	Not Detected	Not Detected	
Mycoplasma pneumoniae	Not Detected	Not Detected	

Comments:

The SARS-COVID-2 was evaluated using a RT-PCR based methodology. This result obtained using the FDA approved test from BioFire.

This test is sensitive to all known strains of SARS-CoV-2

ID:	22CD-165101000	Collected:	6/14/2022 1000
Type/Src:	NP Swab	Received:	6/14/2022 1356
Authorized by:	McElligott, Hilary S, MD	Verified On:	6/14/2022 1551

Resulting Lab Contact Information

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TO:
Dupage County Coroner's Office
414 N COUNTY FARM RD.
Wheaton IL 60187
Fax #: 630-407-2601

Casten, Gwen
111015318015
Female, 17 yrs, 8/7/2004

CSN: 200167053001

Ordering Location/Client:
Dupage County Coroner's Office
414 N COUNTY FARM RD.
Wheaton IL 60187
Client Acct: 70414
RQ2102216

Reportable Tests: Respiratory Pathogen Panel (NAT), SARS-COV-2

Culture: Blood (Final result)

Blood Culture	Clostridium septicum (AA)
	Clostridium sordellii (AA)
Gram Stain Result	(AA) Gram positive rods seen From both bottles.
Resulting Lab: CDH Lab	
ID:	22CD-165M0055B
Type/Src:	Blood
Authorized by:	McElligott, Hilary S., MD
Collected:	6/14/2022 1000
Received:	6/14/2022 1356
Verified On:	6/19/2022 1226

History

Previously reported as Preliminary on 6/17/2022 at 1547	
Blood Culture	Culture in progress Clostridium septicum (AA)
Gram Stain Result	(AA) Gram positive rods seen From anaerobic bottle.
Resulting Lab: CDH Lab	
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Previously reported as Preliminary on 6/15/2022 at 1328	
Blood Culture	No growth at 1 day

Name: Casten, Gwen

MRN: 111015318015

Resulting Lab: CDH Lab

Previously reported as Preliminary on 6/14/2022 at 1707

Blood Culture **Culture in progress**

Resulting Lab: CDH Lab

Respiratory Pathogen Panel (NAT), SARS-COV-2 (Final result)

	Value	Range Units
Adenovirus	Not Detected	Not Detected
Coronavirus 229E	Not Detected	Not Detected
Coronavirus HKU1	Not Detected	Not Detected
Coronavirus NL63	Not Detected	Not Detected
Coronavirus OC43	Not Detected	Not Detected
Severe Acute Resp Syndrome Coronavirus 2 (SARS-CoV-2)	Detected (A)	Not Detected
Human Metapneumovirus	Not Detected	Not Detected
Human Rhinovirus/Enterovirus	Not Detected	Not Detected
Influenza A	Not Detected	Not Detected
Influenza B	Not Detected	Not Detected
Parainfluenza Virus 1	Not Detected	Not Detected
Parainfluenza Virus 2	Not Detected	Not Detected
Parainfluenza Virus 3	Not Detected	Not Detected
Parainfluenza Virus 4	Not Detected	Not Detected
Respiratory Syncytial Virus (RSV)	Not Detected	Not Detected
Bordetella parapertussis	Not Detected	Not Detected
Bordetella pertussis	Not Detected	Not Detected
Chlamydia pneumoniae	Not Detected	Not Detected
Mycoplasma pneumoniae	Not Detected	Not Detected

Comments:

The SARS-COVID-2 was evaluated using a RT-PCR based methodology This result obtained using the FDA approved test from BioFire

This test is sensitive to all known strains of SARS-CoV-2

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Type/Src:	NP Swab	Received:	6/14/2022 1356
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Female, 17 yrs, 8/7/2004

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414 N COUNTY FARM RD
Wheaton IL 60187
Client Acct: 70414
RQ2102216

CSN: 200167053001

Culture: Blood (Preliminary result)

Blood Culture **Culture in progress**
Clostridium septicum (AA)

Gram Stain Result **(AA)**
Gram positive rods seen
From anaerobic bottle.

