
Death Due to Homicidal Decapitation – A Case Report

Lohith Kumar*¹, Thejaswi H T**², Sunil Kumar Sharma***¹ Dr Anand P Rayamane****³

Abstract

Decapitation deaths are relatively rare finding in suicidal, accidental and homicidal deaths. In most of the cases, the manner of death is difficult to differentiate, particularly in cases where essential investigative elements, like the victims head and the weapon of offence, are unavailable. Detailed analysis of circumstantial evidence, type of injuries, crime scene examination and meticulous autopsy are always essential to enable a correct diagnosis. A case of complete decapitation connected to a suspected homicidal death is presented where an offensive motive for mutilation was assumed.

Key Words: Decapitation; Homicide; Accident; Suicide; Post-mortem Mutilation.

Introduction:

Decapitation has been reported to occur in suicidal, accidental, and homicidal deaths. In suicidal decapitation, the most common method employed is the one involving trains. Other methods are decapitation by suicidal hanging, vehicle-assisted ligature suicide and rarely by guillotine. Train-pedestrian and car accidents are responsible for accidental decapitation.^{1,2} Decapitation by homicidal means is uncommon, because it signifies the condition of the victim, who has to be defenceless, and also requires a specific weapon, secluded place, and usually a long time to perform the activity. Decapitation may also be inflicted as post-mortem mutilation, due to the murderer's wish to make identification of the victim difficult (defensive mutilation) or as an act of outrage on the victim (aggressive mutilation).^{2,3}

The differentiation between the modes of decapitation death is usually difficult to explain for a forensic expert without proper history, weapon of offence and the decedent's decapitated head.⁴ We present such a case of decapitation death where the decedent's head was unavailable and after investigation at crime scene and post-mortem examination, it was found out to be homicidal offensive mutilation of the body.

Case Summary:

An unidentified headless female dead body found lying in industrial drainage gutter was brought by police for post-mortem examination. In spite of best efforts by combing the surrounding area, neither the severed head nor the weapon was found. Both upper limbs were tied to upper part of abdomen with yellow and grey colored chunni (a long scarf that some South Asian women wear around their head and shoulders). Right leg was folded and tied to upper part of right thigh with maroon colored rope. Similarly left leg was folded and tied to upper part of left thigh with a different brown colored rope. Adipocere formation was present at places all over the body.

Autopsy findings:

The body was that of adolescent female, covered with soil and foul smelling drainage material. Body showed adipoceros changes all over the body except the genital and both popliteal region. (Fig1&2). The adipoceros areas were yellowish white in colour, soft, greasy and had a strong odour like that of ammonia. The head was completely severed from the trunk. After performing radiological assessment the estimated age of was between 16 to 18 years (as confirmed by X-ray of the deceased). Decapitation wound with clean cut margins of size with antero-posterior diameter of 13cms and lateral diameter of 11.5cms present at the base of neck and 1.5cm above the sterno-clavicular joint (Fig 3). Skin margins and muscle were clean cut

*Senior Resident, **Ex-Senior Resident, ***Asso. Professor, ****Asst Professor, ¹Dept of FMT, VMMC & Safdarjung Hospital, New Delhi, ²Dept of Forensic Medicine, AIIMS, New Delhi, ³Dept of FMT MMCRI Mysore.

Corresponding Author: Dr. Thejaswi HT
E-Mail: thejaswiht@gmail.com, Ph-+91-9873622475

and regular. Vertebra was found clean cut through the body of 5th cervical vertebra. On the surface of C₅ vertebra, 3 lines of cuts were present (2 at the upper surface of body and 1 at pedicle). All the deep structures of the neck were disconnected at the level of C₅. Margins of esophagus and trachea were regular and clean cut. All major blood vessels found clean cut. Cut surface involving neck muscles were showing dark discoloration with some adherent soil particles.

The morphology of the injuries suggested they had been inflicted using a sharp instrument. The head had been cut off by several incisions, as indicated by many sharp-angled skin ends around the neck along with sharp cuts on the C₅ vertebra extending up to pedicle. The internal organs were well preserved and were pale as signs of bleeding out, were present, indicating that the injuries were vital (Fig 4). Autopsy results concluded that the cause of death was attributed to homicidal decapitation.



