



International Journal of Allied Medical Sciences and Clinical Research (IJAMSCR)

IJAMSCR | Volume 3 | Issue 4 | Oct – Dec - 2015
www.ijamscr.com

ISSN: 2347-6567

Case report

Medical research

Mystery of burnt bride and circumstances of death - A Case Report

Dr. Dinesh Chhillar*¹, Dr. Luv Sharma², Dr. Kunal Khanna³, Dr. Jai Prakash Soni¹,
Dr. Vincent Merry¹, Dr. Vinod Kumar¹

¹Resident, Department of Forensic Medicine, Pt.BDS PGIMS Rohtak (Haryana), India.

²Professor, Department of Forensic Medicine, Pt.BDS PGIMS Rohtak (Haryana), India

³Demonstrator, Department of Forensic Medicine, Pt.BDS PGIMS Rohtak (Haryana), India.

*Corresponding author: Dr. Dinesh Chhillar

ABSTRACT

A scene of crime report helps a lot in autopsy examination. This is part of information, which should be provided with the other inquest papers of a case. In common practice, investigating officer collects this report after the post mortem report. Not only he considered scene of crime report as an unnecessary part of investigation, but also it is not given by the investigating member of the forensic science laboratory team before autopsy examination. A keen investigation officer keeps all the concerned details in his mind and prepares a parallel report of crime scene with the help of drawing and photographs. We report a case of partially burnt female with fatal pressure on the neck and stab injury to the abdomen. A 27 year old newly married woman was found dead in forest near a village. A partially burnt female and a knife with burnt handle were discovered at the scene. Blood stains and broken pieces of ornaments were found around the body and on nearby surrounding region. Autopsy revealed a stab injury to the abdomen extending to the small and large intestine and ligature strangulation at the neck with post mortem burns.

Keywords: - Scene of crime; circumstances of death; strangulation; stab injury, post mortem burn.

INTRODUCTION

Crime scene investigation aids in identification of suspects or victims, prove or disprove alibi, identify a modus operandi, establish the corpus delicti and establish association among victim, suspect, scene and evidence.[1] This can be done by accurate diagrams, notes and photography. If an autopsy surgeon sees the dead body for the first time in the autopsy room, he may form incorrect opinions about the origin of various injuries. Seeing the body at the scene of crime with the various surrounding objects minimized the chances of mistakes. The scene of a violent death usually shows significant findings for understanding, reconstructing and solving mystery of

the death. The sequence of events proceeding death must be reconstructed logically to support or contradict inference from other areas of investigation. In certain cases where marked degree of violence has been used, the autopsy facts emerge themselves with each injury playing a role in causing the death. It becomes one of the prime duties of a forensic expert to find out the cause of death in such cases, especially when multiple means of homicide are involved which indicate multiplicity of the assailants. In most of the incidents of homicide, the victim and the offender are known to each other, where circumstances like interpersonal conflict often is the chief motive of causation.[2] Globally around 520,000 people die

each year as a result of interpersonal violence, which equates to 1400 deaths every single day [3]. The NCRB statistics indicate that an Indian woman is most unsafe in her marital home with 43.6% of all crimes against women being "cruelty" inflicted by her husband and relatives.[4] A study on homicidal deaths in France showed gunshot wounds were the most common cause of death (37%), followed by stab wounds (27%), blunt trauma (19%), and asphyxia (13%).[5] The method(s) employed may be single or multiple. Cases involving multiple homicidal injuries by various methods are rare and constitute one of the most challenging jobs for a forensic expert. Furthermore, the findings are greatly obscured if there is post mortem burns over the body. Deaths from actual strangulation, the compressed tissue of the ligature mark instead of obliteration, are better preserved than the putrefied skin beyond it.[6] Stabbing injuries are generally located at the chest (predominantly left chest), abdomen and neck, and more rarely at the head; the number of stabs varies considerably from one (50% of cases) up to more than 90.[7-11]

