EXHIBIT 6

St. Tammany Parish Coroner's Office

INVESTIGATION FIELD REPORT

Coroner's Case / Physician / Hospice

Date: 2/6/23 CASE #: ST- 1147 - 23

Notifying Agency: STPSO Phone: _____

Time of 9-1-1 Call: _____ Time Notified: 1512 Time on Scene: 1537 Time off Scene: 1645

DECEDENT'S NAME: LAST: MOLLER FIRST: HARMONY M.I.: _____

Address: [redacted] City: MADISONVILLE State: _____ ZIP: _____

Age: 36 DOB [redacted] Race: W Sex: F S.S. #: _____ - _____ - _____

Marital Status: D Height: 67 Weight: 145 Military Veteran: **Yes / No**

Decedent's ID status: (**Positive**) or **Tentative.** Who identified decedent? Mom

How was decedent identified? Yes Admit Date to Hospital or Hospice: —

Date & Time Last Known Alive: 2/6 1300 By Whom: Mom

Date of Death: 2-6-23 Time of Death: 1540 Pronounced by: Calvin Kline

Physician signing DC: Dr. Charles Preston Phone #: _____

Decedent's Primary Care Physician: — Phone #: _____

Additional doctor(s): _____ Phone #: _____

Admit DX from H & P: _____

Medical History: SPINA BIFHADA

Surgical History: _____

Medications administered during Hospice/Hospital stay? : BIRTH CONTROL INJECTION

What was Decedent's baseline physical/mental condition prior to admission to hospice/hospital or event? : _____

Did the Decedent sustain any injuries that led to current status (fracture, fall, etc.)? No

Describe injury: _____

Was the Decedent a victim of any crime that led to current status? NO

What was the chain of events leading up to the death (examples: stopped breathing; overwhelming infection, cardiac event; medical complication)? : No

Any signs of new or old injury (Examples: cuts, bruises, broken bones)? _____

Signs of neglect (Examples: non-healing bed sores, filthy, etc.)? _____

Tobacco? Describe: _____ Alcohol? : Describe: AW

Drug/Other Substance Use? Describe: POT

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St. Tammany Parish Coroner's Office **Case #: ST- 1147 - 23**

Location of the death? decedent residence

Next of Kin: Kathleen MOLLER Relationship: MOTHER

Next of Kin's **MAILING** Address: Same as decedent

Next of Kin's DOB: _____ Phone #: _____ Cell #: [redacted]

Next of Kin Notified (Y) / N Time: _____ Date: 2-6-23 By Whom: _____

Personal Property: Y / N STPCO Property Safe: Y / N Property may not be released on scene!

Crime Lab: (Y) / N Tech: John Item #: _____ >*LE to attend autopsy* (Y) / N <

LE Contact: Brad Lanigan Phone: _____ LE Agency: STPSO

Fire District # ___: Y / N ___ EMS? Y / N _____

Reporting Party: Sgt GRAHAM Phone: _____

Investigator: _____ Funeral Home: EJ Fielding

Released: Y / (N) Transported to Morgue by: _____ Transport time: _____

STPCO Pathologist who released to Funeral home (if appropriate): _____

Investigator's notes and observations:

HYDROCODONE

Felt Dead Last night 1600-

1530- Found Ley started CPR

Trauma

Abrasions = A

Bruises = B

Cuts = C

Lacerations = L

Tattoos = T

Fracture (s) = F

Rigor: _____

Lividity: _____

Decomposition: _____

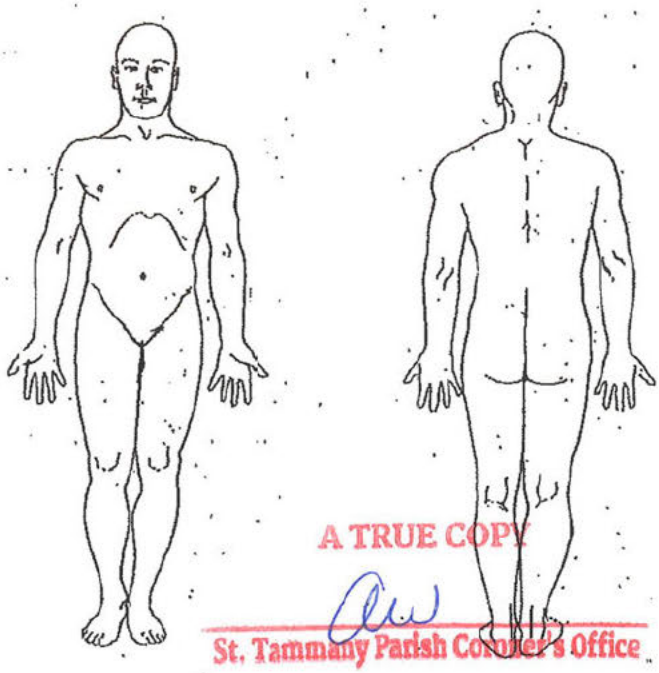
Scene Information

Room Temperature: _____

Thermostat Setting: _____

Thermostat Reading: _____

Outdoor Temperature: _____



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St. Tammany Parish Coroner's Office

Case # 1147 Date 2.6.29

STPCO Investigator C. Kline #313

STPCO Investigator K. Lazo #304

Scene Address [redacted] Madisonville

Law Enforcement Agency ST PSO.

