



KENDALL COUNTY CORONER  
— JACQUIE PURCELL —

## **Public Release of Autopsy and Toxicology Reports**

August 13, 2020

The Kendall County Coroner's Office is committed to supporting open and transparent government, and strives to keep the residents that it serves informed about matters which are deemed to be of public interest. As a result of this commitment, Coroner Jacquie Purcell has ordered the public release of the Autopsy and Toxicology Reports from the investigation into the death of Kerrigan Rutherford, a 6-year-old who was found deceased in her home in unincorporated Oswego Township, Kendall County.

Based on these reports, and information gained throughout the course of the investigation, Coroner Purcell has ruled the cause of death to be due to Olanzapine Toxicity, and ruled the manner of death to be Homicide.

Due to the on-going nature of this investigation, the Kendall County Coroner's Office will not provide any further public interpretation of these reports, nor publicly release any additional information. Questions regarding the active investigation should be directed to the Kendall County Sheriff's Office or the Kendall County State's Attorney's Office.

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# KENDALL COUNTY JOINT PRESS RELEASE



KENDALL COUNTY CORONER  
JACQUIE PURCELL

Dwight A. Baird, Sheriff  
1102 Cornell Lane Yorkville Illinois 60560  
Phone: 630-553-7500 Fax: 630-553-1972  
[www.co.kendall.il.us/offices/sheriff](http://www.co.kendall.il.us/offices/sheriff)

Jacquie Purcell, Coroner  
804 John Street Yorkville Illinois 60560  
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## For Immediate Release

August 6<sup>th</sup>, 2020

### Sheriff's Office Contact:

Contact: Deputy Dan Briars #95  
Phone: (630) 553-7500 Ext. 1133  
Email: [dbriars@co.kendall.il.us](mailto:dbriars@co.kendall.il.us)

### Coroner's Office Contact:

Contact: Jacquie Purcell  
Phone: (630) 553-4200  
Email: [jrpurcell@co.kendall.il.us](mailto:jrpurcell@co.kendall.il.us)

## MENDOTA MAN AND WOMAN CHARGED WITH INVOLUNTARY MANSLAUGHTER

On Thursday, July 2<sup>nd</sup>, 2020 at approximately 1:28 PM, the Kendall County Sheriff's Office responded to the 100-block of Boulder Hill Pass in Montgomery for a child reportedly unresponsive and not breathing. Sheriff's Office deputies and Oswego Fire Department personnel located 6 year-old Kerrigan Rutherford deceased inside the residence.

The Kendall County Sheriff's Office and Coroner's Office conducted a joint investigation into the death. An autopsy was conducted on July 2<sup>nd</sup>, 2020 which included numerous toxicological tests. Based on these tests and information gathered during the 2-month joint investigation Kendall County Coroner Jacquie Purcell ruled the cause of death to be prescription drug toxicity and the manner to be homicide.

On August 6<sup>th</sup>, 2020 Kendall County Sheriff's Office detectives took 29 year-old James Davidson and 32 year-old Courtney Rutherford, both of the 800 block of S. Washington Street in Mendota, into custody at the Kendall County Sheriff's Office. The Kendall County State's Attorney's Office approved one count of Involuntary Manslaughter (Class 3 felony) and 2 counts of Endangering the Life or Health of a Child (Class 3 felonies) against both Davidson and Rutherford. They are currently in custody at the Kendall County jail and awaiting bond call Friday afternoon, August 7<sup>th</sup>, 2020.

The public is reminded that criminal defendants are presumed innocent until the government is able to prove its charges in court beyond a reasonable doubt.

**KENDALL COUNTY CORONER'S OFFICE  
JACQUIE PURCELL  
Coroner**

804 West John Street  
Yorkville, Illinois 60560



Phone: 630-553-4200  
Fax: 630-553-4116

**REPORT OF POSTMORTEM  
EXAMINATION**

**NAME:** RUTHERFORD, KERRIGAN **CASE NO.** 20-07-234  
**AGE:** 6 **RACE** WHITE **SEX** FEMALE  
**DATE OF DEATH** JULY 2, 2020 **TIME PRONOUNCED** 13:47  
**DATE EXAMINED** JULY 2, 2020 **TIME OF EXAM** 19:00  
**EXAMINED BY** Kristin Escobar Alvarenga, MD  
**ASSISTED BY** Hockings and Melcher, Coroner's Assistants  
**ATTENDED BY** Detective Waltmire from the Kendall County Sheriff's Department

The body is examined at the Kendall County Coroner's Office, Autopsy Facility, in Yorkville, Illinois, under the authority of Coroner Jacquie Purcell.