Resulting Lab: CDH Lab

ID:	22CD-165M00558	Collected:	6/14/2022 1000
Type/Src:	Blood	Received:	6/14/2022 1356
Authorized by:	McElligott, Hilary S., MD	Verified On:	6/16/2022 1248

History

Previously reported as Preliminary on 6/15/2022 at 1328

Blood Culture **No growth at 1 day**

Resulting Lab: CDH Lab

Previously reported as Preliminary on 6/14/2022 at 1707

Blood Culture **Culture in progress**

Resulting Lab: CDH Lab

Resulting Lab Contact Information

HealthLab 14D0042701

HEALTH LAB, 25 N Winfield Road, Winfield IL 60190

630-933-2633



NMS Labs

CONFIDENTIAL

200 Welsh Road, Horsham, PA 19044-2208
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com

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

Toxicology Report

Report Issued 06/28/2022 23:06

Patient Name CASTEN, GWEN
Patient ID M22-248
Chain 22212758
DOB 08/07/2004
Sex Female
Workorder 22212758

To: **10077**
DuPage County Coroner's Office
Attn: Richard A. Jorgensen M.D
414 N. County Farm Road
Wheaton, IL 60187

Page 1 of 3

Positive Findings:

Analyte	Result	Units	Matrix Source
Caffeine	Presump Pos	mcg/mL	001 - IVC (Inferior Vena Cava) Blood
Creatinine (Vitreous Fluid)	0.617	mg/dL	004 - Vitreous Fluid
Sodium (Vitreous Fluid)	145	mmol/L	004 - Vitreous Fluid
Potassium (Vitreous Fluid)	11.5	mmol/L	004 - Vitreous Fluid
Chloride (Vitreous Fluid)	126	mmol/L	004 - Vitreous Fluid
Urea Nitrogen (Vitreous Fluid)	14.6	mg/dL	004 - Vitreous Fluid

See Detailed Findings section for additional information

Testing Requested:

Test	Test Name
1919FL	Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic)
8084B	Postmortem, Expanded w/ Vitreous Alcohol and 6-MAM Confirmation, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Labeled As
001	Gray Stopper Glass Tube	7 mL	06/14/2022 10:00	IVC (Inferior Vena Cava) Blood	M22-248
002	Red Stopper Glass Tube	2.75 mL	06/14/2022 10:00	IVC (Inferior Vena Cava) Blood	M22-248
003	Gray Stopper Glass Tube	2.75 mL	06/14/2022 10:00	Cardiac Blood	M22-248
004	Red Stopper Glass Tube	3 mL	06/14/2022 10:00	Vitreous Fluid	M22-248
005	White Cap Plastic Container	10 mL	06/14/2022 10:00	Bile Fluid	M22-248
006	White Cap Plastic Container	27.8 g	06/14/2022 10:00	Liver Tissue	M22-248
007	White Cap Plastic Container	51.2 g	06/14/2022 10:00	Brain Tissue	M22-248

All sample volumes/weights are approximations.
Specimens received on 06/16/2022.



CONFIDENTIAL

Workorder 22212758

Chain 22212758

Patient ID M22-248

Page 2 of 3

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Caffeine	Presump Pos	mcg/mL	0.20	001 - IVC (Inferior Vena Cava) Blood	LC/TOF-MS
This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.					
Creatinine (Vitreous Fluid)	0.617	mg/dL	0.500	004 - Vitreous Fluid	Colorimetry
Sodium (Vitreous Fluid)	145	mmol/L	50.0	004 - Vitreous Fluid	Chemistry Analyzer
Potassium (Vitreous Fluid)	11.5	mmol/L	1.00	004 - Vitreous Fluid	Chemistry Analyzer
Chloride (Vitreous Fluid)	126	mmol/L	50.0	004 - Vitreous Fluid	Chemistry Analyzer
Glucose (Vitreous Fluid)	None Detected	mg/dL	10.0	004 - Vitreous Fluid	Chemistry Analyzer
Urea Nitrogen (Vitreous Fluid)	14.6	mg/dL	2.00	004 - Vitreous Fluid	Chemistry Analyzer

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Chloride (Vitreous Fluid) (Cl-) - Vitreous Fluid:
Normal: 105 - 135 mmol/L
2. Creatinine (Vitreous Fluid) - Vitreous Fluid:
Normal: 0.6 - 1.3 mg/dL
3. Glucose (Vitreous Fluid) (C6H12O6; D-glucose (biologically active); Dextrose; L-glucose) - Vitreous Fluid:
Normal: <200 mg/dL

Postmortem vitreous glucose concentrations >200 mg/dL are associated with hyperglycemia.