Responsible Officer/Deputy

Agency Case #

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(985) 781-1150 Office 65278 Hwy 434 Lacombe, LA 70445 (985) 781-1148 Fax

OFFICE OF THE CORONER
ST. TAMMANY PARISH
CHRISTOPHER TAPE
65278 Hwy 434 , Lacombe, LA 70445

985-781-1150 Fax: 985-781-1148

CORONER'S REPORT

(pursuant to R.S. 44:19 (E)(3))

I, Christopher Tape, CORONER FOR THE PARISH OF ST. TAMMANY, certify the following report of death:

REPORTED NAME OF DECEASED:	Moller, Harmony
ADDRESS:	[redacted]adisonville, LA 70447
SEX:	Female
DATE AT BIRTH:	[redacted]
AGE AT DEATH:	36 years 11 months 19 days
RACE:	White
DATE AND TIME OF DEATH:	Feb 06, 2023 at 15:40
PLACE OF DEATH:	bedroom floor [redacted] Madisonville LA, 70447
DATE AND TIME OF AUTOPSY:	Feb 08, 2023 at 10:45
CAUSE(S) OF DEATH:	Abnormally high left coronary ostia takeoff exacerbated by mitragynine use
MANNER OF DEATH:	Accident

CHRISTOPHER TAPE
CORONER, ST. TAMMANY PARISH

DATE: **March 11, 2025**

R.S. 44:19 (E)(3)

(3) A coroner's report is a document that includes the name of the decedent, address, sex, date of birth, age, and race of the decedent, date and time of death, place of death, date and time of autopsy, when applicable, and the cause and manner of death, including any scientifically contributing factors. The coroner's report is a public record, and the coroner or his designee shall release this report to the news media, any other person, the Department of Children and Family Services, when appropriate, the spouse, parent, sibling, child, grandchild, niece, nephew, aunt, or uncle of the decedent, or to the person with the right to control and authorize the interment of the decedent as provided in R.S. 8:655(A). However, nothing in this Paragraph shall authorize the release of the information set forth in this Paragraph prior to notification of the next of kin of the deceased unless no next of kin can be determined or, despite reasonable efforts by the coroner's office, no next of kin can be located. The provisions of this Paragraph shall not require the release of information in non-coroner cases, nor shall it prohibit the coroner from releasing information pursuant to R.S. 13:5713 or Children's Code Article 609 to the Department of Children and Family Services.

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Property/Evidence Release Form
St. Tammany Parish Coroner's Office

Name: Harmony Moller	**Date of Birth:** [redacted]	**Date of Death:** 02/06/2023
Case number: ST-1147-23	**Date of Examination:** 02/08/2023	**Pathologist:** Michael DeFatta, M.D.
County of Death: St. Tammany		

Describe items recovered:		Origin:	Item #:
Jewelry	Yellow metal ring with clear stone	Autopsy	STPCO

RELEASED BY:	RELEASED TO:
Name: Rebecca Howell	**Name:** Kathleen Moller
Date: 02/09/2023 14:22	Moller, Kathleen **Relationship:** Mother **Affiliation:** **Date:** 02/09/2023 14:22

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St. Tammany Parish Coroner's Office

STATE OF LOUISIANA
PARISH OF ST. TAMMANY

AFFIDAVIT OF RELATIONSHIP FOR RELEASE OF PERSONAL EFFECTS

The undersigned, being first duly sworn, depose(s) and states:

ST-1147 Moller, Harmony died on or about the 6th day of February, 2023.

No succession proceedings have been filed. No administrator or succession representative has been appointed for the decedent's estate.

Per RS 13:5717 A and RS 37:831 (67) I am the person entitled to take possession of the personal effects of the decedent for the following reason(s): (initial one block only)

_____ I/we am/are the person(s) named in the decedent's Last Will and Testament as per CC 1570 et seq.

_____ I am the surviving spouse of the decedent. The decedent died without a Last Will and Testament (intestate).

X [illegible] I/we are the surviving adult children of the decedent. The decedent has no surviving spouse. The decedent died without a Last Will and Testament (intestate).

_____ I/we are the surviving adult grandchildren of the decedent. The decedent has no surviving adult children. The decedent has no surviving spouse. The decedent died without a Last Will and Testament (intestate).

_____ I/we are the surviving parents of the decedent. The decedent has no surviving adult grandchildren. The decedent has no surviving adult children. The decedent has no surviving spouse. The decedent died without a Last Will and Testament (intestate).

_____ I/we are the surviving adult siblings of the decedent. The decedent has no surviving parents. The decedent has no surviving adult grandchildren. The decedent has no surviving adult children. The decedent has no surviving spouse. The decedent died without a Last Will and Testament (intestate).

_____ I/we are the surviving adult persons in the next degrees of kindred as established in Civil Code Article 880 et seq. for intestacy. My/our relationship to the decedent is _____. The decedent has no surviving adult siblings. The decedent has no surviving parents. The decedent has no surviving adult grandchildren. The decedent has no surviving adult children. The decedent has no surviving spouse. The decedent died without a Last Will and Testament (intestate).

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aw
St. Tammany Parish Coroner's Office

I/we hereby affirm and swear that the foregoing is the truth to the best of my/our knowledge, information and belief. I/we agree to indemnify and hold harmless the Coroner of St. Tammany Parish, the St. Tammany Parish Coroner's Office, its agents, servants, employees, managers, contractors, subcontractors, assigns, insurers, successors, and all other persons, entities, firms, underwriters, companies, organizations, or corporations against any and all liability for their reliance upon this affidavit for any reason whatsoever.

x Kathleen Moller
Signature of Affiant

Signature of Affiant

KATHLEEN MOLLER
Printed name

[redacted]
Address

Address

Madisonville LA 70447
City, State, Zip code

City, State, Zip code

Sworn to and subscribed before me this 9th day of February, 2023.

