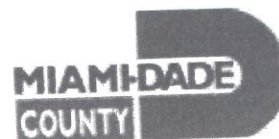




**MIAMI-DADE COUNTY
MEDICAL EXAMINER DEPARTMENT**
Number One on Bob Hope Road
Miami, FL 33136
Phone (305) 545-2400 Fax (305) 545-2439



GALVAN-GONZALES, Adianet
June 8, 2018... 9:00AM

Case No. 2018-01683

CAUSE OF DEATH:

**Complications of Liposuction and Autologous Fat
Transfer Procedure**

Amber Wang, M.D.
Associate Medical Examiner

Katherine L. Kenerson, M.D.
Associate Medical Examiner

NOTE: The cause of death is based on the totality of the investigative data to date, which may not be included in the autopsy or external examination protocol.



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TOXICOLOGY REPORT

November 09, 2018

ME Case # 2018-01683

Decedents Name: GALVAN-GONZALES, Adianet

SUBSTANCE	SPECIMEN	RESULT	METHOD
VOLATILES	Blood - Antemortem	UNDETECTED	Pink Top Tube dated 06/04/2018, 2357hrs HS-GC-FID
BENZOYLECGONINE	Blood - Antemortem	UNDETECTED	Pink Top Tube dated 06/04/2018, 2357hrs ELISA
CANNABINOIDS	Blood - Antemortem	UNDETECTED	Pink Top Tube dated 06/04/2018, 2357hrs ELISA
OPIATES	Blood - Antemortem	UNDETECTED	Pink Top Tube dated 06/04/2018, 2357hrs ELISA
OXYCODONE	Blood - Antemortem	UNDETECTED	Pink Top Tube dated 06/04/2018, 2357hrs ELISA
BENZODIAZEPINES	Blood - Antemortem	DETECTED	Pink Top Tube dated 06/04/2018, 2357hrs ELISA
ALPHA-HYDROXY MIDAZOLAM	Blood - Antemortem	DETECTED	Blue Top Tube dated 06/06/2018, 0501hrs LC-MS/MS
LIDOCAINE	Blood - Antemortem	DETECTED	Pink Top Tube dated 06/04/2018, 2357hrs GC-NPD-MS
LIDOCAINE	Blood - Antemortem	DETECTED	Pink Top Tube dated 06/04/2018, 2357hrs LC-MS/MS
DESETHYLLIDOCAINE	Blood - Antemortem	DETECTED	Pink Top Tube dated 06/04/2018, 2357hrs GC-NPD-MS
DEXAMETHASONE	Blood - Antemortem	DETECTED	Pink Top Tube dated 06/04/2018, 2357hrs Presumptive finding - unconfirmed LC-MS/MS
DIPHENHYDRAMINE	Blood - Antemortem	DETECTED	Pink Top Tube dated 06/04/2018, 2357hrs Presumptive finding - unconfirmed LC-MS/MS
ESMOLOL	Blood - Antemortem	DETECTED	Pink Top Tube dated 06/04/2018, 2357hrs Presumptive finding - unconfirmed LC-MS/MS
ETOMIDATE	Blood - Antemortem	DETECTED	Pink Top Tube dated 06/04/2018, 2357hrs Presumptive finding - unconfirmed GC-NPD-MS
NALOXONE	Blood - Antemortem	DETECTED	Pink Top Tube dated 06/04/2018, 2357hrs Presumptive finding - unconfirmed LC-MS/MS
ONDANSETRON	Blood - Antemortem	DETECTED	Pink Top Tube dated 06/04/2018, 2357hrs Presumptive finding - unconfirmed LC-MS/MS



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TOXICOLOGY REPORT

November 09, 2018

ME Case # 2018-01683

Decedents Name: GALVAN-GONZALES, Adianet

SUBSTANCE	SPECIMEN	RESULT	METHOD
ACID NEUTRAL DRUGS	Blood - Antemortem	UNDETECTED	Pink Top Tube dated 06/04/2018, 2357hrs GC-NPD-MS

Reviewed By:

Katherine L. Kenerson, M.D.
Associate Medical Examiner
November 9, 2018 9:37 am

Diane M. Boland Ph.D, F-ABFT
Toxicology Division Director
August 23, 2018 11:24 am

QC by: GH

THE MIAMI-DADE COUNTY MEDICAL EXAMINER DEPARTMENT, MIAMI, FLORIDA

GALVAN-GONZALES, Adianet.....June 8, 2018... 9:00AM.....Case No. 2018-01683

AUTOPSY PROTOCOL

ATTENDEES:

FORENSIC TECHNICIAN: Marco Wells

PHOTOGRAPHER: Mirtha Gonzalez

EXTERNAL EXAMINATION:

The body is that of a normally developed, 4 foot 11 inch, 144 pound, white female who appears compatible with the reported age of 30 years. The body mass index (BMI) is 29 kilograms per meter squared. The body is refrigerated, well-preserved, and not embalmed. A green plastic bracelet around the left ankle has the inscription "268063."

The scalp is covered by long, black hair. The irides are brown, the corneas are clear, the conjunctivae are clear, and the sclerae are white. The bulbar and palpebral conjunctivae have no petechiae. The eyebrows and eyeliner of the upper eyelids are tattooed. The nasal bones and nasal septum are intact. The external ears have no visible injuries. The oral cavity is clear of foreign objects. The oral mucosa is not injured and the frenula are intact. The mouth has natural teeth in good condition.

The neck and chest are symmetrical. The breasts are symmetrical and have no palpable masses. 20 centimeter, curvilinear scars are along the inframammary creases, and 4.5 centimeter, linear, vertical scars extend from the inframammary creases to the 6 o'clock border of the areolas. The abdomen is soft. The back and buttocks are symmetrical and have no deformities. A 15 x 1 centimeter, W-shaped, area of red, epidermal sloughing is along the inferior aspect of the back. A 6.0 x 2.5 area of red, epidermal sloughing is on the right side of the back. The external genitalia are those of a fully developed, adult female. The external anus is unremarkable.

The bilateral extremities are symmetrical and have no palpable fractures. No track marks are on the arms. The wrists have no scars. A 1.5 x 1.0 centimeter scar is on the lateral aspect of the left arm. The hands and feet are symmetrical, and the nails are intact. The fingernails and toenails are painted with pink polish.

EVIDENCE OF RECENT SURGICAL INTERVENTION:

Multiple, up to 3.5 centimeter, purple contusions are on the upper outer and inner quadrants of the right breast. Multiple, up to 2.5 centimeter, purple contusions are on the upper outer quadrant of the left breast. 0.9 centimeter, linear, horizontal, incisions are immediately inferior to the inframammary creases, and are covered by bandages. A 20 x 4 centimeter area of purple contusion is below the right breast, and a 14 x 8 centimeter area of purple contusion is below the left breast. A 6 x 5 centimeter purple contusion is on the mid to left chest. A 0.5 centimeter, glued, linear incision is above the umbilicus. Three, 0.5 centimeter, linear, horizontal, incisions are on the inferior aspect of the abdomen along the pubic hair line. The lower quadrants of the abdomen and inguinal regions are covered in broad, blue-purple contusions. The subcutaneous tissues and muscles of the abdominal

THE MIAMI-DADE COUNTY MEDICAL EXAMINER DEPARTMENT, MIAMI, FLORIDA

GALVAN-GONZALES, Adianet.....June 8, 2018... 9:00AM.....Case No. 2018-01683

AUTOPSY PROTOCOL

wall are hemorrhagic.

An 8 x 4 centimeter purple contusion is on the left side of the back. A 0.6 centimeter, sutured incision is on the mid back. Two, 0.9 centimeter, sutured incisions are on the inferior aspects of the right and left sides of the back. A 1.0 centimeter, sutured, linear, vertical incision is above the gluteal cleft. Two, 0.9 centimeter, sutured incisions are along the right and left gluteal folds. Approximately 36 x 15 centimeter and 32 x 25 centimeter areas of red-purple, petechial to confluent, purple contusions are on the right and left lateral and mid buttocks, respectively, and extend upwards to the flanks and lateral aspects of the back. Multiple, patchy, 1.0 to 2.0 centimeter, contusions are on the medial buttocks and around the gluteal cleft.