Since postmortem vitreous glucose concentrations decline rapidly after death both in vivo and in vitro, care should be taken in the interpretation of results. Stability of vitreous glucose for up to 30 days has been noted by NMS Labs when specimens are maintained frozen (-20C).
4. Potassium (Vitreous Fluid) (K+) - Vitreous Fluid:
Normal: <15 mmol/L
Quantitative results for Potassium will be affected if performed on gray top tubes since these collection tubes contain potassium oxalate.
5. Sodium (Vitreous Fluid) (Na+) - Vitreous Fluid:
Normal: 135 - 150 mmol/L
Quantitative results for sodium will be affected if performed on gray top tubes since these collection tubes contain sodium fluoride.
6. Urea Nitrogen (Vitreous Fluid) (Carbamide; carbonyl diamide; carbonyldiamine) - Vitreous Fluid:
Normal: 8 - 20 mg/dL

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.



CONFIDENTIAL

Workorder 22212758
Chain 22212758
Patient ID M22-248

Page 3 of 3

Workorder 22212758 was electronically signed on 06/28/2022 22:32 by:

Stephanie M. Marco, Ph.D.
Forensic Toxicologist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Test 1919FL - Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic) - Vitreous Fluid

-Analysis by Chemistry Analyzer for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Chloride (Vitreous Fluid)	50.0 mmol/L	Sodium (Vitreous Fluid)	50.0 mmol/L
Glucose (Vitreous Fluid)	10.0 mg/dL	Urea Nitrogen (Vitreous Fluid)	2.00 mg/dL
Potassium (Vitreous Fluid)	1.00 mmol/L		

-Analysis by Colorimetry (C) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Creatinine (Vitreous Fluid)	0.500 mg/dL		

Test 8084B - Postmortem, Expanded w/ Vitreous Alcohol and 6-MAM Confirmation, Blood (Forensic) - IVC (Inferior Vena Cava)

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

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Barbiturates	0.040 mcg/mL	Gabapentin	5.0 mcg/mL
Cannabinoids	10 ng/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	5.0 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 included in this screen, please contact NMS Labs. Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hyposedatives, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

HEALTHLAB

Lab Use Only

ADDITIONAL COPY TO (NAME):

FAX NUMBER FOR ADDITIONAL SITE:

STAT (Additional Charge)

Patient Information: (Please Print)

Lab Bill To:

*Additional Information Required

70414 MSVP248

1333390

DUPAGE COUNTY CORONER'S OFFICE

414 N. COUNTY FARM RD.

Wheaton

630-407-2600

Physician Signature:

Ordering Physician(s)
HILARY McElligott, MD

please fax results
to 630-407-2601

My Account Medicare Patient's Insurance Medicaid Patient

Last Name: CASTEN First: GWEN MI: _____

Sex: F Date of Birth: 08-07-2004 Social Security Number: _____

Date Collected: 01/14/2022 Time Collected: 10:00 am pm am Collected by: McElligott

Phone number: _____ Patient Address: _____

Apt # _____ City: _____ State: _____ Zip Code: _____

Patient's Relationship to Insured: self spouse dependent

Responsible Party (omit if same):

Address: _____

City: _____ State: _____ Zip: _____

Payment by Medicare (Attach copy of Card - front & back)

Medicare Number: _____ Marital Status: _____

Payment by IDPA (Attach copy of Card - front & back)

Cardholder name: _____ Cardholder DOB: _____

Is this patient pregnant? YES NO IF YES, DUE DATE:

Recipient #: _____ Case #: _____

Payment by Insurance (Attach copy of Card - front & back)

Insurance Name: _____ Group #: _____

Insurance Address: _____ Policy #: _____

Diagnosis related to ordered tests (ICD-10 codes effective 10-1-2015)

(1)	(4)
(2)	(5)
(3)	(6)