CASE REPORT

A burnt female body was referred to our facility for expert examination. Purportedly the body was recovered from a jungle near a village a day before autopsy (**figure-1**). The information furnished by the police regarding cause of death in this case was due to stab by sharp object and ante mortem burns. As per the information furnished by him, A young couple, who got married 2 months ago, went to consult a doctor on motorcycle around 11:00 AM and didn't return till 6:00 PM. Mean while, at around 2:00 PM, a passerby noticed a burnt body of a female lying in the jungle and informed the police about the same. Police immediately reached at the scene of crime and started investigations. Investigating officer noticed a burnt female body. On inspection of surrounding area, he observed the tire marks of a two wheeler, sports shoe print of a person, blood stained earth, broken ornaments and burnt knife (**Figure-2**). He brought the photographs of the crime scene which were taken from the different positions and area around the dead body. The photographs clearly indicated the struggle and method of disposal of body and weapon after crime. He transported the dead

body to the morgue of general hospital for keeping it for identification and post mortem examination. Around 6 PM, family members of young couple came to police station with a complaint to search the newly married couple as they didn't return from the town since morning. Family members were taken to morgue to show dead body, where they identified her as son's wife. Later the motorcycle was found at the parking area of the local railway station.

FINDING IN AUTOPSY

Remnants of burnt pieces of clothes were adherent over the chest. She was wearing brown coloured plastic bangles in both forearm, which were distorted and adherent together. Eyes were semi opened and tongue was clenched in between the teeth. Blood tinged secretions were coming through the nostrils. Scalp hairs were singed and more on the vertex region. Eyebrows, eyelashes, body hairs and pubic hairs were burnt. Superficial to deep burns were present all over the body. A smell of cooked up meat was present. Skin along with sub cutaneous tissue and muscles were missing over the right side of abdomen with loops of gut were protruding out of it (**Figure-3**). Skin and soft tissues were also missing from the inner upper 1/3 region of right arm, right gluteal region and medial aspect of right upper thigh. On autopsy, findings of strangulation (by ligature) were noticed over the neck along with a stab injury over the right flank of abdomen (**Figure-4**). The ligature mark of width 1.5 - 2.0 cm at places was situated 9.0 cm below the chin, 5.0 cm below the right angle of mandible and 5.0 cm below the left angle of mandible. It was placed transversely and below the thyroid cartilage. The length of the ligature mark was 13.0 cms on the left and 12.0 cms on the right from the mid line and it was deficient just behind the mastoid process and posterior aspect of neck. On dissection, underlying tissues were deeply ecchymosed and underlying larynx-tracheal structures were contused. No soot particles were present in the larynx and trachea (**Figure-5**). Brain matter was found congested on dissection of cranium. On further examination, a roughly spindle shaped tissue defect was present over the right flank. It was of size 16.0 x 8.0 cms and situated 34.0 cms below the right acromium process, 9.0 cms towards right from back midline and 14.0 cms from umbilicus. The

upper margin was sharp cut and lower margin was badly charred and burnt. The right iliac crest was exposed and showed irregular cut and infiltration in the bony trabeculae. The wound was directed right to left, slightly upward and forward to enter the peritoneal cavity and cut the ascending colon through and through. Ecchymosis was noticed on the cut ends of the gut. On further dissection, a portion of the small intestine (ileum) was also cut through and through along with spillage of contents. Deep seated

ecchymosis was seen in the soft tissues and lumber musculature. After completion of autopsy it was opined that the cause of death in this case was strangulation coupled with stab injury. The burns described were post mortem in nature. All the injuries are ante mortem in nature, homicidal in manner & recent in duration. The probable time that elapsed between injuries and death was opined to be immediate and the post mortem interval was opined to be around 24 hours.



Figure-1:- Burnt female body recovered from a jungle.



Figure-2:- tire marks of a two wheeler, sports shoe print of a person, blood stained earth, broken ornaments and burnt knife at surrounding area.



Figure-3:- Loops of gut were protruding out of tissue defect on right side of abdomen.



Figure-4:- ligature mark over neck.



Figure-5:- No soot particles were present in the larynx and trachea.