The subcutaneous tissues and muscles of the back are hemorrhagic. A minimal amount of fat is within the subcutaneous tissues of the buttocks. Extensive amounts of fat extend into superficial and deep muscles of the buttocks, including the piriformis muscle. A branch of the left superficial gluteal vein is transected, and a punctate defect is within another branch of the left superficial gluteal vein. The muscle and soft tissue around the transection and defect is hemorrhagic.

EVIDENCE OF MEDICAL INTERVENTION:

Gauze is adhered to the left side of the neck, and overlies four puncture marks. Intravenous catheters are in the dorsal aspect of the left hand and right antecubital fossa. A 7 x 4 centimeter area of ecchymosis is in the left antecubital fossa. A puncture mark with surrounding contusion is on the radial aspect of the right wrist. A bandage is adherent to the medial aspect of the left arm. A hospital identification bracelet is around the left wrist.

INTERNAL EXAMINATION:

The pleural cavities are lined by smooth mesothelium and have approximately 50 milliliters of tan, serous fluid each. The pericardial sac has no adhesions or excess fluid. The peritoneal cavity has no adhesions or excess fluid. The diaphragm and organs of the thorax and abdomen are in their normal anatomic locations.

The tongue is normal and has no injuries. The strap muscles of the anterior neck are soft, red, and have no hemorrhage. The hyoid bone and laryngeal cartilages have no fractures. The thyroid gland is in the appropriate anatomic position and has no cysts or masses. The parathyroid glands are inconspicuous. The pharynx, larynx and trachea are clear of foreign objects and have no abnormal secretions. The epiglottis and vocal cords are unremarkable.

The heart is 300 grams. It has a smooth epicardial surface and normal epicardial adipose tissue. The coronary arteries arise from the aorta in a normal fashion and have a normal anatomic course. The coronary ostia are patent. The right coronary artery supplies the posterior interventricular septum. The left main, left anterior descending, left circumflex, and right coronary arteries are thin-walled and patent. The heart has a normal configuration. The red-brown myocardium is soft and has no pallor or fibrosis. The left ventricular free wall, right ventricular free wall, and interventricular

THE MIAMI-DADE COUNTY MEDICAL EXAMINER DEPARTMENT, MIAMI, FLORIDA

GALVAN-GONZALES, Adianet.....June 8, 2018... 9:00AM.....Case No. 2018-01683

AUTOPSY PROTOCOL

septum are 0.7 centimeters, 0.2 centimeters, and 1.0 centimeter thick, respectively. The interatrial and interventricular septa are normally developed. The fossa ovalis is closed. The endocardium is thin, transparent, and free of mural thrombi. The papillary muscles of the mitral valve are dark red and hemorrhagic. The tricuspid valve papillary muscles and the chordae tendineae are unremarkable. The heart valves are structurally intact and have no vegetations or calcification. The aorta is smooth, and has no atherosclerosis or aneurysms. The venae cavae are patent.

The right and left lungs are 540 grams and 470 grams, respectively. The pleural surfaces are smooth. The lung parenchyma is red-pink, edematous, and has no hemorrhage, emphysematous changes, consolidations, or tumors. The major bronchial branches are clear of foreign objects. The pulmonary vessels are patent and free of thromboemboli.

The liver is 1420 grams. It has a smooth and intact capsule. The parenchyma is red-brown and soft, and has no cirrhosis or tumors. The thin-walled gallbladder contains 10 milliliters of green-brown bile and has no stones. Its mucosa is green and velvety. The vessels of the porta hepatis are unremarkable.