DX	AMA Approved Panels	DX	DX	DX	DX
2121221	Basic Metabolic Panel	2120140	Albumin	2137071	Culture: Grp A Strep Scrn
2120356	Comp Metabolic Panel	2120170	Alk Phos, Total	2137084	Culture: Grp B Strep Scrn
2120222	Electrolyte Panel	2120270	BHCG-Qual, Serum	2137745	Culture: Stool
2120358	Hepatic Function Panel (AMA)	2120281	BHCG-Quantitative	2137086	Culture: Urine
2100310	Hepatitis Panel, Acute (AMA)	2120144	Bilirubin, Direct	2120258	Digoxin
2120311	Lipid Panel with LDL-Calc (AMA)	2120143	Bilirubin, Total	2120265	Dilantin
2105063	Obstetric Panel (AMA)	2120100	BUN (Urea Nitrogen)	2120280	Ferritin
2120369	Renal Function Panel (AMA)	2327180	C. Diff Toxin Ag	2127370	Folate, Serum
		2128035	CA 19-9	2121157	Glucose, Venous
		2120146	Calcium	2120318	HDL Cholesterol
		2180036	CBC w/Diff	2327988	Helicobacter Pylori IgG
		2180756	CBC (Hemogram)	2180052	Hematocrit
		2120272	CEA	2180048	Hemoglobin
		2120148	Cholesterol, Total	2127830	Hepatitis B Surf Ab (Qual)
		2120151	Creatinine	2120923	Hepatitis B Surf Ag
		2120086	CRP	2120931	Hepatitis C Ab
		2127196	CRP, High Sensitivity	2122798	A1C
				2126280	Hgb A1C w/glycoHgb
				2126702	Homocysteine
				2122670	Iron, Trans, Calc TIBC
				2120164	LDH
				2197437	Lead-Micro Analysis
				2199945	Lead, Pediatric
				2120139	Magnesium
				2135734	Ova & Parasites
				2120172	Phosphorus
				2120223	Potassium
				2120174	Protein, Total
				2180056	Prolime/INR
				2120343	PSA- (Medicare Screening)
				2120335	PSA- Total
				2320090	RPR/Reflex Titer/FTA
				2120091	Rubella IgG Ab, Quant
				2320822	Rubeola Immunity (IgG)
				2180065	Sed Rate (ESR)
				2120176	SGOT (AST)
				2120177	SGPT (ALT)
				2120123	Sodium
				2320121	Strep A-Antigen
				2127556	T3 Total
				2127550	T3 Free
				2120309	T4 Free
				2120253	T4 (Thyroid)
				2120255	TSH
				2170700	Type/Rh
				2120181	Uric Acid
				2180007	Urinalysis w/micro
				2320840	Varicella Immunity (IgG)
				2127380	Vitamin B12
				2196612	Vitamin C
				2128210	Vitamin D, 25 OH

COVID 2193761
Respiratory pathogen panel 2131945
Aerobic/anaerobic 2137740

1333390 1333390 1333390 1333390 1333390 1333390
CASTEN, GWEN CASTEN, GWEN CASTEN, GWEN CASTEN, GWEN



ANALYSIS REQUISITION AND CHAIN OF CUSTODY

200 Welsh Road • Horsham, PA 19044
 (215) 657-4900 • (866) 522-2216 • Fax (215) 366-1501
 www.nmslabs.com

Client Profile (Account#): 10077 Account Name: DuPage County Coroner's Office, Wheaton

Work ID : M22-248

Sample ID (Subject or Case Name): CASTEN Last Name GWEN First Name

Date of Birth (mm/dd/yyyy): 08/07/2004 Gender: Male Female

Collection Date (mm/dd/yyyy)	Collection Time (military)	Specimen Type (e.g. blood, urine)	Specimen Source (e.g. cardiac, vitreous)	Container Labeled as (client identifier)
<u>06/14/2022</u>	<u>10:00</u>	<u>vitreous blood</u>	<u>EYES</u>	<u>M22-248</u>
			<u>CARDIAC</u>	
			<u>IVS</u>	
			<u>IVC</u>	
		<u>fluid tissue</u>	<u>BLK</u>	

If sending more than 5 samples, please include the same detail for each sample.