NOTARY PUBLIC



St. Tammany Parish Coroner's Office

Property/Evidence Log

Name: Harmony Moller	**Date of Birth:** [redacted]	**Date of Death:** 02/06/2023
Case number: ST-1147-23	**Date of Examination:** 02/08/2023	**Pathologist:** Michael DeFatta, M.D.
County of Death: St. Tammany		

Describe items recovered		Origin	Status	DNR	Item #
Jewelry	Yellow metal ring with clear stone	Autopsy	Releasable		STPCO

Released by: Morgan Bossier
2/8/23 @ 1208

Released to: Cthalic Snell
2/8/23 1208

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St. Tammany Parish Coroner's Office

Jesse E Edwards Registry of Cardiovascular Disease
333 North Smith Avenue / Room 4625
St Paul, MN 55102
Phone: 651-241-5568
FAX: 651-241-7114

Major Class:	800	**Registry Number:**	**D-23-213**
Minor Class:	091 445	**Date Acquired:**	02/10/2023
Specimen Category:	H		
Photo:	Yes		
First Name:	**Harmony**	**Last Name:**	**Moller**
Age:	36 Years	**Sex:**	Female

Referral Agency:	LifeNet		
Address:	5733 Bayside Road Virginia Beach, VA 23455		
Referral Number:	LifeNet 2311242	**Case Number:**	LA Organ Procurement Agency 2302-0334

DIAGNOSES:

I. Post valve recovery donor heart:
   A. Pulmonic valve and majority of left atrium previously removed.

II. Cardiac findings:
   A. High origin of left coronary artery.
      1. Left coronary artery arises 5 mm above the left sinotubular ridge with inferior aortic wall flap.
   B. Cardiomegaly (heart weight 421 grams; normal heart weight reference range for body height 173-411 grams and for body weight 191-411 grams) with mild biventricular hypertrophy.

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POSTMORTEM FORENSIC MEDICAL EXAMINATION REPORT
St. Tammany Parish Coroner's Office

Harmony Moller **ST-1147-23**
36WF
Date of Autopsy: 02/08/2023 at 10:45 A.M.

FINAL DIAGNOSIS:
1.0 Abnormally high left coronary ostia takeoff exacerbated by mitragynine use
2.0 Pulmonary edema and congestion
3.0 Chronic passive congestion of liver
4.0 Mild nephrosclerosis

CAUSE OF DEATH: Abnormally high left coronary ostia takeoff exacerbated by mitragynine use

MANNER OF DEATH: Accident

EXTERNAL DESCRIPTION

The body bag is sealed with a tag labeled "136846". The body is received nude from LOPA. Clothing is noted in a plastic bag within the body bag. Property removed from the decedent consists of two yellow metal rings with a clear stone from the right hand.

The body is that of a well-developed, well-nourished, 68" white female whose appearance is consistent with the given age of 36 years. The weight of the body is 152 pounds. The scalp is covered with long, brown hair. There is marked rigidity in the extremities. Lividity is noted on the posterior surfaces of the body. There are no noticeable tattoos or scars. The corneas have been harvested prior to autopsy. The ears and nose are patent and unremarkable. The teeth are natural and in good condition. The lips and anterior oral mucosa are free of trauma. The chest is sunken and the abdomen is flat. The back is straight. The upper and lower extremities are present.

Evidence of Therapy:
There is a curvilinear sutured incision on the chest. There are sutured incisions down the insides of both legs consistent with long bone and heart valve recovery. An endotracheal tube is in the mouth and correctly placed in the trachea. A venipuncture mark is in the right anterior neck. There is a sutured defect on the posterior left leg.

Evidence of Injury: None

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INTERNAL EXAMINATION

Examination of the body cavities reveals minimal amounts of fluid in the pleural and abdominal cavities. The pericardial sac is open.

Neck Organs: The tongue, hyoid bone, thyroid gland, thyroid cartilage, larynx, and muscles of the anterior neck have no evidence of disease or injury.

Heart and Great Vessels: Not present.

Lungs: The 720 gram right lung and 480 gram left lung have marked subpleural anthracotic pigmentation. The pulmonary vessels are patent and no emboli are present. The bronchi contain blood. Pulmonary cut surfaces demonstrate hemorrhage, congestion, and edema. There is no evidence of tumor, inflammatory consolidation, or granulomatous disease.

Liver and Gallbladder: The 1940 gram liver has a smooth, glistening, intact capsule. The gallbladder contains dark, green bile and is free of stones. The lymph nodes at the porta hepatis are not enlarged. The cut hepatic surfaces contain dark brown and light tan areas, along with areas of a nutmeg pattern consistent with chronic passive congestion.

Spleen: The 150 gram spleen has a smooth, glistening, intact, thin, slate gray-purple capsule. The dark maroon, granular cut surfaces do not have a prominent follicular or trabecular architecture.

Adrenals: The adrenals are symmetrical and have unremarkable external and cut features.

Pancreas: The pancreas lies in its normal retroperitoneal location and on cut surface demonstrates a normal lobulated parenchyma.

Kidneys: The 130 gram right kidney and the 170 gram left kidney have granular subcapsular surfaces. The cut surfaces are dark, red-brown with normal corticomedullary ratios and clearly defined demarcations. The ureters are thin-walled and not dilated. The bladder contains clear, yellow urine.

Gastrointestinal Tract: The small and large bowels follow their normal anatomic course and are unremarkable along their serosal surfaces. The appendix is present. The stomach contains an estimated 25 cc of brown fluid material. The mucosa of the duodenum, esophagus, and stomach is unremarkable.

Musculoskeletal: The sternal plate has been removed secondary to LOPA recovery. There are no fractures of the clavicles, ribs, or vertebral column. The subcutaneous tissues of the chest and abdomen are free of hemorrhage and trauma.

Reproductive Organs: The uterus, fallopian tubes, and ovaries are present and grossly unremarkable externally and on cut surfaces. There is no evidence of intrauterine pregnancy.

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Brain: The scalp and underlying subcutaneous tissues are free of any areas of hemorrhage or trauma. The cerebrospinal fluid surrounding the 1230 gram brain is clear, colorless, and normal in quantity. The vessels at the base of the brain show minimal degrees of atherosclerotic narrowing. The cerebral hemispheres are symmetrical and have unremarkable external surfaces. Cut surfaces of the cerebrum, midbrain, pons, cerebellum, medulla, and medulla oblongata are unremarkable. After stripping the dura, there are no underlying skull fractures.

Specimens for Laboratory Studies: Blood, vitreous, urine, and liver specimens are retained for drug and alcohol screen.

