

**Medical Examiner Investigations
Case Report
ME2021-09067**

Next of Kin

Next of Kin Name: Frank O'Brien

Contact Info: [REDACTED]

Next of Kin notified:

Narrative

15 Y/O, TYLENOL OD, [REDACTED]

On 27Sep21 at 1725 hours Dr. Kokodis of Comer Children's Hospital notified the Forensic Institute regarding the death of 15-year-old ROWYN O'BRIEN under the medical record number 4200399. The incident occurred at the Illinois Mathematics and Science Academy located at 1500 Sullivan Rd, Aurora, IL 60506. Investigator Lucero was assigned the investigation which will be documented under the case number ME2021-09067.

According to Dr. Kokodis, on 21Sep21 (time unknown) O'BRIEN intentionally ingested approximately 60 60mg tablets of Tylenol and went to sleep in what appeared to be a suicide attempt. He awoke the next day on 22Sep21 and called his father to come and pick him up from his boarding school because he did not feel well. His father brought him to St. Joseph Hospital emergency room, and he was then transferred to St. Alexius Medical Center. O'BRIEN was diagnosed with intentional Tylenol overdose, received poison withdrawal measures and had laboratory tests run. He did not test positive for any other drugs or alcohol. He was flown to Comer Children's Hospital on 24Sep21 for additional care and a liver transplant. He was diagnosed with fulminant liver failure and received a liver transplant on 25Sep21. O'BRIEN developed cerebral edema and had multiple apparent ischemic strokes. His family chose to withdraw care on 27Sep21, and he was pronounced at 1630 hours at bedside by Dr. Kokodis in the pediatric intensive care unit. It is noted that O'BRIEN has an open abdomen from his transplant as doctors were unable to close and has an intracranial bolt present in the head due to the edema. There was no trauma noted and no concerns for foul play.

Per family, O'BRIEN reportedly had a history of [REDACTED] but had not have any documented suicide attempts. He had no other health history and did not take any medications.

O'BRIEN was identified on scene by hospital staff via his hospital ID. His next of kin is noted as his Father George O'Brien and he was present at the time of death. O'BRIEN was ordered to the Forensic Institute for further investigation by a pathologist. Medical records were requested. No other information is available at the time of this report.

Pertinent Information

Scene:

RI Date/Time leaving for scene from office:

RI Arrival on scene - time:

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RI Departure from scene - time:

RI arrival at Institute:

Point of contact: Doctor

Temperature of Environment: Unknown

Medications/Drugs on scene:

<u>Drug Name</u>	<u>Pharmacy</u> <u>Physician Name</u> <u>Phone No</u>	<u>Rx No</u> <u>Rx Date</u> <u>Dosage</u> <u>Name on Bottle</u>	<u>Number Issued</u> <u>Number Left</u>	<u>Note</u>
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Photographs taken on scene: False

Medical History

General Medical History: [REDACTED]
No other history noted

Attending Physician: Unknown

Last Contact with physician: Unknown

End of Report

Investigator

FD

Reviewer

Date and Time completed: 9/27/2021 6:18:31 PM

OFFICE OF THE MEDICAL EXAMINER
COUNTY OF COOK, ILLINOIS
2121 W. Harrison Street
Chicago, IL 60612
TOXICOLOGY REPORT

Page 1 of 1

FINAL

M.E. Case: ME2021-09067
Deceased Name: O'BRIEN, ROWYN
Autopsy Date: 09/28/2021
Report Date: 09/29/2021
Pathologist: MARSHALL, HYEJONG

Tox Case: 21-5159
Gender: Male
Race: Other
Age : 15

Confirmed Positives

<u>Sample #</u>	<u>Analyte</u>	<u>Sample Type</u>	<u>Methodology</u>	<u>Result</u>	<u>Foot note</u>
01-13	Hold	DNA	N/A	No Drug Data Available	

Screen

<u>Sample #</u>	<u>Analyte</u>	<u>Sample Type</u>	<u>Methodology</u>	<u>Result</u>
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Comments (See NMS and/or LabCorp Reports, if applicable)

Kristin Escobar Pharenga, M.D.