The esophagus is lined by tan mucosa and has no lesions. The gastroesophageal junction is well-demarcated and has no varices, tears, ulcers, or other lesions. The stomach contains 20 milliliters of green fluid. The gastric mucosa is tan and has normal rugal folds. The mucosa has no ulcers or masses. *The duodenum and remainder of the small bowel have no palpable masses.* The colon has no serosal abnormalities or palpable masses. The appendix is normal. The rectum contains soft, brown stool, and its mucosa is unremarkable. The pancreas is lobular and tan and has no cysts or masses.

The 130 gram spleen has an intact capsule, and soft red-purple parenchyma with scattered, up to 1.0 centimeter, nodular and hemorrhagic parenchymal areas. The lymph nodes of the neck, thorax, abdomen, and pelvis are not enlarged.

The normally situated adrenal glands have soft, yellow-brown cortices and soft gray-brown medullae, and have no masses or hemorrhage.

The right and left kidneys are 150 grams each. The capsules are thin and the cortical surfaces are smooth. The renal parenchyma is red-tan, has well-defined corticomedullary junctions, and no masses. The renal vessels are patent. The calyces are not dilated and are free of stones. The ureters are normal in caliber, and course to the bladder in a normal fashion. The urinary bladder is empty. The bladder's mucosa is white-tan, trabecular, and has no lesions. The uterus has a slit-like external cervical os. The serosal surface of the uterus is shiny and smooth. The endometrial cavity contains an intrauterine device. The endometrium is thin and hemorrhagic. The vaginal mucosa, bilateral ovaries and bilateral fallopian tubes are unremarkable.

The musculoskeletal system is well-developed. The muscles have a normal color and consistency.

THE MIAMI-DADE COUNTY MEDICAL EXAMINER DEPARTMENT, MIAMI, FLORIDA

GALVAN-GONZALES, Adianet.....June 8, 2018... 9:00AM.....Case No. 2018-01683

AUTOPSY PROTOCOL

There is no subscalpular or subgaleal hemorrhage. The cranium and skull base contain no fractures. The pachymeninges are smooth, intact, and have no masses. The cranial vault has no epidural or subdural collections of fresh or clotted blood.

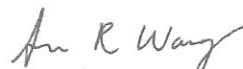
The brain is 1370 grams. The leptomeninges are thin and transparent. There is no subarachnoid hemorrhage or exudate. The gyri are significantly expanded and the sulci are effaced. The circle of Willis and its major branches have no atherosclerosis or aneurysms. The cerebellum is extremely soft, necrotic, and fragments upon handling. A detailed neuropathological examination will be performed and reported separately. The atlanto-occipital joint is stable. The vertebral column is uninjured.

AUTOPSY FINDINGS:

1. Status post liposuction and fat transfer into buttocks
 - a. Transection and defect in left superficial gluteal veins
2. Hemorrhagic mitral valve papillary muscles
3. Heavy, edematous lungs (540 grams right; 470 grams left)
4. Nodular and hemorrhagic spleen
5. Cerebral edema and infarction of cerebellum

TISSUES SUBMITTED FOR HISTOLOGY INCLUDE THE FOLLOWING:

Right ventricle, left ventricle septum, mitral valve papillary muscles, left and right lungs, spleen, kidney and liver



Amber Wang, M.D.
Associate Medical Examiner



Katherine L. Kenerson, M.D.
Associate Medical Examiner

Date: July 6, 2018



**MIAMI-DADE COUNTY
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NEURO GROSS REPORT

GALVAN-GONZALES, Adianet

Case No. 2018-1683

GROSS DESCRIPTION:

The weight of the brain after formalin fixation is 1390 grams.

The leptomeninges are thin, translucent and free from exudate. There is no subarachnoid hemorrhage. The cerebral hemispheres are symmetrical and exhibit no evidence of atrophy, softening or discoloration. The gyri are expanded and sulci are effaced. The distribution of gyri and sulci is not unusual.