Michael DeFatta MD

Michael DeFatta, M.D., Forensic Pathologist

6-6-23

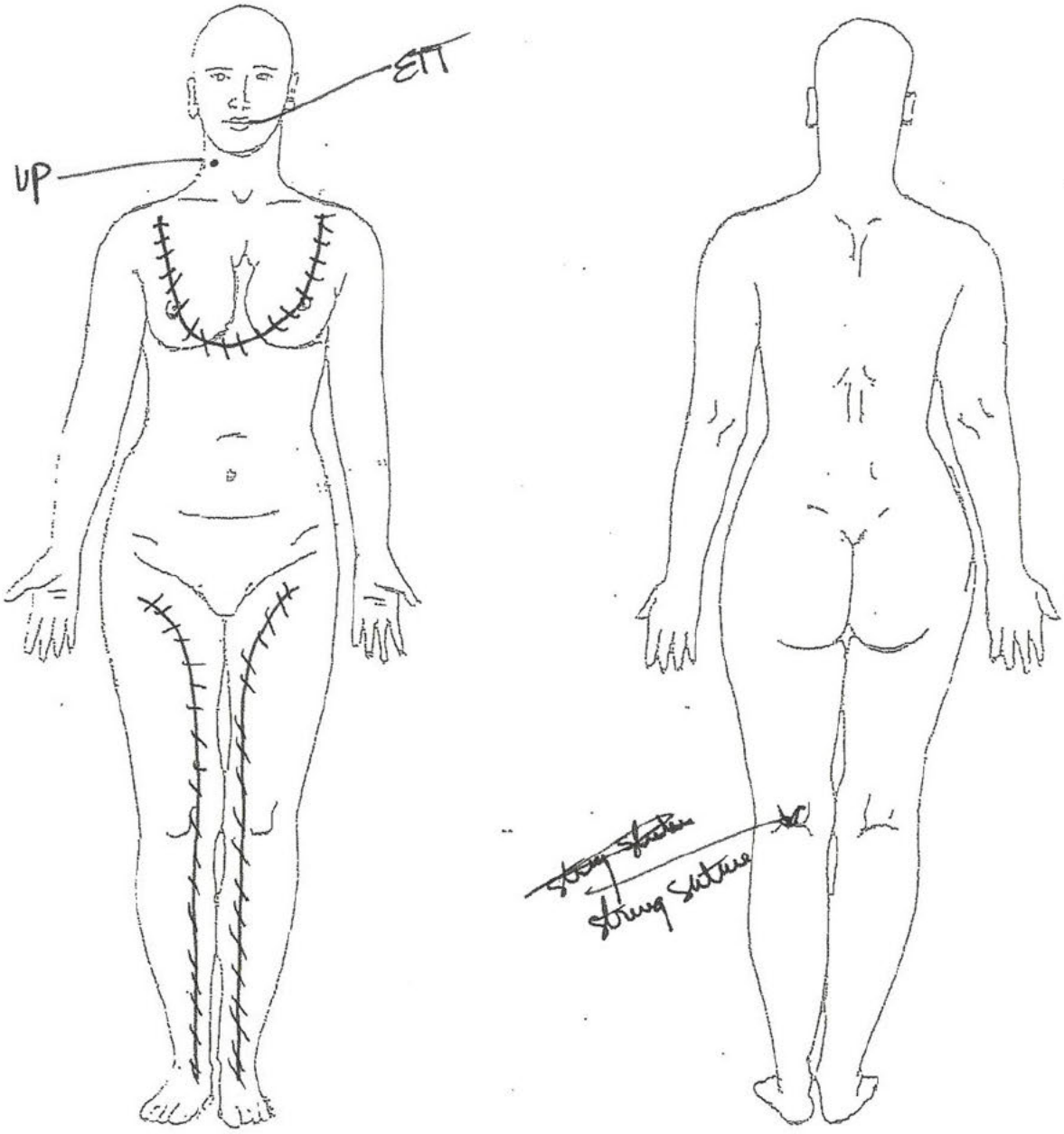
Date

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Case # ST-1147-23 Name Harmony Moller

Age/Sex/Race 36WF Height _____ Weight 152



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NMS LABS
NMS Labs
200 Welsh Road, Horsham, PA 19044-2208
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

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Toxicology Report

Report Issued 02/24/2023 12:06

To: 147883
St. Tammany Parish Coroner (LDH OSP)
Attn: Ana Welch
65278 Hwy 434
Lacombe, LA 70445

Patient Name	Moller, Harmony
Patient ID	230206-995
Chain	230206-995
DOB	[redacted]
Sex	Female
Workorder	23055002

Positive Findings:

Analyte	Result	Units	Matrix Source
Caffeine	Presump Pos	mcg/mL	001 - Femoral Blood
Naloxone	Presump Pos	ng/mL	001 - Femoral Blood
Delta-9 Carboxy THC	10	ng/mL	001 - Femoral Blood
Delta-9 THC	8.6	ng/mL	001 - Femoral Blood
Diphenhydramine	64	ng/mL	001 - Femoral Blood
Promethazine	18	ng/mL	001 - Femoral Blood
Mitragynine	150	ng/mL	001 - Femoral Blood
Creatinine (Vitreous Fluid)	0.864	mg/dL	003 - Vitreous Fluid
Sodium (Vitreous Fluid)	142	mmol/L	003 - Vitreous Fluid
Potassium (Vitreous Fluid)	7.47	mmol/L	003 - Vitreous Fluid
Chloride (Vitreous Fluid)	118	mmol/L	003 - Vitreous Fluid
Glucose (Vitreous Fluid)	18.2	mg/dL	003 - Vitreous Fluid
Urea Nitrogen (Vitreous Fluid)	17.2	mg/dL	003 - Vitreous Fluid

See Detailed Findings section for additional information

Agency Case Number: ST-1147-23

Testing Requested:

Test	Test Name
1919FL	Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic)
8042B	Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Labeled As
001	Gray Stopper Plastic Tube	3 mL	02/07/2023 11:39	Femoral Blood	MOLLER, H.
002	Gray Stopper Plastic Tube	3 mL	02/07/2023 11:39	Femoral Blood	MOLLER, H.
003	Red Stopper Plastic Tube	1.75 mL	02/07/2023 11:39	Vitreous Fluid	HARMONY MOLLER
004	Red Stopper Plastic Tube	1.75 mL	02/07/2023 11:39	Vitreous Fluid	HARMONY MOLLER
005	Red Stopper Plastic Tube	2 mL	02/07/2023 11:39	Vitreous Fluid	KENNETH STEGALL
006	Red Stopper Plastic Tube	1.25 mL	02/07/2023 11:39	Vitreous Fluid	KENNETH STEGALL
007	White Cap Plastic Container	13.2 g	02/07/2023 11:39	Liver Tissue	230206-995

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St. Tammany Parish Coroner's Office

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Workorder 23056902
Chain 230206-995
Patient ID 230206-995

005 2005

All sample volumes/weights are approximations.
Specimens received on 02/10/2023.

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Caffeine	Presump Pos	mcg/mL	0.20	001 - Femoral Blood	LC/TOF-MS
This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.					
Naloxone	Presump Pos	ng/mL	1.0	001 - Femoral Blood	LC/TOF-MS
This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.					
Delta-9 Carboxy THC	10	ng/mL	5.0	001 - Femoral Blood	LC-MS/MS
Delta-9 THC	8.6	ng/mL	0.50	001 - Femoral Blood	LC-MS/MS
Diphenhydramine	64	ng/mL	50	001 - Femoral Blood	LC-MS/MS
Promethazine	18	ng/mL	5.0	001 - Femoral Blood	LC-MS/MS
Substance(s) known to interfere with the identity and/or quantity of the reported result: Promazine; Chlorpromazine					
Mitragynine	150	ng/mL	50	001 - Femoral Blood	LC-MS/MS
Creatinine (Vitreous Fluid)	0.864	mg/dL	0.500	003 - Vitreous Fluid	Chemistry Analyzer
Sodium (Vitreous Fluid)	142	mmol/L	50.0	003 - Vitreous Fluid	Chemistry Analyzer
Potassium (Vitreous Fluid)	7.47	mmol/L	1.00	003 - Vitreous Fluid	Chemistry Analyzer
Chloride (Vitreous Fluid)	118	mmol/L	50.0	003 - Vitreous Fluid	Chemistry Analyzer
Glucose (Vitreous Fluid)	18.2	mg/dL	10.0	003 - Vitreous Fluid	Chemistry Analyzer
Urea Nitrogen (Vitreous Fluid)	17.2	mg/dL	2.00	003 - 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:

1. Chloride (Vitreous Fluid) (Cl-) - Vitreous Fluid:
   Normal: 105 - 135 mmol/L
2. Creatinine (Vitreous Fluid) - Vitreous Fluid:
   Normal: 0.6 - 1.3 mg/dL
3. Delta-9 Carboxy THC (Inactive Metabolite) - Femoral Blood:
   Delta-9 THC is the principle psychoactive ingredient of marijuana/hashish. Delta-9 carboxy THC (THCC) is the inactive metabolite of THC. The usual peak concentrations in serum for 1.75% or 3.55% THC marijuana cigarettes are 10-101 ng/mL attained 32 to 240 minutes after beginning smoking, with a slow decline thereafter. The ratio of whole blood concentration to plasma concentration is unknown for this analyte. THCC may be detected for up to one day or more in blood. Both delta-9-THC and THCC may be present substantially longer in chronic users. THCC is usually not detectable after passive inhalation.

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Workorder 23056002
Chain 230206-995
Patient ID 230206-995

Reference Comments:

4. Delta-9 THC (Active Ingredient of Marijuana) - Femoral Blood:

   Delta-9 THC is the principle psychoactive ingredient of marijuana (cannabis, hashish). It is also the active component of the prescription medication Marinol®. Marijuana use causes relaxation, distorted perception, euphoria and feelings of well being, along with confusion, dizziness, somnolence, ataxia, speech difficulties, lethargy and muscular weakness.

   After smoking a user-preferred 300 mcg/kg dose average plasma THC concentrations at 35 minutes were reported at 16.1 (range 4.7-30.9) ng/mL, and had declined to 1.5 (range 0.4-3.2) ng/mL after 190 minutes. Usual peak levels in serum for 1.75% or 3.55% THC marijuana cigarettes: 50-270 ng/mL at 6 to 9 minutes after beginning smoking, decreasing to less than 5 ng/mL by 2 hrs. Whole blood THC concentrations are typically half those in a corresponding plasma sample.

5. Diphenhydramine (Benadryl®; Ingredient of Benylin and Panadol; Nytol; Unisom) - Femoral Blood:

   Diphenhydramine is an antihistamine with sedative and anti-emetic effects. It is rapidly absorbed following oral administration; however, it is frequently given IV. Patients taking this medication are usually warned against the operation of complicated machinery, because of its strong sedative effects.
   Following a single 50 mg oral dose of diphenhydramine, peak plasma concentrations at 2.3 hr averaged 66 ng/mL.
   Signs and symptoms of acute diphenhydramine toxicity include tremor, seizures, fever, respiratory depression and cardiac arrhythmias. The average blood diphenhydramine concentrations reported in fatal overdoses were 1400 ng/mL in infants, 4400 ng/mL in children and 15000 ng/mL in adults.
   The blood to plasma concentration ratio for diphenhydramine is approximately 0.80.

6. Glucose (Vitreous Fluid) (C6H12O6; D-glucose (biologically active); Dextrose; L-glucose) - 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 (-20C).

7. Mitragynine (Kratom) - Femoral Blood:

   Mitragynine is an alkaloid found in the plant Kratom which originates from Asia and is considered an atypical opioid agonist. The leaves of the plant are traditionally chewed or brewed into a tea, however, Kratom powders and leaf extracts are also sold and may be subject to abuse. The effects of Kratom are dose dependent, with lower doses resulting in stimulant-type effects and higher doses resulting in opioid-type effects. Reported adverse effects include seizures, psychosis, and liver toxicity.