**EXTERNAL EXAMINATION**

The body is received in a body bag, clothed in a disposable diaper, that is urine soaked and has moderate amount of fecal matter. No additional clothing is received, with the body. Potato chip crumbs are scattered on the lower extremities and within the body bag.

The body is that of a well-developed, obese, white female child. The body weighs 160 pounds, measures 54 inches in length (Body Mass Index = 38.6 kilograms per square meter) and appears compatible with the recorded age of 6 years.

The body is at room temperature. Blanchable, red-purple lividity is distributed over the anterior and posterior surfaces of the body. Rigor is present and symmetrical in the upper and lower extremities, neck, and jaw, but is breakable. The body is well-preserved and is not embalmed.

The scalp hair is red, short and straight. The eyes are closed. The irides are gray. The corneas are clouded. The conjunctivae are congested, bilaterally and there are no apparent petechiae. A small amount of red-tinged foamy fluid is within the nose and the mouth. The external auditory canals are free of foreign material and abnormal secretions. The ears have no trauma and no piercings. The nasal septum is palpably intact. The lips and oral mucosal surfaces are atraumatic. The frenula are intact. The teeth are natural. No petechiae are on the facial skin or oral mucosa. The neck has no external trauma.

The chest is symmetrical. The abdomen is obese. The external genitalia are those of a normally developed female child. The anus and perineum are atraumatic. The back and buttocks are symmetrical and have no traumatic abnormalities.

The upper and lower extremities are well-developed and symmetrical, without absence of digits. There are no bony abnormalities or edema. The fingernails are short and intact. The toenails are unremarkable.

#### IDENTIFYING MARKS AND SCARS

None.

#### EVIDENCE OF MEDICAL INTERVENTION

The following medical paraphernalia and evidence of therapy are present:

1. Electrocardiogram adhesive electrode pads are on the bilateral upper extremities and the lower abdomen.

#### EVIDENCE OF INJURY

1. A 1-1/4 inch purple contusion is on the mid-posterior right leg.

### INTERNAL EXAMINATION

**Body Cavities:** The body is entered through the standard Y-shaped thoracoabdominal incision and the chest plate is removed. The thoracic and abdominal organs are within their normal anatomic positions. No adhesions or abnormal collections of fluid are within the pericardial, pleural or peritoneal body cavities.

**Head:** The scalp is incised and reflected in the usual manner. The subcutaneous tissues of the scalp are free of contusions. The calvaria and skull base are intact, without bony abnormalities or fractures. The dura mater and dura sinuses are unremarkable. There is no epidural, subdural or subarachnoid hemorrhage. The leptomeninges are thin and delicate and without exudates. The brain weighs 1275 grams. The cerebral hemispheres are symmetrical, with mild edema, as characterized by flattening of the gyri and narrowing of the sulci. The cranial nerves are unremarkable. The vessels at the base of the brain are intact, with a normal developmental pattern. The cerebral cortical ribbon is well-demarcated from the white matter. The ventricular system is of normal size and shape. The basal ganglia and hippocampi are symmetrical and without lesions. Parasagittal sections of the cerebellum and transverse sections of the brainstem are unremarkable.

**Neck:** An in situ, layered neck dissection reveals no subcutaneous or intramuscular hemorrhage. The tongue is intact and has no bite marks or contusions. The hyoid bone and larynx are intact. The epiglottis is thin, non-swollen and non-erythematous. The atlanto-occipital articulation is stable. No cervical fractures are visualized or palpated.

**Cardiovascular System:** The pericardial sac is smooth, glistening and intact. The heart weighs 250 grams. The epicardial surface has minimal fat and no petechiae. The coronary arteries arise and distribute normally, with no evidence of atherosclerosis or thrombosis. The atrial and ventricular septa are intact. There are no thrombi in the atria or ventricles. The foramen ovale is closed. The chambers of the heart are not dilated. The endocardial surfaces are smooth and have no hemorrhage. The cardiac valves are delicate, well-formed and unremarkable, with the following circumferences: tricuspid valve-8.0 centimeters, aortic valve-4.2 centimeters, pulmonic valve-4.3 centimeters and mitral valve-7.0 centimeters. The myocardium is uniformly red-brown, with no fibrosis, hemorrhage, softening or other focal lesions. The free wall of

the left ventricle measures 1.6 centimeters in thickness, the interventricular septum measures 1.5 centimeters, in thickness, and the right ventricle measures 0.6 centimeter.

The intimal surface of the aorta is smooth; the aorta has the normal elasticity and the normal distribution of the major branches. The vena cavae and its major tributaries return to the heart in the usual distribution and are patent.