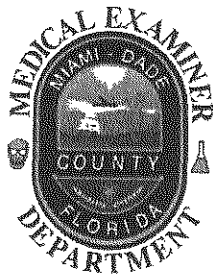
The arteries of the circle of Willis and their major branches are thin-walled and patent and have no aneurysms. There is no evidence of fibromuscular dysplasia. The cranial nerves are all present and are unremarkable. The mammillary bodies are normal. The cerebellar hemispheres are soft, friable, and fragmented. The midbrain and pons are of normal size and configuration. The medulla is unremarkable. There is no evidence of herniation of the cingulate gyri or uncus.

Serial coronal sections of the cerebral hemispheres reveal a well-defined cortical-white matter junction. The cortex has a normal thickness. The centrum semiovale and periventricular white matter are congested and have no hemorrhage, necrosis, or gliding contusions. There is no periventricular leukomalacia or subependymal hemorrhage. The ventricles are symmetrical, non-dilated, and have no intraventricular hemorrhage or exudate. There is no evidence of intraventricular obstruction. The ependymal lining is smooth and glistening. There is no deviation of the septum pellucidum. The basal ganglia, including caudate, putamen, and globus pallidus, are unremarkable. The thalamus is unremarkable. The internal capsules are well-myelinated. The corpus callosum is well developed. The left hippocampus is soft, dark, and fragments upon handling. The right hippocampus is normally formed, and has no dysplasia, atrophy, or other abnormalities.

Transverse sections of the brainstem with the attached cerebellum reveal a patent aqueduct of Sylvius. The substantia nigra and the locus coeruleus are normally pigmented. The midbrain is soft. The cerebral peduncles are normal in size and color. The pontine white matter and fourth ventricle are unremarkable. The cerebellum is necrotic and fragmented in the region of the superior cerebellar artery territory. The dentate nucleus has no abnormalities. The medullary pyramids have no hemorrhage or necrosis. The inferior olivary complex of the medulla is unremarkable.

GROSS ANATOMIC DIAGNOSES:

1. Cerebral edema
2. Cerebellar infarction



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NEURO GROSS REPORT

GALVAN-GONZALES, Adianet

Case No. 2018-1683

Representative sections of tissue are submitted as follows:

- A. Medulla
- B. Midbrain
- C. Pons
- D. Cerebellum
- E. Cerebellum
- F. Hippocampus
- G. Cerebellum
- H. Basal ganglia
- I. Cortex
- A add. Cerebellum
- B add. Cerebellum
- C add. Cerebellum

MICROSCOPIC DESCRIPTION:

Multiple sections of brain are examined in 9 Hematoxylin & Eosin stained slides.

The cortex sections show good cortical laminar and columnar organization. There is good cortical-white matter definition. There is no neuronal dropout or gliosis. There are no eosinophilic neurons.

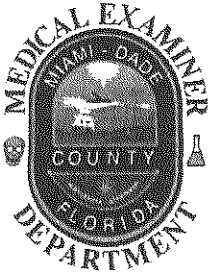
The hippocampus has no dysplasia or sclerosis. The dentate gyrus is normal. The regions of the cornu ammonis, subiculum, and entorhinal cortex have no neuronal dropout. There are eosinophilic neurons in CA3.

The basal ganglia, including caudate, putamen, internal capsule, and globus pallidus, and insular cortex are unremarkable. The thalamus is unremarkable.

The pontine white matter and nuclei have no necrosis. The midbrain tectum, tegmentum, and periaqueductal gray have no necrosis. The substantia nigra neurons are pigmented. The cerebral peduncles have no necrosis.

There is subarachnoid hemorrhage over the cerebellum. There is rarefaction of the cerebellar white matter. There are cerebellar parenchymal hemorrhages. There is cerebellar chronic inflammation. The granule cells are necrotic. The Purkinje cells are unremarkable.

The medullary tegmentum and inferior olivary nuclei have no hemorrhage or necrosis. The medullary pyramids are unremarkable.