   Over a 27 month-period, mitragynine was reported in 1001 blood specimens submitted during the course of medicolegal investigations; concentrations ranged from 5.6-29,000 ng/mL. In three cases which ruled mitragynine as the sole drug in the cause of death, postmortem peripheral blood concentrations ranged from 1590-3420 ng/mL.

8. Potassium (Vitreous Fluid) (K+) - 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.

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Workorder 23055002
Chain 230206-995
Patient ID 230206-995

Reference Comments:

9. Promethazine (Phenergan®) - Femoral Blood:

   Promethazine is an ethylamino-derivative of phenothiazine used for its antihistaminic, antiemetic, and sedative effects. It generally produces CNS depression at the usual therapeutic range; however, promethazine also can produce CNS stimulation or it may be added to other substances and used in the treatment of allergies and management of motion sickness. Oral doses usually range from 25 to 150 mg per day.

   Following a single 50 mg oral administration of promethazine in 20 younger men, the average peak serum concentration of 29 ng/mL (range 6-99) occurred at 3.3 hours. Promethazine has a blood / plasma ratio of 0.6-0.7.

   Postmortem blood concentrations of promethazine in fatalities due to promethazine overdose were reported to be between 1800 and 12000 ng/mL. Promethazine may exhibit postmortem redistribution.

10. Sodium (Vitreous Fluid) (Na+) - 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.

11. Urea Nitrogen (Vitreous Fluid) (Carbamide; carbonyl diamide; carbonyldiamine) - Vitreous Fluid:

    Normal: 8 - 20 mg/dL

Sample Comments:

001 Physician/Pathologist Name: Michael DeFatta, M.D.

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 23055002 was electronically signed on 02/24/2023 11:57 by:

Andrea Carolina Noble, Ph.D.
Forensic Toxicologist

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.

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

-Analysis by Chemistry Analyzer for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Chloride (Vitreous Fluid)	50.0 mmol/L	Potassium (Vitreous Fluid)	1.00 mmol/L
Creatinine (Vitreous Fluid)	0.500 mg/dL	Sodium (Vitreous Fluid)	50.0 mmol/L
Glucose (Vitreous Fluid)	10.0 mg/dL	Urea Nitrogen (Vitreous Fluid)	2.00 mg/dL

Test 52198B - Cannabinoids Confirmation, Blood - Femoral Blood

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

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NMS LABS

CONFIDENTIAL

Workorder 23053902
Chain 230206-995
Patient ID 230206-995

Analysis Summary and Reporting Limits:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
11-Hydroxy Delta-9 THC	1.0 ng/mL	Delta-9 THC	0.50 ng/mL
Delta-9 Carboxy THC	5.0 ng/mL		

Test 52441B - Diphenhydramine Confirmation, Blood - Femoral Blood

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

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Diphenhydramine	50 ng/mL		

Test 52456B - Promethazine Confirmation, Blood - Femoral Blood

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

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Promethazine	5.0 ng/mL		

Test 52495B - Mitragynine Confirmation, Blood - Femoral Blood

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

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Mitragynine	50 ng/mL		

Test 8042B - Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic) - Femoral Blood

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

Analyte	Rpt. Limit	Analyte	Rpt. Limit
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:

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

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of analyte classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified analyte class are included. Some specific analytes outside of these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs. Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotics, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnosedatives, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

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St. Tammany Parish Coroner's Office

SCANNED

Clinical Toxicology
and Environmental Biomonitoring Laboratory

UCSF Mt Zion Cancer
Research Building
2340 Sutter St.
Room S-271
San Francisco, CA 94115
Tel #: (415) 502-1446

SAMPLE ANALYSIS REPORT

Date: 04/18/2023
Date Samples Submitted: 04/14/2023
DEA Sample ID: DEA-2023-1183
Contract: Samples Analyzed for the Drug Enforcement Administration (DEA) (contract #: 15DDHQ19F0000086)
Sample Origin: St. Tammany Parrish Coroner, Lacombe, LA
Testing Requested: Comprehensive Drug Analysis
Analytical Platform: LC-Quadrupole Time-of-Flight Mass Spectrometer (Agilent LC1260- QTOF/MS 6550)

Findings:

Sample ID	Sample	Date	Confirmed Drug (ng/mL)
230207-LA-70445-001-WB1	Whole Blood	02/07/23	1. Mitragynine (158) 2. 7-OH Mitragynine* (0.8**) 3. Diphenhydramine 4. Naloxone 5. Promethazine

NOTES:

1. *7-OH mitragynine is an expected metabolite of mitragynine.

2. **Value was below the lower limit of quantification of 3ng/mL and equal to the limit of detection for the analysis.

3. Drug libraries used in analysis:
   Comprehensive Drug Library consisting of 912 New Psychoactive Substances, 161 Traditional Illicit Drugs, 27 Dietary Supplement Stimulants, and 93 Prescription Drugs or Over-the-Counter Drugs

Analyst:

Ross R Ellison

Ross Ellison,
Staff Research Associate

Principal Investigator:

Roy Gerona, Ph.D.

A TRUE COPY
11-17-23
St. Tammany Parish Coroner's Office
Harmony Moller

REMARKS

Case: D-23-213
Name: Harmony Moller
Age/Sex: 36 years old/Female
Reported donor height: 67 in.
Reported donor weight: 152 lbs.
BMI: 23.6

GROSS DESCRIPTION

The weight of the post valve recovery donor heart is 421 grams. This includes the separately submitted aortic valve with aortic arch but is without the pulmonic valve and the majority of the left atrium. The extrapolated intact heart weight is essentially the same subtracting the weight of the aortic arch and adding the weight of the pulmonary valve. The normal heart weight reference range for body height is 173-411 grams and for body weight is 191-411 grams; therefore, the heart is enlarged. From external features, there is mild biventricular enlargement. The epicardial surfaces are smooth and glistening.

