

OFFICE OF THE MEDICAL EXAMINER
Center for Forensic Medicine
Nashville, Tennessee

REPORT OF INVESTIGATION BY COUNTY MEDICAL EXAMINER

Henry County Medical Examiner: Bill Scott Portis M.D.

Judicial District Number: 24

District Attorney: Honorable Neil Thompson

State Number: 25-40-0012

Case Number: MEC25-1641

Name of Decedent Kristiana Renae Shook-Livingston	Age 31 Years	Race White	Date of Birth 08/12/1993	Sex Female
Address Unknown, Murfreesboro, TN				
Date of Death 05/10/2025 9:23 AM		Investigating Agency/Complaint #: TBI		
Place of Death 2141 Copper Spring Rd., Springville, TN				
Narrative Summary <p>The decedent was reportedly discovered outdoors by passersby on 05/10/2025. Dispatch notified officers on duty to respond to the scene to check out this person. They arrived and checked out the individual and verified death. Investigators were then notified along with investigators from TBI to respond. Once on the scene and verified death, I was then called to the scene. Arrived to meet with the officers from Henry County Sheriff's Office and TBI.</p> <p>MEI Danny Tucker</p> <p>This case was reported to the Middle Tennessee Regional Forensic Center (MTRFC), and an autopsy was ordered on behalf of the Henry County Medical Examiner. Concerns were raised for foul play based on findings at the scene. The decedent was transported to the MTRFC via Henry County Rescue Squad for further examination by a forensic pathologist.</p> <p>Investigator Reagan Chapman 05/10/2025 1731 hours</p>				
Jurisdiction Accepted Yes	Autopsy Ordered Yes		Toxicology Ordered Yes	
Physician Responsible for Death Certificate Christopher P Geffre, M.D.				
Funeral Home Smith Family Funeral and Cremation Services				
Cause of Death Shotgun wound of the head				
Contributory Cause of Death				
Manner of Death Could Not Be Determined				

OFFICE OF THE MEDICAL EXAMINER
Center for Forensic Medicine
850 R.S. Gass Blvd.
Nashville, Tennessee 37216-2640

CASE: MEC25-1641
County: HENRY

AUTOPSY REPORT

NAME OF DECEDENT: SHOOK-LIVINGSTON, KRISTIANA SEX: Female AGE: 31

DATE AND TIME OF AUTOPSY: May 11, 2025, at 9:55 a.m.

FORENSIC PATHOLOGIST: Christopher P. Geffre, M.D., Ph.D.

PATHOLOGIC DIAGNOSES

- I. Shotgun wound of the head:
 - A. Close entrance shotgun wound.
 - B. Shotgun pellets recovered.
- II. Decomposition, early.
- III. Toxicology, see toxicology report.

CAUSE OF DEATH: Shotgun wound of the head

MANNER OF DEATH: Undetermined

CIRCUMSTANCES OF DEATH: Unknown

The autopsy was performed at the Center for Forensic Medicine. The purpose of this report is to provide a certified opinion to the County Medical Examiner and District Attorney General. The facts and findings to support these conclusions are filed with the Tennessee Department of Health. The autopsy is performed in the presence of Shannon Crook, M.D.

EVIDENCE OF INJURY

SHOTGUN WOUND OF THE HEAD: Overlying the face are multiple lacerations involving the forehead, cheeks and nose. The mandible is fractured and there are marked fractures of the basilar skull consistent with an intraoral or contact entrance shotgun wound to the face. The skin of the face and skull is decomposed and mummified. No soot or stippling is readily identified.

The projectile perforates the skin and soft tissue of the face, scalp and brain.

Associated findings include multiple comminuted skull fractures involving all bones of the face and skull. Multiple lacerations are present overlying the face and superior scalp. The brain is externalized.

Recovered from within the soft tissue of the head is a representative sampling of gray metal shotgun pellets. The pellets are collected, photographed and labeled with the decedent's name, case number and "PELLETS FROM HEAD". No shot cup is recovered.

The projectile's trajectory is from the decedent's front to back.

EXTERNAL EXAMINATION

The following excludes any previously described injuries.

The body is that of a well-developed, well-nourished, adult female who weighs 133.5 pounds and is approximately 69 inches in length. The body is cool. Rigor mortis is partially fixed in the muscles of the jaw and extremities. Faint pink livor mortis extends over the anterior surfaces of the body, except in areas exposed to pressure. There is early postmortem change as evidenced by blue-green discoloration, vascular marbling of the upper extremities, skin slippage, and insect activity.