RETURN SPECIMEN (add'l charge) Do not micro specimen Do not consume specimen

Additional information :

- Tests Requested** (Please place check mark next to requested test(s)):
- 8083B PM Basic w/vit alc and 5-MAM, Blood
 - 8051U Postmortem Toxicology - Basic, Urine
 - 8051T Postmortem Toxicology - Basic, Tissue
 - 8084B PM Expanded w/vit alc and 5-MAM, Blood
 - 8052U Postmortem Toxicology - Expanded, Urine
 - 8052FL Postmortem Toxicology - Expanded, Fluid
 - 1002B Carbon Monoxide Exposure Screen, Blood
 - 0170R Alcohol Panel, Fluid
 - 1519F Electrolytes and Glucose (vitreous), Fluid

Other Testing:
 (The test code and name must be entered. Requisitions submitted without a test code will cause a delay and/or may not be ordered at time of receipt. If you need assistance, contact our Client Support department at 866.522.2216)

_____	_____	_____	_____
Test Code	Test Name	Test Code	Test Name

DO NOT ADD TESTING HERE:

Vehicular
 Homicide
 Suicide
 Suspected OD
 Accidental Death
 Natural Causes
 Undetermined

Brief Case History / Circumstances of Death: _____

DATE	RELINQUISHED BY	RECEIVED BY	PURPOSE OF TRANSFER
<u>06/14/2022</u>	<u>[Redacted]</u>		

For a complete list of test offerings, visit www.nmslabs.com. If you need assistance, contact us at 866.522.2216

DUPAGE COUNTY CORONER'S OFFICE

Name: CASTEN, GWEN

Morgue #: M22-248

Sheriff's #: SOPC 2208254

Weight/Height: 124/64

Date of autopsy: 06/14/2022

Time scheduled: 1000

Pathologist: McElligott

Autopsy tech: GENTLE

Evidence tech: WHEELER

Others present: DCPD MAROCCO #64

XU#10 XU#28
Specimens drawn by: GENTLE

Histology: none (stock) section A-L

Microbiology: none / cultures

Outside consult: (heart) / brain

FOR HOMICIDES: buccal swabs (4-6 swabs) and DNA cards (3 total)

Please see Weekend Pathologist Assistant sheet

PHYSICAL EVIDENCE (please circle all that apply): none / DNA / bullet envelope / clothing / fingernails with clippers (L / R) / head hair (combed / pulled) / pubic hair (combed / pulled) / swabs (oral / rectal / vaginal / penile) / Ligature / Body bag seal / Body bag / Hand bags

*****Provisional Autopsy Findings*****

- a) cerebral edema
- b) pulmonary congestion

*****Cause of Death*****

Provisional Permanent

Part I. A) Pending further studies

B)

C)

Part II.

May Permanent Certificate of death be issued at this time? Yes No

(Autopsy) / External / Head post / Other

Lab (NMS) / Healthlab / Northwestern

Blood: IVC + cardiac

Urine: —

Vitreous: ✓

Bile: ✓

Gastric: —

Liver: ✓

Brain: ✓

Other:

DNA: (Y) N

Contact deputy with the results:

Deputy: Medenich - In Person

Date/Time: 1125- 6-14-22

DuPage County Coroner's Office Property Control

414 N. County Farm Road, Wheaton, IL 60187 (630)-407-2600

Deceased: Name, Address, Phone	Gwen Casten		
Date of Death: 6/13/2022	Age: 17	DOB: 8/7/2004	Case Number: M22-248

Item #	Property	Date	Location	Deputy
1	fresh heart weight: 246 grams	4/14/22	DCM	AM
2				
3				
4				
5				
6				
7				
8				
9				

Property Release Information

Item #	Released to: Name, Address Phone & Relationship to Decedent	Date	Location	Deputy
1	Med Speed	4/15/22	DCM	AM
2				
3				
4				
5				
6				
7				
8				
9				

White - To File

Yellow - With Property

Pink - To Deputy

DuPage County Coroner's Office Property Control

414 N. County Farm Road, Wheaton, IL 60187 (630)-407-2600

Deceased: Name, Address, Phone	CASTEN, GWEN		
Date of Death: 6-13-22	Age:	DOB:	Case Number: M22-248

Item #	Property	Date	Location	Deputy
1	WHITE TANK TOP	6-13-22	W/BODY	KM412
2	WHITE UNDERWEAR			
3				
4				
5				
6				
7				
8				
9				