The superior vena cava, inferior vena cava and coronary sinus connect normally to a normally formed right atrium. The right atrial appendage is normal and without thrombi. The atrial septum has previously been removed and patency of the foramen ovale cannot be determined.

The tricuspid valve leaflets are normally formed. The right ventricle is mildly dilated and hypertrophic; compact myocardium at the mid posterior wall is 5 mm in thickness. The myocardium is firm, brown and without gross lesions.

The pulmonary valve has previously been removed. The processing sheet reports a tricuspid pulmonic valve with fenestrations in the left cusp.

Essentially no left atrium remains. The left atrial appendage is not present for evaluation.

The mitral valve is normally formed. Chordae tendineae are normal and insert into two normally formed and positioned papillary muscles. The left ventricle is mildly dilated and hypertrophic; compact myocardium at the mid lateral wall is 15 mm in thickness. Thickness of the ventricular septum is 17 mm. The myocardium is firm, brown and without gross lesions.

The aortic valve is received separately and includes a mildly fibrotically thickened anterior leaflet of the mitral valve The aortic valve is tricuspid. There is partial fusion of the commissure between the right and noncoronary cusps. There are fibrous nodules on the free edge of each cusp. The ascending aorta and aortic arch have a few scattered atherosclerotic plaques. The right coronary artery arises normally from the right sinus of Valsalva. The left coronary artery arises 5 mm above the left sinotubular ridge with an acute angle of origin. There is an inferior aortic wall flap over the origin of the left coronary artery.

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The coronary arterial distribution is right dominant. Serial cross sections of the coronary arteries reveal no significant narrowing by atherosclerotic disease or other abnormalities.

MICROSCOPIC DESCRIPTION

Mitral valve, posterior, right ventricle, posterior wall and conduction system (MPost/ RVP/ AV): Mitral valve is unremarkable. Atrial and ventricular myocytes are hypertrophic. There is a mild increase in ventricular interstitial and perivascular fibrosis. Epicardial artery has mild intimal thickening without significant luminal narrowing.

Section from the posterior wall of the right ventricle has occasional hypertrophic myocytes.

Section from the region of the conduction system has normal AV node. Ventricular septal myocytes are hypertrophic.

Ventricular septum, third slice and left ventricle, third slice, lateral wall (3S/ 3L): Section of ventricular septum has normal arrangement of myocytes within the compact myocardium. Myocytes are hypertrophic and there are scattered hypereosinophilic myocytes.

Section from the lateral wall of the left ventricle has hypertrophic myocytes. There is medial hypertrophy of subendocardial arteries and a mild increase in interstitial and perivascular fibrosis. There are scattered hypereosinophilic myocytes.

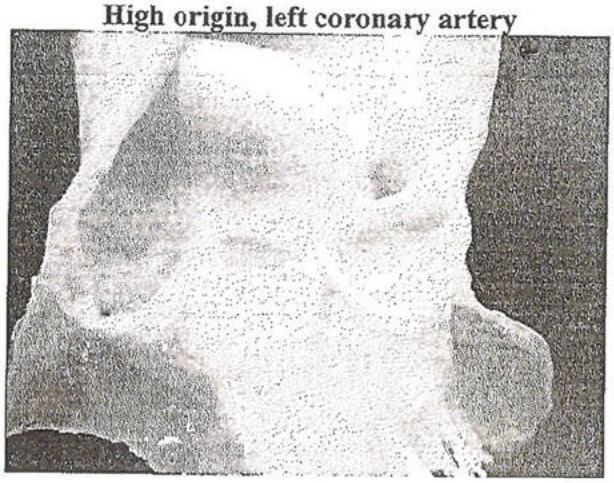
Left ventricle, third slice, anterior wall and left ventricle, third slice, posterior wall (3A, notch/ 3P): Section from the anterior wall of the left ventricle has hypertrophic myocytes and a mild increase in subendocardial interstitial and perivascular fibrosis. There are scattered hypereosinophilic myocytes.

Section from the posterior wall of the left ventricle has hypertrophic myocytes and scattered hypereosinophilic myocytes. Subendocardial arteries have medial hypertrophy and there is a mild increase in interstitial and perivascular fibrosis.

The diffuse distribution of hypereosinophilic myocytes is consistent with global myocardial hypoperfusion.

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PHOTOGRAPH
High origin, left coronary artery



Shannon M. Mackey-Bojack, MD
Electronically signed February 15, 2023
SMB/rh

Donor Case # D-23-213

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St. Tammany Parish Coroner's Office

St. Tammany Parish Coroner's Office
65278 Hwy 434
Lacombe, Louisiana 70445
985-781-1150 • Fax: 985-781-1148

June 14, 2023

Ms. Kathleen Moller
127 Lousiana 22
Madisonville, LA 70447

RE: Harmony Moller
DOD: 02/06/2023

Dear Ms. Moller:

Enclosed you will find a copy of the records you requested on the above referenced case. Included is a certified copy of the autopsy report and the toxicology report.

Please be advised that the information enclosed is for **PERSONAL USE ONLY** and not intended for legal and/or insurance purposes.

Again, please allow this office to express our sincere condolences to you and your family members for this loss.

If I can be of any other assistance to you, please do not hesitate to call my office.

Sincerely,

Ana Welch
Case Coordinator
St. Tammany Parish Coroner's Office

Enclosures

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St. Tammany Parish Coroner's Office

Ana Welch

From: kat Moller <[redacted]>
Sent: Friday, March 17, 2023 4:12 PM
To: Ana Welch
Subject: Request records: H.Moller
Attachments: 20230317_160258.jpg

My name is Kathleen Moller. My daughter was Harmony Anne Moller. She passed away Feb 6, 2023.
I'm requesting a copy of her autopsy and the toxicology report with cause of death.
My phone #[redacted]
My ID is attached to this email.
It has been awhile and it is upsetting not to know what happened to her.
Thanks
K.Moller and family.