Director, Lab

Lab Director

Date: 09/29/2021

Footnotes

Test Panels

**OFFICE OF THE MEDICAL EXAMINER
COUNTY OF COOK, ILLINOIS**

REPORT OF POSTMORTEM EXAMINATION

NAME O'BRIEN, ROWYN EDWARD

CASE NO. ME2021-09067

AGE 15

SEX Male

DATE DEATH PRONOUNCED September 27, 2021

DATE EXAMINED September 28, 2021

EXAMINED BY Hyejong Marshall, MD

EXTERNAL EXAMINATION

The body is that of 67 inch, 178 pound, male compatible with the reported age of 15 years. The body mass index is 28 kilograms per meter squared. The body is refrigerated, well preserved, and not embalmed. Rigor mortis is moderate. Livor mortis is on the posterior aspect of the body, except for the areas where pressures are applied. Appropriate identification tags are on the bilateral big toes and around the right wrist. A hospital identification bracelet is around the left wrist.

The scalp is covered by short dark hair. The facial bones have no palpable fractures. The conjunctivae are pink and have no petechiae. The scleras are icteric. The nasal septum is intact. The external auditory canals have no discharge. The frenula of the lips are intact. The teeth are natural and in fair condition. The neck is symmetric and free of injuries and masses.

The chest, abdomen, back, and extremities are symmetric and free of palpable fractures and deformities. The abdomen is rounded. The wrists are free of scars. The nails are intact. [REDACTED]

The anus is free of injuries.

CLOTHING & PERSONAL EFFECTS

The decedent is clad in a hospital gown.

EVIDENCE OF THERAPEUTIC INTERVENTION

The right frontal area is shaved and has a 0.5 inch incision. A triple-lumen intravenous catheter is on the left side of the neck. A double-lumen peripherally inserted central catheter is on the left arm. An intravenous catheter is in the right antecubital fossa. An arterial line is on the right wrist. A needle marks is on the back of the left hand. A double-lumen intravenous catheter is in the right groin. A Foley catheter is placed.

A curvilinear incision into the peritoneal cavity is below the rib cage line and covered by surgical packings and dressing. The surface the liver is red-brown, smooth, and glistening.

SPECIMENS SUBMITTED

1. A bloodspot DNA card is retained.
2. Samples of subclavian blood, vitreous fluid, and urine are submitted to the toxicology laboratory.
3. A section of the liver is retained.

POSTMORTEM EXAMINATION FINDINGS

1. History of recent excessive acetaminophen ingestion, medical record
 - a. Status post recent liver transplant
 - b. Jaundice

CAUSE AND MANNER OF DEATH

Based on the postmortem examination findings, medical record, and investigation reports, this 15-year-old male died of acetaminophen toxicity. The manner of death is suicide.



Hyejong Marshall, MD
Assistant Medical Examiner

October 5, 2021

**Medical Examiner Investigations
Case Report
ME2021-09067**

Companion Case to:

Case Type: Forensic Institute

Initial Impression: 15 Y/O, TYLENOL OD, ATTEMPTED SUICIDE

Decedent / Subject

Deceased Name: ROWYN O'BRIEN

Deceased DOB: 10/11/2005

Deceased Gender / Race / Age: Male / Other / 15 Y

Deceased Home Address & County: 35 [REDACTED] English Prairie Rd
Elgin, IL 60124
County: Kane County

Deceased Phone:

Social Security: 000-00-0000

Notification

Date: 09/27/2021 **Time:** 5:25:48 PM

Name: Kokodis

Title: Doctor

Star:

Telephone Number: 570-352-8510

Agency or Institution making notification: COMER CHILDREN'S HOSPITAL

Beat:

Police Report #: MRN 4200399

Discovered

Discovered by:

Address:

Phone:

Title:

Relationship:

Last known alive: Unknown

Discovered Date/Time:

**Medical Examiner Investigations
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CPR performed: N/A

Condition of body: No apparent trauma

Place of Occurrence / Incident

Address where ORIGINAL Incident occurred: 1500 Sullivan Rd Aurora, IL 60506

County of Occurrence: Kane County

Type of Premises: SCHOOL - Other

Time of occurrence: 12:00:00 AM

Date: 09/22/2021

Identification of Deceased:

Positive Identification: Doctor

Identification Means: Hospital ID Wristband

Additional ID Info:

Pronouncement

Place deceased pronounced: PICU

Method of Pronouncement: Bedside

Hospital:

Date and Time: 9/27/2021 4:30:00 PM

Pronounced by: Dr. Kokodis

Fire Department on Scene: EMS

List of Person Interviewed

Name / Relationship or title / Address / Phone Number:

Kokodis Doctor

570-352-8510

Frank O'Brien Father

ME2021-09067 Printed: 9/28/21
ROWYN O'BRIEN Path:
DOB / DOA: 10/11/2005 /



Default Body Tag
CTRC210927-0198
ME2021-09067-01

ME 2021-09067
COOK COUNTY MEDICAL EXAMINER'S OFFICE
RELEASE RECORD

Handwritten initials

Release Date and Time 09/30/2021

F.H. SYMONDS-MADISON Address 305 PARK ST, ELGIN IL 60120

Name of Funeral Director (Please Print) RANCE J. FILIP

F.D. Signature [Signature] F.D. Lic# 033013237

Name of Deceased ROWYN O'BRIEN

By affixing their initials below, all parties indicate that they have examined the toe tag for the decedent and that it matches with the release documents and other related materials, and that there has been compliance with all Medical Examiner policies relating to the release of remains.