**Respiratory System:** The upper airway is clear of debris and foreign material; the mucosa is smooth and red-tan, without petechiae or edema. The pleural surfaces are smooth and glistening, with no anthracotic pigment deposition. The pulmonary arteries contain no emboli. The major bronchi are unremarkable. The parenchyma is congested and red-purple to pink, without masses or consolidation. The right lung weighs 350 grams and the left lung weighs 300 grams.

**Hepatobiliary System:** The 2225 gram liver has a smooth, glistening and intact capsule. The hepatic parenchyma is red-brown and soft and there are no masses or nodules and no visible or palpable fibrosis.

The gallbladder contains green, mucoid bile and has a smooth, velvety and pale-green mucosa. No stones are present and the extrahepatic biliary tree is patent.

**Alimentary System:** The esophagus is lined by a gray-white, smooth mucosa. The gastroesophageal junction is unremarkable. The gastric mucosa is arranged in the usual rugal folds and the lumen contains brown fluid, with unrecognizable food material. No erosions or mucosal defects are visible on the gastric or esophageal mucosa. The small and large intestines are unremarkable. The appendix is present and is not inflamed. The pancreas has a pink-tan, lobulated appearance and the ducts are clear.

**Genitourinary System:** The right kidney weighs 150 grams and the left kidney weighs 150 grams. The renal capsules are smooth, thin and semi-transparent. The underlying cortical surfaces are smooth, slightly lobulated and red-brown. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are not dilated and there are no calculi. The urinary bladder contains yellow urine. The uterus, fallopian tubes, and ovaries are unremarkable. The cervix and vaginal vault are atraumatic.

**Hemolymphatic System:** The 125 gram spleen has a smooth, blue-gray and intact capsule, covering a dark red-purple parenchyma. No focal lesions of the spleen are identified. The splenic white pulp is not prominent. The lymph nodes are inconspicuous. The 50 gram thymus is tan-pink, lobulated and symmetrical. No petechiae are identified.

**Endocrine System:** The thyroid gland has the normal shape and size, with a uniform, red-brown, rubbery parenchyma. The parathyroid glands are inconspicuous. The adrenal glands have normal cut surfaces, with a yellow cortices and gray medullae.

**Musculoskeletal System:** The clavicles, sternum, pelvis, ribs and long bones of the extremities are intact, with no fractures. The skeletal musculature is uniformly red-brown, with no atrophy. The diaphragm is intact.

#### **EVIDENCE DISPOSITION**

The following items are submitted as evidence; see coroner's report:

1. DNA blood card standard.
2. Swabs from the mouth and vagina.

#### **SPECIMENS**

1. Samples of urine, central blood, peripheral blood and vitreous humor are submitted for analyses.
2. Coroner retains DNA blood card standards.
3. Documentation photographs are taken.

#### **PATHOLOGICAL FINDINGS**

1. Olanzapine toxicity.  
A. Olanzapine in peripheral blood (720 ng/ml).
2. Obesity.  
A. Body Mass Index = 38.6 kilograms per square meter
3. Cerebral edema.
4. Left ventricular hypertrophy.
5. No significant antemortem trauma
6. Ancillary studies

NAME: RUTHERFORD, KERRIGAN  
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- A. Viral comprehensive respiratory panel: negative.
- B. Blood cultures results: Probable contamination.
- C. Vitreous electrolytes-noncontributory.

**CAUSE OF DEATH OPINION**

The cause of death of this 6-year-old, white female child, KERRIGAN RUTHERFORD, is **OLANZAPINE TOXICITY**.



Kristin C. Escobar Alvarenga, MD  
Coroner's Forensic Pathologist

08/11/2020

NOT FOR LEGAL OR INSURANCE PURPOSES





**Toxicology Report**

Report Issued 07/28/2020 18:03

**Patient Name** RUTHERFORD, KERRIGAN  
**Patient ID** 20-07-234  
**Chain** 20207022  
**Age** 6 Y **DOB** 02/17/2014  
**Gender** Female  
**Workorder** 20207022

**To: 10056**  
Kendall County Coroner  
Attn: Jacquie Purcell  
804 W. John Street, Ste A  
Yorkville, IL 60560

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**Positive Findings:**

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Caffeine	Positive	mcg/mL	001 - Peripheral Blood
Olanzapine	720	ng/mL	001 - Peripheral Blood
Creatinine (Vitreous Fluid)	0.15	mg/dL	005 - Vitreous Fluid
Sodium (Vitreous Fluid)	133	mmol/L	005 - Vitreous Fluid
Potassium (Vitreous Fluid)	12	mmol/L	005 - Vitreous Fluid
Chloride (Vitreous Fluid)	117	mmol/L	005 - Vitreous Fluid
Urea Nitrogen (Vitreous Fluid)	13	mg/dL	005 - Vitreous Fluid