The scalp hair is black-brown. The right iris is brown. The left eye is not readily identified. The nose is in the approximate midline. The ears are in the normal position. The anterior teeth are natural and in adequate condition. The neck organs are in the midline and appear unremarkable.

The thorax is well-developed. The abdomen is flat. The external genitalia are those of an adult female. No anogenital trauma is readily identified.

The upper extremities are well-developed, symmetrical and without absence of digits. The hands have moderately long, trimmed, intact fingernails. The lower extremities are well-developed, symmetrical and without absence of digits. On the toenails is scattered pink polish. The spine is in the midline. The anus is unremarkable.

Overlying the extremities are healed scars. Overlying the extremities and torso are tattoos.

EVIDENCE OF MEDICAL INTERVENTION

There is no evidence of recent medical intervention.

INTERNAL EXAMINATION

The following excludes any previously described injuries.

SEROSAL CAVITIES: No adhesions or abnormal collections of fluid are in the pleural spaces or peritoneal cavity. All body organs are in a normal and anatomic position. The serous surfaces and pericardium are smooth and glistening. There is decomposition as evidenced by slight softening of the internal viscera.

CENTRAL NERVOUS SYSTEM: Multiple comminuted skull fractures are present. The brain is evacuated from the cranial cavity.

ORGANS OF THE NECK: Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and thyroid cartilage are intact. The laryngeal mucosa is unremarkable. The tongue is normal without injuries.

CARDIOVASCULAR SYSTEM: The heart weighs 330 grams. The coronary arteries arise normally and follow the distribution of a right-dominant pattern with no significant atherosclerosis. The chambers are not dilated. The chambers and valves are proportionate. The valves are normally formed, thin and pliable and free of vegetations and degenerative changes.

The myocardium is dark red-brown, firm, and free of fibrosis, erythema, pallor and softening. The atrial and ventricular septa are intact and the septum and free walls are free of muscular bulges. The left ventricle measures 0.9 cm and the right ventricle measures 0.1 cm in thickness as measured 1 centimeter below the respective atrioventricular valve annulus. The interventricular septum measures 0.9 cm in thickness.

The aorta and its major branches arise normally and follow the usual course with no significant aortic atherosclerosis. The orifices of the major aortic vascular branches are patent. The vena cava and its major tributaries are patent and return to the heart in the usual distribution and are unremarkable.

RESPIRATORY SYSTEM: The left and right lungs weigh 230 grams, each. The upper and lower airways are unobstructed and the mucosal surfaces are smooth and yellow-tan. The pleural surfaces are smooth, glistening, and unremarkable. The pulmonary parenchyma is red-purple and free of consolidation and masses. The cut surfaces of the lungs exude mild amounts of blood and frothy fluid.

The pulmonary arteries are normally developed and unremarkable. There is no saddle embolus on *in situ* examination of the pulmonary trunk.

HEPATOBIILIARY SYSTEM: The liver weighs 1060 grams. The hepatic capsule is smooth, glistening, and intact, covering a tan-brown parenchyma that is softened with decomposition. A thin-walled gallbladder contains watery bile without stones.

LYMPHORETICULAR SYSTEM: The spleen weighs 130 grams and has a smooth intact capsule covering a red-purple, moderately diffuent parenchyma. Regional lymph nodes are grossly unremarkable. The thymus is involuted.

ENDOCRINE SYSTEM: The thyroid gland is of normal position. Examination of the thyroid gland demonstrates atrophy of the left lobe. The adrenal glands have normal cut surfaces with yellow cortices and brown medullae. The pituitary gland is grossly unremarkable.

GASTROINTESTINAL SYSTEM: The esophagus is lined by a gray-white smooth mucosa. The gastroesophageal junction is unremarkable. The gastric mucosa is flattened and the lumen contains approximately 200 milliliters of liquid and partially digested food fragments.

The small bowel has a uniform dimension and appears unremarkable. The vermiform appendix is present. The colon has a uniform dimension and appears unremarkable. The pancreas has a normal pink-tan lobulated appearance.

GENITOURINARY SYSTEM: The left and right kidneys weigh 130 and 110 grams, respectively. The renal capsules are smooth, thin, semitransparent, and strip with ease from the underlying smooth, red-brown, firm, cortical surfaces. The cortices are of normal thickness and delineated from the medullary pyramids. The calyces, pelves, and ureters are non-dilated and free of stones. The urinary bladder is dilated and contains scant urine. The bladder mucosa is gray-tan and smooth.

REPRODUCTIVE SYSTEM: The uterus is unremarkable. Cut sections of the right and left ovaries demonstrate corpus luteal cysts. There is no gross evidence of pregnancy.