(DO NOT INITIAL BELOW UNTIL TOE TAG IS ATTACHED AND CASE NUMBER AND NAME HAS BEEN VERIFIED)

ME2021-09067 Printed: 9/28/21
ROWYN O'BRIEN Path:
DOB / DOA: 10/11/2005 /



Default Body Tag
CTRC210927-0198
ME2021-09067-01

ME2021-09067-01

DOD: 9/27/2021

DOB: 67

HT: 10/11/2005

WT: 178

F.H. [Signature]
A.T. [Signature]
INTAKE [Signature]

CASE# 2021-9067

Toe Tag Attached _____
Property 1st 2nd
Clothing Money
Cubby # _____

Records Updated (?) _____

RELEASED BY: _____

**STATE OF ILLINOIS
CERTIFICATE OF DEATH WORKSHEET**

Handwritten: HLE

Handwritten: 9/26/07

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 03100
LOCAL FILE NUMBER

To be Completed/Verified by FUNERAL DIRECTOR

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) ROWYN EDWARD O'BRIEN				2. SEX MALE		3. DATE OF DEATH (Month/Day/Year) (Spell Month) SEPTEMBER 27, 2021	
4. COUNTY OF DEATH COOK		5a. AGE AT LAST BIRTHDAY (Years) 15		5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____	
7a. CITY OR TOWN CHICAGO				7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) UNIVERSITY OF CHICAGO COMER CHILDRENS HOSPITAL			
7c. PLACE OF DEATH (Check only one: see instructions)							
IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): _____			
8. BIRTHPLACE (City and State or Foreign Country) ELGIN, IL		9. SOCIAL SECURITY NUMBER		10. STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION		11. SURVIVING SPOUSE/CIVIL UNION PARTNER (give full name prior to first marriage/civil union)	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13a. RESIDENCE (Street and Number) 3521 ENGLISH PRAIRIE ROAD			13b. APT. NO.	13c. CITY OR TOWN ELGIN		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13e. COUNTY KANE	13f. STATE IL	13g. ZIP CODE 60124	14. FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION (First, Middle, Last) FRANK MAURICE O'BRIEN JR		15. MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION (First, Middle, Last) SEON YEUP KIM		
16a. INFORMANT'S NAME FRANK MAURICE O'BRIEN JR			16b. RELATIONSHIP FATHER		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) [REDACTED]		
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) TWIN PINES CREMATORY		19. LOCATION - CITY, TOWN AND STATE EAST DUNDEE, IL		20. DATE OF DISPOSITION (Month/Day/year)	
21a. FUNERAL HOME NAME SYMONDS - MADISON FUNERAL HOME		STREET AND NUMBER 305 PARK ST		CITY OR TOWN ELGIN		STATE IL	ZIP 60120
21b. FUNERAL DIRECTOR'S SIGNATURE DANIEL WALTER SYMONDS				21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014994			
22. LOCAL REGISTRAR'S SIGNATURE				23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year)			

To be Completed/Verified by MEDICAL CERTIFIER

CAUSE OF DEATH (See Instructions and examples)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
24. PART I. Enter the <i>chain of events</i> - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.							
a. IMMEDIATE CAUSE (final disease or condition resulting in death)						Due to (or as a consequence of):	
b. Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST						Due to (or as a consequence of):	
c. _____						Due to (or as a consequence of):	
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.							
27. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown						25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months						26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation		27. DID TOBACCO USE CONTRIBUTE TO DEATH					
30. DATE OF INJURY (Month/Day/Year)		31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)		33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. LOCATION OF INJURY Street and Number: _____ Apartment Number: _____ City or Town: _____ State: _____ Zip Code: _____						35. DESCRIBE HOW INJURY OCCURRED:	
36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____						37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON	
38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year)		40. TIME OF DEATH 04:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		41. CERTIFIER (Check only one): <input type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.	
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612						43. PHYSICIAN'S LICENSE NUMBER	
44. TITLE OF CERTIFIER MEDICAL EXAMINER/CORONER		45. DATE CERTIFIED (Month/Day/Year)		46. SIGNATURE OF CERTIFIER PONNI ARUNKUMAR MD			