Fig 1: Complete Decapitation with adipocere changes



Fig 2: Both legs flexed and tied to thighs

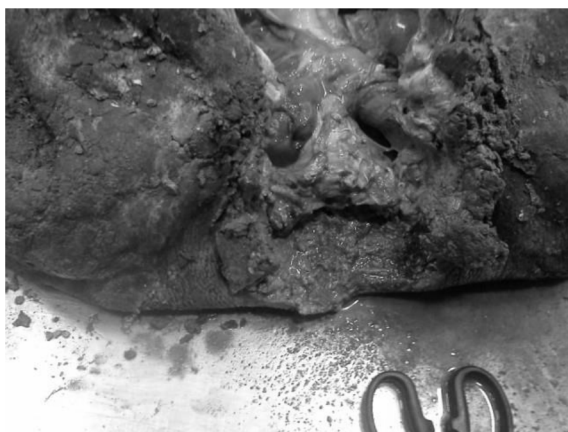


Fig 3: Close view showing clean cut spinal cord

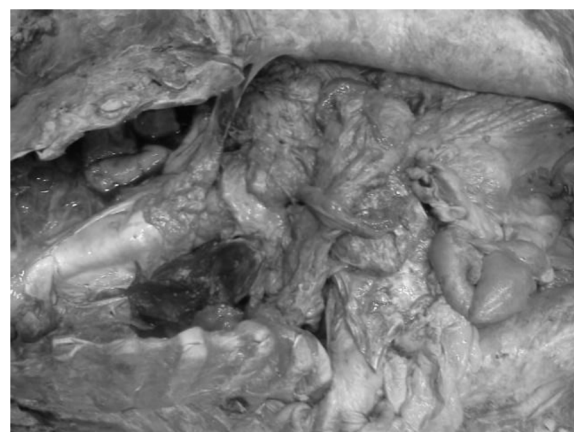


Fig 4: Internal organs were preserved from adipocere

Discussion:

The case we presented exhibit features that can be considered of homicide as the head had been cut off and a sharp weapon had been used, as indicated by the clear-cut wound margins. To prevent the identification of the deceased, the head was decapitated by the perpetrators.

In defensive mutilation (dismemberment), the motive is to get rid of the body and/or make its identification more difficult. In aggressive mutilation, post-mortem mutilation follows an act of outrageous killing of the victim. Offensive mutilation can result either from a necrophilic urge to

kill and carry out sexual activities with the dead body or an urge to carry out sexual activities while inflicting pain, in both cases it may be associated with further post-mortem mutilation. The fourth motive for post-mortem mutilation would be necromaniac mutilation, carried out on a dead body, where the mode of death is not necessarily homicide.^{1,3} In our case, defensive mutilation could be ruled out as the body was found in a remote sewage gutter which was tied at both arms and legs suggesting that mutilation was aggressive. Signs of ligatures on the arms and legs led us to hypothesize that the woman was conscious during the event and the culprits, to prevent the resistance might have tied those ropes.

It might be difficult to ascertain the exact cause of death in cases of decapitation and to distinguish it from a post-mortem mutilation of the body. The combination of crime scene findings, autopsy results and circumstantial evidences will allow distinguishing between homicidal and other modes of death.⁵

Distinguishing suicide from an unintentional death may be difficult in some circumstances. So possibility of homicide should always be considered in suicidal deaths involving trains as the deceased may have been rendered unconscious or dead by trauma or drugs, or been restrained, and then placed on the tracks by another party.

Conclusion:

Interpretation of autopsy findings with diligence is one of the prerequisite in any medico-legal case. Before deriving any conclusion at post-mortem, Proper history, crime scene investigation, complete medico-legal autopsy coupled with histopathological examination should be done to differentiate homicidal complete decapitations with suicidal, accidental deaths

or post-mortem body dismemberment or mutilation. Doctors concerned with medico-legal work, especially autopsies, should be well versed with these findings while concluding their opinions and to aid in the administration of justice.

Conflict of interest statement

There is no conflict to declare. No financial was taken from any source.

Funding

None to declare.

Ethical approval

No ethical approval is needed.

References:

1. B. Kumral, Y. Buyuk, U. N. Gundogmus, E. Sahin, M.F. Sahin. Medico legal evaluation of deaths due to decapitation. *Rom J Leg Med* [20] 251-254 [2012].
2. Turillazzi , E Di Donato S Fiore C, Fineschi V. Reconstruction of the weapon in a case of homicidal decapitation. *Am J Forensic Med Pathol*. 2009 Dec; 30(4):386-90. doi: 10.1097/PAF.0b013e3181c0e777.
3. Turk EE, Puschel K, Tsokos M. Feature's characteristic of homicide in cases of complete decapitation. *Am J Forensic Med Pathol*. 2004; 25:83– 86.
4. Zoja, Battistini A, Gentile G. Death with complete decapitation: Report of four suicides by train. *Am J Forensic Med Pathol*. 2009 Sept; 30(3): 303-6. Doi:10.1097/PAF.0b013e318187df18.
5. Rajs J, Lundstrom M, Broberg M, et al. Criminal mutilation of the human body in Sweden: a thirty-year medico-legal and forensic psychiatric study. *J Forensic Sci*. 1998; 43: 563–580.