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NEURO GROSS REPORT

GALVAN-GONZALES, Adianet

Case No. 2018-1683

FINAL DIAGNOSES:

1. Cerebral edema
2. Cerebellar infarction

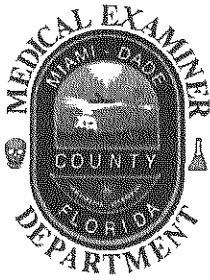
Note:

Cerebellar infarction in young people is somewhat rare. It has a wider etiologic spectrum than in older patients. The principal mechanism of cerebellar stroke in young people is arterial occlusion resulting from non-atherosclerotic vasculopathy. The underlying cause of the infarction in this case is not grossly or microscopically evident.

Barinagarrenenteria F, Amaya LE, Cantu C. Causes and mechanisms of cerebellar infarction in young patients. Stroke (1997) 28:2400-2404.

**Amber R. Wang, M.D.
Associate Medical Examiner
Neuropathologist**

**Kenneth D. Hutchins, M.D.
Associate Medical Examiner
Neuropathologist**



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MICROSCOPIC REPORT

GALVAN-GONZALES, Adianet

Case No. 2018-01683

HEART (3 sections):

Left ventricle and septum with no significant pathologic changes; fatty infiltration of right ventricle wall without fibrosis or inflammation.

PAPILLARY MUSCLE (1 section):

Hemorrhage, neutrophilic infiltrate, necrotic debris and necrotic myocytes, consistent with infarction

LUNG (5 sections):

Patchy intra-alveolar edema; focal acute bronchopneumonia; vascular congestion and increased intra-alveolar pigmented macrophages

LIVER (1 section):

Mild steatosis; no significant inflammation or fibrosis

KIDNEY (1 section):

No significant pathologic changes

SPLEEN (1 section):

Focal intraparenchymal hemorrhage with single focus of infarction and increased polymorphonuclear cell infiltration in red pulp

**Amber Wang, M.D.
Associate Medical Examiner**

**Katherine L. Kenerson, M.D.
Associate Medical Examiner**



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INVESTIGATIONS REPORT

GALVAN-GONZALES, Adianet

ME Case #: 2018-01683

April 01, 1988 30 Years White Female

Date: 6/8/2018 1:14:08AM

4190 Washington Lane #203, Naples, Florida,

Type: ME

Place of Death: Kendall Regional Medical Center

Date/Time of Death: 6/7/2018 6:24:00PM

Investigating Agency: Miami-Dade Police Department

Agency Contact Person: Detective Turnes

Agency Case Number: PD180607209951

Incident Location: 8400 SW 8th Street, Miami, Florida

Incident Date/Time:

Scene Dr.:

Autopsy Tech:

Autopsy Other:

Primary Police Inv.:

Primary Photographer:

Wells, Marco

Gonzalez, Mirtha

TERMINAL EVENT: According to the initial information, on June 4, 2018 at approximately 8am the deceased responded to the New Life Clinic to undergo Liposuction and fat transfer to her buttocks. Several hours after she went in the procedure room, her Boyfriend, who accompanied her became concerned when other patients were leaving and the deceased had not come out. They brought the deceased out at about 3pm in a wheelchair. She was barely awake and didn't talk at all. They were assisted inside the vehicle where the deceased was placed prone on her stomach with her butt up. He was advised this was the position she needed to be in post-op.

He arrived home at 3:20pm and he placed her in bed. She remained out of it and didn't talk. Her Boyfriend called the clinic a couple of times because the deceased was still sleepy. Clinic personnel stated to let her sleep and that this was normal. He left her sleeping and went to Publix to fill her prescriptions. Upon his return, she was still sleeping and non-responsive. He called the clinic and was advised to wake her up. When he returned to the room, she was snoring loudly and unresponsive. He then called fire rescue who transported her to Kendall Regional Medical Center. She was admitted with decreased responsiveness and worsening mental status. Admitting diagnosis listed: acute respiratory distress, renal failure, Hyperkalemia, metabolic encephalopathy and bilateral cerebellar infarction. Her condition deteriorated and she was subsequently pronounced on June 7, 2018.

MEDICAL HISTORY: According to family members, the deceased was not previously under the care of a physician nor was she taking any known medications. She was last hospitalized in Cuba approximately 5 years ago for breast reduction surgery which she tolerated without complications. She has no history of mental illness, suicide attempts or ideations. She sometimes experienced low blood pressure.