See Detailed Findings section for additional information

**Testing Requested:**

<u>Analysis Code</u>	<u>Description</u>
1919FL	Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic)
8052B	Postmortem, Expanded, Blood (Forensic)

**Specimens Received:**

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Miscellaneous Information</u>
001	Gray Top Tube	6.75 mL	07/02/2020 19:10	Peripheral Blood	
002	Gray Top Tube	5 mL	Not Given	Peripheral Blood	
003	Gray Top Tube	8.75 mL	07/02/2020 19:10	Cardiac Blood	
004	Gray Top Tube	8.75 mL	07/02/2020 19:10	Cardiac Blood	
005	Red Top Tube	3.75 mL	Not Given	Vitreous Fluid	
006	White Plastic Container	15 mL	Not Given	Urine	

All sample volumes/weights are approximations.

Specimens received on 07/08/2020.

**Detailed Findings:**

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Caffeine	Positive	mcg/mL	0.20	001 - Peripheral Blood	LC/TOF-MS
Olanzapine	720	ng/mL	30	001 - Peripheral Blood	LC-MS/MS
Creatinine (Vitreous Fluid)	0.15	mg/dL	0.050	005 - Vitreous Fluid	Colorimetry
Sodium (Vitreous Fluid)	133	mmol/L	80	005 - Vitreous Fluid	Chemistry Analyzer
Potassium (Vitreous Fluid)	12	mmol/L	1.0	005 - Vitreous Fluid	Chemistry Analyzer
Chloride (Vitreous Fluid)	117	mmol/L	70	005 - Vitreous Fluid	Chemistry Analyzer
Glucose (Vitreous Fluid)	None Detected	mg/dL	35	005 - Vitreous Fluid	Chemistry Analyzer
Urea Nitrogen (Vitreous Fluid)	13	mg/dL	3.0	005 - 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:**

- Caffeine (No-Doz®) - Peripheral Blood:

Caffeine is a xanthine-derived central nervous system stimulant. It also produces diuresis and cardiac and respiratory stimulation. It can be readily found in such items as coffee, tea, soft drinks and chocolate. As a reference, a typical cup of coffee or tea contains between 40 to 100 mg caffeine.

The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.
- Chloride (Vitreous Fluid) - Vitreous Fluid:

Normal: 105 - 135 mmol/L
- Creatinine (Vitreous Fluid) - Vitreous Fluid:

Normal: 0.6 - 1.3 mg/dL
- Glucose (Vitreous Fluid) - 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 (-20°C).
- Olanzapine (Zyprexa®) - Peripheral Blood:

Olanzapine is a drug used in the treatment of psychotic disorders (schizophrenia and bipolar mania). It is administered orally (5 to 10 mg daily) or by intramuscular injection (5 to 10 mg) for the relief of symptoms. Plasma concentrations required for effective treatment of psychotic episodes range from 20 to 80 ng/mL in adults. Schizophrenic patients stabilized with olanzapine at an average daily dose of 14 mg had steady-state olanzapine plasma concentrations averaging 37 +/- 26 ng/mL.

The following side effects have been reported following use of this compound; disturbances of body temperature, cardiovascular complications, altered mental status and tardive dyskinesia (uncontrolled movements of extremities). In 3 reported fatalities involving acute overdoses of the drug, postmortem blood concentrations ranged from 800 - 4900 ng/mL. The blood to plasma ratio of olanzapine is approximately 0.6.

**Reference Comments:**

- 6. Potassium (Vitreous Fluid) - 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.
- 7. Sodium (Vitreous Fluid) - 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.
- 8. Urea Nitrogen (Vitreous Fluid) - 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.

Workorder 20207022 was electronically signed on 07/28/2020 17:05 by:



Jennifer L. Turri Swatek, M.S.F.S., D-ABFT-FT  
 Certifying Scientist

**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.

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

-Analysis by Chemistry Analyzer for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Chloride (Vitreous Fluid)	70 mmol/L	Sodium (Vitreous Fluid)	80 mmol/L
Glucose (Vitreous Fluid)	35 mg/dL	Urea Nitrogen (Vitreous Fluid)	3.0 mg/dL
Potassium (Vitreous Fluid)	1.0 mmol/L		

-Analysis by Colorimetry (C) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Creatinine (Vitreous Fluid)	0.050 mg/dL		

Acode 52091B - Olanzapine Confirmation, Blood - Peripheral Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Olanzapine	30 ng/mL		

Acode 8052B - Postmortem, Expanded, Blood (Forensic) - Peripheral Blood

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



**Analysis Summary and Reporting Limits:**

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
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:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
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 compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. For a detailed list of all analytes and reporting limits, 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.

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