To be Completed/Verified by
FUNERAL DIRECTOR

47. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death

- 8th grade or less
- 9th - 12th grade; no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate Degree (e.g., AA, AS)
- Bachelor's Degree (e.g., BA, AB, BS)
- Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
- Unknown

48. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino (Specify) _____

49. DECEDENT'S RACE - Check one or more races to indicate what the decedent considered himself or herself to be.

- White Black or African American
- American Indian or Alaskan Native (Name of the enrolled or principle tribe) _____
- Asian Indian Chinese Filipino Japanese Korean
- Vietnamese Other Asian (Specify) _____
- Native Hawaiian Guamanian or Chamorro Samoan
- Other Pacific Islander (Specify) _____
- Other (Specify) _____

50. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED).
STUDENT

51. BUSINESS/INDUSTRY (Enter type of business or industry, NOT COMPANY NAME)
EDUCATION

Item 10 - Decedent's Status: acceptable choices for this field. Choose only 1 for item 10 on page 1 of this worksheet.

- Married
- Married but Separated
- Widowed
- Divorced from Marriage
- Never Married (includes Never in Civil Union)
- Civil union
- Civil union but separated
- Surviving partner of civil union
- Divorced from civil union
- Unknown

Symonds Funeral Homes

Symonds-Madison Funeral Home

305 Park Street

Elgin, IL 60120

Office (847)741-1128

Authorization for Removal and Disposition With Embalming

M:801-96-12-9/21

The undersigned being of the same and nearest degree of relationship, and having the legal right to the remains of **Rowyn Edward O' Brien** (deceased) do hereby release them to **Symonds-Madison Funeral Home**.


I, **Frank O' Brien**, whose relationship, capacity, or title is **Father**, have read or was read the following statement and granted the permission to embalm the decedent, and to perform the restorative and cosmetic procedures necessary in the embalming process.

"Permission is given for the preparation and embalming of the remains of **Rowyn Edward O' Brien** (deceased)."

This oral permission was granted at 3:53 pm on September 27, 2021, and received by **Daniel W Symonds** representative for **Symonds-Madison Funeral Home**.

The undersigned do further state that they **have** identified the body of the above named decedent and assume all responsibility &/or liability of anyone whomsoever for mistaken identity.

The undersigned do here by agree to indemnify and hold harmless the above-named funeral home, its officers, agents and employees from any claims or causes of action, including a reasonable attorney's fee for the defense thereof arising out of their act of identification or failure to identify, or arising out of their decision not to embalm, or arising out of any other decision indicated by this agreement which may result in mental or physical distress or anguish or harm or financial loss to themselves or to others.



Frank O' Brien

9/29/2021



Relationship Father

LICENSE NO.
033.013237

Department of Financial and Professional Regulation
Division of Professional Regulation



LICENSED FUNERAL DIRECTOR AND
EMBALMER INTERN

RANCE J FILIP

EXPIRES:

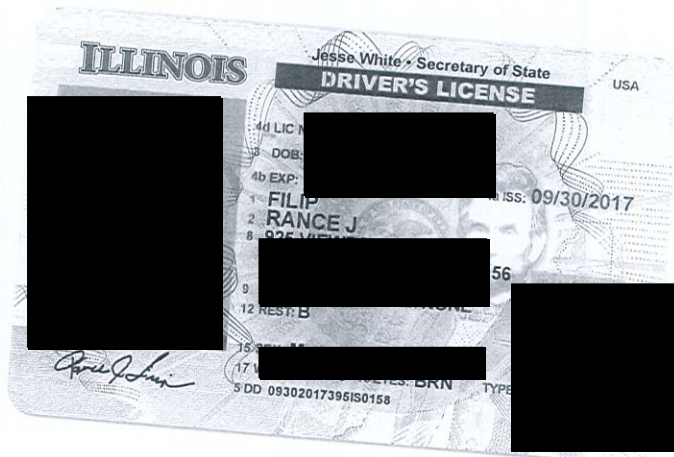
0 *Mario Treto, Jr.*

MARIO TRETTO, JR.
ACTING SECRETARY

Cecilia Abundis

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com



[Handwritten signature]