Property Release Information

Item #	Released to: Name, Address Phone & Relationship to Decedent	Date	Location	Deputy
1				
2	<i>[Handwritten signature]</i>	6/15/22	DCM	AM
3	<i>[Handwritten signature]</i>			
4				
5				
6				
7				
8				
9				

White - To File

Yellow - With Property

Pink - To Deputy



Office of the Coroner

DuPage County, Illinois

Richard A. Jorgensen, MD, FACS

Coroner

Timothy J. Rounce, F- ABMDI

Chief Deputy Coroner

Hilary S. McElligott, MD, DABP

Chief Forensic Pathologist

Gabrielle M. Vacala

Administrative Assistant

June 14th, 2022

Mr. and Ms. Casten

Downers Grove, IL 60515

Mr. and Ms. Casten:

As Coroner of DuPage County, I wish to extend my deepest sympathy to you over the loss of your loved one, Gwen.

I am aware that a Deputy Coroner from my office explained the Coroner's office procedures to you the day of the death. However, I wish to explain our procedures once again briefly:

A temporary certificate of death has been issued by my office indicating the cause of death as "pending investigation" so you can proceed with any funeral arrangements or legal dispositions.

The term "temporary" means that further investigation is necessary in order to arrive at an accurate cause of death. When the investigation is complete, a permanent death certificate will be completed by this office. In addition, you will be notified by a member of my office explaining the final disposition of the investigation.

If you have any questions concerning the Coroner's office procedures, please call at any time; however, please note that we cannot release any pertinent information until the investigation is complete and the permanent death certificate is issued.

Thank you for your time and patience in this matter and again, my sincere condolences on your loss.

Sincerely,

Richard A. Jorgensen, MD, FACS
Coroner of DuPage County



Office of the Coroner

DuPage County, Illinois

Richard A. Jorgensen, MD, FACS
Coroner

Timothy J. Rounce, M-ABMDI
Chief Deputy Coroner

Gabrielle M. Vacala
Administrative Assistant

FUNERAL HOME RELEASE

I hereby authorize the DuPage County Coroner's Office to release the body of:

Name of deceased: Gwen Anna Casten

Date of death: 06/13/2022

To the following Funeral Home: DuPage Cremations

Address of Funeral Home: 951 W. Washington St - West Chicago

Phone number of Funeral Home: (830)-293-5200

I attest that we have in our possession the signed next of kin authorization forms and will provide the forms if requested.

Print Funeral Director name: Britney Klein

Signature of Funeral Director: _____

Date signed: 06/15/2022

**Body removals will be made from Monday - Friday from 8:00am - 4:30pm. If a removal needs to be made after hours or on the weekends, please call the office during normal business hours to schedule a time.

Cremation Authorization

Required fields are marked with an "*".

Funeral Home and Crematory

Funeral Home: Dupage Cremations, LTD. & Memorial Chapel
(hereinafter the "Funeral Home")

Crematory: Arbor Pointe or any other crematory.
(hereinafter the "Crematory")

Deceased Information

Name: Gwen Anna Casten

Sex: Female

Social Security Number:

Age: 0

Date of Death: August 7, 2004

Date of Birth: August 7, 2004

Place of Death: Decedent's Home

* CHECK THE APPROPRIATE BOX AND PROVIDE THE REQUESTED INFORMATION

Yes No Are there any valuables, jewelry or any other items to be removed from the deceased prior
 to cremation? All items left on the deceased will be destroyed or unrecoverable after
cremation. If no, I/we release the Funeral Home and Arbor Pointe from liability for these
items. If yes, please list the valuables and your instructions:

Yes No Did the deceased have an infectious or contagious disease(s)? If yes, list disease(s):

Yes No Are there any pacemakers in the body? These devices will explode when exposed to high
 heat, posing a danger to the operator and may cause damage to the cremation equipment.
If yes, I authorize the Funeral Home or Arbor Pointe to remove and dispose of the
pacemaker(s).

Yes No Mechanical devices and artificial implants, other than pacemakers, (hereinafter "Artificial
 Devices") and certain nuclear medicine residues (hereinafter "Radioactive Materials") may
create a hazardous condition when placed in a cremation chamber and subjected to high
heat. Are there any Artificial Devices (other than pacemakers) implanted in or attached to
the Deceased, or was the Deceased treated with any Radioactive Materials? If yes, list all
Artificial Devices which may be implanted in the Deceased and list the type and date of any
treatments that the Deceased had with Radioactive Materials:

Yes No Some types of Artificial Devices must be removed from the Deceased prior to cremation.