MUSCULOSKELETAL SYSTEM: The bony framework, supporting musculature, and soft tissues are unremarkable. The cervical spinal column is stable on internal palpation.

HEMATOPOIETIC SYSTEM: The bone marrow of the ribs is grossly normal for age and development.

ANCILLARY STUDIES

POSTMORTEM RADIOGRAPHS: Digital radiographs show retained radiopaque objects consistent with shotgun projectile pellets.

TOXICOLOGY: See toxicology report.

SUMMARY OF CASE

This 31-year-old woman was reportedly found with trauma to the face in an outdoor area in a state of decomposition. Past medical history is significant for the decedent reportedly not having a history of suicidal ideations or prior suicide attempts. Scene investigation is significant for the decedent reportedly being moved to the outdoor location from the location of the initial incident.

Autopsy findings include a shotgun wound of the head and early decomposition. The entrance gunshot wound is felt to be either intraoral or close range to the center of the face given the marked injuries to the basilar skull and face. The events surrounding the initial incident when the decedent suffered the shotgun wound to the head are unclear at this time.

In consideration of the currently known circumstances surrounding this death, review of the available medical history, and the examination of the remains, the cause of death is ascribed to a shotgun wound of the head. The manner of death is undetermined.

*****Electronically signed by Christopher P. Geffre, M.D. on Thursday, July 24, 2025*****

Christopher P. Geffre, M.D., Ph.D.
Assistant Medical Examiner
CPG/pc
T: 5/25/2025



NMS Labs

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

Toxicology Report

Report Issued 05/30/2025 17:09

To: 10341

Forensic Medical Management Services - Nashville
850 R.S. Gass Blvd.

Nashville, TN 37216

Patient Name SHOOK-LIVINGSTON,
KRISTIANA

Patient ID 25-1641
Chain NMSCP450546

DOB Not Given

Sex Female

Workorder 25208780

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Positive Findings:

Analyte	Result	Units	Matrix Source
Ethanol	24	mg/dL	001 - Femoral Blood
Blood Alcohol Concentration (BAC)	0.024	g/100 mL	001 - Femoral Blood

See Detailed Findings section for additional information

Testing Requested:

Test	Test Name
8041B	Postmortem, Basic w/Vitreous Alcohol Confirmation, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Labeled As
001	NaF/KOx Plastic Tube	2.5 mL	05/11/2025 11:13	Femoral Blood	25-1641

All sample volumes/weights are approximations.

Specimens received on 05/13/2025.



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Workorder 25208780
Chain NMSCP450546
Patient ID 25-1641

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Ethanol	24	mg/dL	10	001 - Femoral Blood	Headspace GC
Blood Alcohol Concentration (BAC)	0.024	g/100 mL	0.010	001 - Femoral Blood	Headspace GC
Ethanol	Confirmed	mg/dL	10	001 - Femoral Blood	Headspace GC

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

Reference Comments:

1. Ethanol (Ethyl Alcohol) - Femoral Blood:

Ethyl alcohol (ethanol, drinking alcohol) is a central nervous system depressant and can cause effects such as impaired judgment, reduced alertness and impaired muscular coordination. Ethanol can also be a product of decomposition or degradation of biological samples.

Sample Comments:

001 Physician/Pathologist Name: Dr. C. Geffre

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.

Workorder 25208780 was electronically signed on 05/30/2025 14:52 by:

Kristopher W. Graf, M.S., D-ABFT-FT
Forensic Toxicologist

Analysis Summary and Reporting Limits:

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

Test 52248B - Alcohols and Acetone Confirmation, Blood: 001 - Femoral Blood

-Analysis by Headspace Gas Chromatography (GC) for:

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

Test 8041B - Postmortem, Basic w/Vitreous Alcohol Confirmation, Blood (Forensic): 001 - Femoral Blood

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

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Amphetamines	20 ng/mL	Barbiturates	0.040 mcg/mL



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Workorder 25208780
Chain NMSCP450546
Patient ID 25-1641

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Analysis Summary and Reporting Limits:

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
Benzodiazepines	100 ng/mL	Methadone / Metabolite	25 ng/mL
Buprenorphine / Metabolite	0.50 ng/mL	Methamphetamine / MDMA	20 ng/mL
Cannabinoids	10 ng/mL	Opiates	20 ng/mL
Cocaine / Metabolites	20 ng/mL	Oxycodone / Oxymorphone	10 ng/mL
Fentanyl / Acetyl Fentanyl	0.50 ng/mL	Phencyclidine	10 ng/mL

-Analysis by Headspace Gas Chromatography (GC) for:

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