DISCUSSION

The incidence of homicide has been increasing at an alarming rate in India. This is probably due to the rapidly increasing population with decreasing morale, high levels of unemployment and frustration in day-to-day life. Circumstantial evidence plays a major role in drawing conclusions about homicidal deaths, as in other aspects of forensic medicine.[12] In our case, investigation officer came with detailed record of photographs of crime scene, which help a lot in understanding the possibility of sequences of events, possible manner and circumstances of death. A number of cases have been reported all across the world where multiple methods of homicide have been used to kill a single victim. A case study from Romania indicates that a victim was killed by 3 different mechanisms of asphyxia: smothering with the hand, manual strangulation with the other hand, and traumatic asphyxia by thoracic compression with the knees.[13] The autopsy findings in multiple means of homicide may help in revealing the

involvement of more than one assailant that plays an important role in police investigation and trial of the case in the court. Postmortem burns are characterized by absence of vital reaction, absence of line of redness, no soot particles in the trachea and bronchus, no cherry red colour of blood, and absence of reparative process. The internal organs are usually roasted with emission of peculiar odour. [14]

CONCLUSION

The present case is a rare case of homicide in which victim was stabbed and strangled to death and then burnt for deception. The circumstances of the case, the crime scene and most importantly the presence of post-mortem burns on the body helped us to conclude that the case was one of homicidal manual strangulation coupled with stab injury with postmortem burn. This case points towards changing trend of homicides and keen observations of the autopsy team along with investigation officer.

REFERENCES

- [1]. Reddy K S N, Murty O P; The essentials of Forensic Medicine;The Health Science Publishers;33ed ed;2014;17-8.
- [2]. Centerwall BS. Race, Socioeconomic status and Domestic homicide. J Am Med Assoc 1995;273:1755–8.
- [3]. Preventing Violence. A guide to implementing the recommendations of the world report on violence and health. Geneva: World Health Organization, 2004.
- [4]. National Crime Records Bureau; Crime in India, New Delhi ,2013
- [5]. Cros J, Alvarez JC, Sbidian E, Charlier P, Lorin de la Grandmaison G. Homicidal deaths in the Western suburbs of Paris: a 15-year-study. Am J Forensic Med Pathol. 2012 Dec;33(4):404-9.
- [6]. Karmakar RN. J.B. Mukherjee's Forensic medicine and toxicology.4th ed. Kolkata: Academic Publishers; 2011: p.528.
- [7]. Herzog M, Hoppe F, Baier G, Dieler R. Injuries of the head and neck in suicidal intention. Laryngorhinootologie 2005;84:176–81.

- [8]. Bernemann D, Arnhold-Schneider M. Mechanisms of injuries of cut and stab wounds of the neck. *Laryngol Rhinol Otol (Stuttg)* 1988;67:382–4.
- [9]. Chadly A, Marc B, Paraire, Durigon M. Suicidal stab wounds of the throat. *Med Sci Law* 1991;31:355–6.
- [10]. Scolas V, Telmon N, Blanc A, Allery JP, Charlet D, Rouge D. Homicide-suicide by stabbing study over 10 years in the toulouse region. *Am J Forensic Med Pathol* 2004;25:33–6.
- [11]. Karger B, Vennemann B. Suicide by more than 90 stab wounds including perforation of the skull. *Int J Legal Med* 2001;115:167–9.
- [12]. Gupta A, Rani M, Mittal AK, Dikshit PC. A study of homicidal deaths in Delhi. *Med Sci Law*. 2004 Apr; 44 (2):127-32.
- [13]. Lupascu C, Lupascu C, Beldiman D, Mechanical asphyxia by three different mechanisms. *Legal Med* 2003; 5:110 –1.
- [14]. Rao NG. *Textbook of Forensic Medicine and Toxicology*. 2nd Ed. New Delhi: Jaypee brother's Medical Publisher's (P) Ltd; 2010: p318.

How to cite this article: Dr. Dinesh Chhillar, Dr. Luv Sharma, Dr. Kunal Khanna, Dr. Jai Prakash Soni, Dr. Vincent Merry, Dr. Vinod Kumar, Mystery of burnt bride and circumstances of death - A Case Report. *Int J of Allied Med Sci and Clin Res* 2015;3(4):426-430.

Source of Support: Nil. **Conflict of Interest:** None declared.