Cause of Death: Complications of Liposuction and Autologous Fat Transfer Procedure

Due To:

Due To:

Due To:

Contributory Cause:

Manner: Accident

Autopsy

6/8/18 9:00 am

Doctor: Wang, Amber M.D.

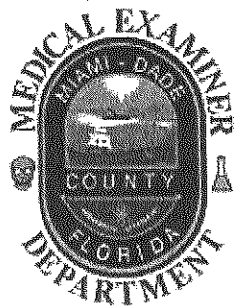
Mortuary: CABALLERO RIVERO LITTLE HAVANA

Investigator: Jacobs, Naomi L.

THIS REPORT MAY CONTAIN NON-VERIFIED INFORMATION AND
IS SUBJECT TO CHANGE

12/11/2018

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INVESTIGATIONS REPORT

GALVAN-GONZALES, Adianet

ME Case #: 2018-01683

April 01, 1988 30 Years White Female

Date: 6/8/2018 1:14:08AM

4190 Washington Lane #203 , Naples, Florida,

Type: ME

Place of Death: Kendall Regional Medical Center

Date/Time of Death: 6/7/2018 6:24:00PM

Investigating Agency: Miami-Dade Police Department

Agency Contact Person: Detective Turnes

Agency Case Number: PD180607209951

Incident Location: 8400 SW 8th Street , Miami, Florida

Incident Date/Time:

Scene Dr.:

Autopsy Tech:

Autopsy Other:

Primary Police Inv.:

Primary Photographer:

Wells, Marco

Gonzalez, Mirtha

MEDICATIONS: None

SOCIAL HISTORY: According to family members, the deceased was born in Cuba and has been in the United States for three years. She has never been married and had no children. She was currently residing with her Mother. She worked at an assisted living facility as a Home Health Aide. She consumed alcohol occasionally and smoked cigarettes until two months ago when she quit in preparation for the procedure. There is no history or knowledge of illicit drug use.

IDENTIFICATION: Method: Visual

By: Luis Medina

Relationship: Friend

Refiled Date: 11/13/2018

Cause of Death: Complications of Liposuction and Autologous Fat Transfer Procedure

Due To:

Due To:

Due To:

Contributory Cause:

Manner: Accident

Autopsy

6/8/18 9:00 am

Doctor: Wang, Amber M.D.

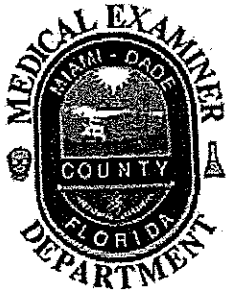
Mortuary: CABALLERO RIVERO LITTLE HAVANA

Investigator: Jacobs, Naomi L.

THIS REPORT MAY CONTAIN NON-VERIFIED INFORMATION AND
IS SUBJECT TO CHANGE

12/11/2018

Page 2 of 2



Miami-Dade County
Medical Examiner Department
Number One on Bob Hope Road
Miami, FL 33136
Phone (305) 545-2400 Fax (305) 545-2418



CASE Number:2018-01683

VERIFICATION OF DEATH

Deceased: GALVAN-GONZALES, Adianet Age: 30 Years Race: White Gender: Female

4190 Washington Lane #203 , Naples, Florida,

PLACE OF DEATH: Kendall Regional Medical Center

DATE:06/08/2018

Date and Time of Death: 07-Jun-2018 6:24 pm

TYPE:ME

Found, Occured or Pronounced:

Incident Location: 8400 SW 8th Street , Miami, Florida

Incident Date / Time:

An: Autopsy

Was performed 06/08/2018

By: Wang, Amber M.D.

Medical Examiner

Cause of Death: Complications of Liposuction and Autologous Fat Transfer Procedure

Contributory Cause:

On the basis of investigation the probable manner of death: Accident

I hereby certify this to be a true copy of verification of death as established by the medical examiner

CCALLA NUNEZ

FORENSICS RECORDS BUREAU