The Funeral Home will not remove any Artificial Devices implanted in the body other than
pacemakers. It is your responsibility to retain a professional to remove these devices. If the
Artificial Device(s) listed above must be removed, do you want the Funeral Home to arrange
for a professional of your choice to remove the Artificial Devices(s)? If yes, the Funeral
Home will have no liability for the acts of the professional you choose. Name the
Professional:

Yes No Do you want Artificial Devices removed from the Deceased (if any) prior to cremation

returned to you, or do you want the residue following the cremation from the Artificial
Devices returned to you? If no, the residue from an Artificial Device will be disposed of in
any manner, at any time. If yes, list the Artificial Devices to be returned:

Cremated Remains Disposition

* ADDRESS FOR THE DELIVERY OF THE CREMATED REMAINS

Name: Kara Casten

Address:

City: Downers Grove

State: IL

Zip: 60515

Phone: 6304879654

* CHECK THE FOLLOWING THAT APPLY

The Funeral Home will deliver or ship the cremated remains to the address above for: **Inurnment;**

Interment or scattering. If scattering in a common area is selected, the Deceased's cremated remains may be commingled with other cremated remains.

The cremated remains will be held at the **Funeral Home**, or **Crematory** for pick-up. The Funeral Home or Crematory is authorized to release the cremated remains to any of the following individuals or entities:

Name(s):

If the cremated remains are not claimed within 60 days of the cremation, the Funeral Home or Crematory is authorized to dispose of them in accordance with the law at anytime thereafter.

Witnessing and Identification

* CHECK THE APPROPRIATE BOX AND PROVIDE THE REQUESTED INFORMATION

Yes No You, or your representative may personally identify the deceased after the Funeral Home and/or Crematory has custody. Have you or your representative personally identified the deceased? If no, you agree to waive your right to identification. The Funeral Home and/or crematory is not liable for identification errors.

Yes No Do you wish to witness the start of the cremation process? If no, the cremation process will take place according to the work schedule of the Crematory. If yes, the cremation process will be scheduled according to the request of the authorizing agent, subject to the availability of the Crematory facility. This may incur additional cost for the private use of the crematory viewing room and staff. If Yes, the cremation process is to start: on

Cremation Container and Urn

Arbor Pointe requires the remains of the Deceased to be in a combustible container suitable for cremation. If Arbor Pointe accepts a non-combustible container, the Crematory is authorized to dispose of the container in any way it sees fit. Type of Container Selected:

Fiberboard

A formal or decorative urn to hold the cremated remains may be purchased, but is not required. If an urn is not purchased, the cremated remains will be delivered in a rigid container. Type of Urn (if any): Basic

Next of Kin

I, Kara Casten, hereby certify that I am the closest living relative or next of kin of Gwen Anna Casten, deceased. I further certify that no other relative or party in interest has objected to this cremation.

I/We have the right and hereby authorize the cremation of the Deceased and the disposition of the cremated remains pursuant to the regulations of Arbor Pointe Crematory and the instructions on this form. I am/We are not aware of any living person with a superior right to authorize the cremation of the Deceased and I am/we are not aware of any contract or instruction (including any pre-arranged funeral plan) made by the Deceased objecting to cremation or providing for disposition other than by cremation. I/We agree to release and indemnify the Funeral Home and Arbor Pointe, their officers, directors, agents and employees from any claim, liability, cost or expense resulting from the Funeral Home's and Crematory's reliance on or performance consistent with the directions, declarations, representations, authorizations and agreements herein. I/We release the Funeral Home and Arbor Pointe from liability for the cremated remains upon delivery to a reputable common carrier. I/We agree that the Funeral Home's and Arbor Pointe's liability for future negligent acts (of itself or its agents or employees) is limited to a refund of the cremation fees paid to the Funeral Home and/or Arbor Pointe by me/us.

I/We warrant that all representations and statements contained in this form are true and correct. These statements are being relied upon by the Funeral Home and Arbor Pointe. I/We have read and understood this document.

The above information is true and correct.* Authorizing Agent Signature:

Kara Casten

* Enter Name Again to Confirm: Kara Casten