OFFICE OF THE MEDICAL EXAMINER
COUNTY OF COOK, ILLINOIS

NAME O'BRIEN, ROWYN

AGE 15 Y SEX Male RACE Other

CASE # ME2021-09067

HT 67 in. WT 178 lb TECH Jones, James

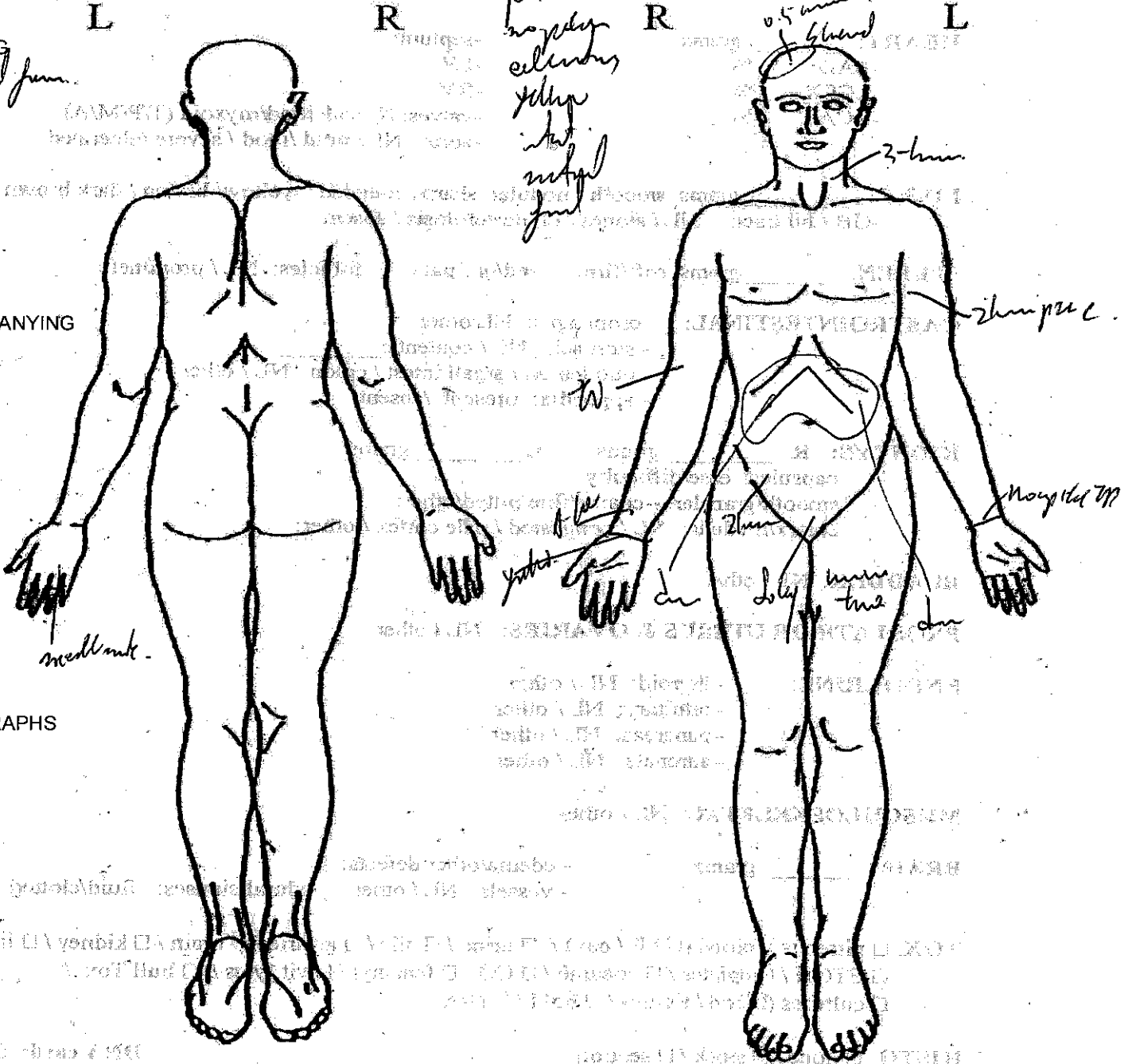
LIVOR not
RIGOR moderate

DATE 9/28/21 TIME 8:30
AUTOPSY STATION 7

black shot hole
pale
hazy skin
ecchymosis
yellow
intact
intact
intact

WEARING polyester jeans

ACCOMPANYING



RADIOGRAPHS
H/N
C
A/P
UE
LE