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St. Tammany Parish Coroner's Office

St. Tammany Parish Coroner's Office
65278 Hwy 434
Lacombe, Louisiana 70445
985-781-1150 • Fax: 985-781-1148

June 14, 2023

Southern Eye Bank, Inc.
2701 Kingman Street, Suite 200
Metairie, LA 70006

Attn.: Jennifer Babineaux
Administrative Assistant

RE: Harmony Moller
DOD: 02/06/2023

Dear Ms. Babineaux:

Enclosed you will find a copy of the records you requested on the above referenced case. Included is a certified copy of the Autopsy report and the Toxicology report.

Please be advised that the information enclosed is PRIVILEGED AND CONFIDENTIAL INFORMATION intended for the use of the addressee ONLY. PLEASE DO NOT MAKE COPIES.

If I can be of any other assistance to you, please do not hesitate to call my office.

Sincerely,

Ana Welch

Ana Welch
Case Coordinator
St. Tammany Parish Coroner's Office

Enclosures

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St. Tammany Parish Coroner's Office

SOUTHERN EYE BANK
An Advancing Sight Network Member

2701 Kingman St., Ste 200
Metairie, LA 70006
(504) 891-3937
www.southerneyebank.org

February 27, 2023

St. Tammany Parish Coroner's Office
Dr. Charles Preston
65278 Highway 434
Lacombe, LA 70445

Dear Dr. Preston:

In order to complete our file concerning the following eye donor, Southern Eye Bank is in need of the following autopsy report:

Name: **Harmony Moller**
Age: **36**
Date/time of Death: **February 6, 2023/1300**
Location of Death: **St. Tammany Parish Coroner's Office**
Medical Record: **N/A**

If you have any questions, please feel free to call me. Thank you for your cooperation.

Sincerely,

Jennifer Babineaux

Jennifer Babineaux
Chief Administrative Officer

Enclosure: copy of signed consent form

SEB# [redacted]

***** NOTE: The autopsy report needs to be received as soon as possible. If your office did not perform the autopsy or if it is not available at this time, please let me know. Thank you.**

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St. Tammany Parish Coroner's Office

SOUTHERN EYE BANK
DONOR INFORMATION

Donor Name Harmony Moller Original Donor Location / Unit: St. Tammany Parish Coroner's Office Coroner

Consent was verified and found to be valid ◉ Yes ○ No Date & Time verified: 02/07/2023 @ 0935

Age 36 Race White: Not Specified/Unknown Sex Female Date of Birth [redacted] ☐ MR# ☒ N/A

MEDICAL RECORD INFORMATION

Medical records were reviewed and copied in accordance to the SEB policy and procedure E1.050: ◉ Yes ○ No

Date & Time of Arrival/Triage 02/06/2023 @ 1500 Date & Time of Death 02/06/2023 @ 1300 ○ Cardiac ○ Cross Clamp ◉ LSA

Primary Cause of Death Chronic Congestion of Liver (Pending Tox & Secondary Cause of Death N/A

Attending Physician N/A Pronouncing Physician Inv. Calvin Kline for Dr. Charles Preston

Do any of the following conditions apply? ○ Yes ◉ No If yes, Place an "X" in the blank beside EACH relevant item.

- ☐ Death of Unknown Cause
- ☐ Active Septicemia
- ☐ Active Endocarditis
- ☐ History of Viral Hepatitis
- ☐ Active Leukemia
- ☐ Lymphoma
- ☐ Multiple Myeloma
- ☐ HIV/AIDS and Risk Groups
- ☐ Active Syphilis
- ☐ Smallpox Vaccination in last six weeks
- ☐ Rabies within the past six months
- ☐ Documented Dementia
- ☐ Reye's Syndrome within the last three months
- ☐ Congenital Rubella
- ☐ Subacute Sclerosing Panencephalitis
- ☐ Progressive Multifocal Leukoencephalopathy
- ☐ Active viral Encephalitis, encephalitis of unknown origin, or progressive encephalopathy
- ☐ Death from neurologic disease of unestablished diagnosis or etiology
- ☐ Human Pituitary Growth hormone
- ☐ Any form of Creutzfeldt-Jakob Disease or a Blood relative with CJD
- ☐ Xenotransplant Allograft

Comments:

SUPPLIES

☒ Prior to the surgical removal of eye tissue, the recovery site was adequate or was made adequate per SEB policy and procedure E1.050

SEBCham	X1585	3/11/2023
SEBCham	X1585	3/11/2023
SEBInsitu	2237491007	8/31/2024
POVDROPS	28050PI	2/17/2023
SEBDoPrep	22105485864	3/1/2023
TRILT7.0	2027116770-2	1/28/2025
TRILT7.0	2027116770-2	1/28/2025
K2EDTA	1288707	3/31/2023
SSTTUBE	2159203	5/31/2023
HANDSCRUB	442383	6/30/2023
Optisol-GS	2229-006	10/6/2024
Optisol-GS	2229-006	10/6/2024
REDTOP	1158452	6/30/2023
REDTOP	1158452	6/30/2023
10ccSyring	211002	9/2/2026

☒ Manufacturer's lot numbers and expiration dates were verified, documented and found acceptable for use on critical supplies and the documentation from the Non-Sterile Supply Pack, Sterile Excision and/or Sterile Enucleation Supplemental Pack have been provided for tracking purposes in accordance to the SEB policy and procedure E1.050.

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Intent for tissue: Transplant Donor# [redacted]

Revised: July 9, 2018
Printed on 2/8/2023 at 13:26

St. Tammany Parish Coroner's Office

PRE-RECOVERY PREPARATION

Before approaching the donor, was all personal protective equipment donned in accordance to the SEB policy and procedure E1.050: ⊙ Yes ○ No

Verified the name of the donor in accordance with the EBAA Medical Standards D1.000: ⊙ Yes ○ No

Manner of Identification (Check all that apply)

☒ Wrist Band ☒ Ankle Band ☒ Toe Tag ☐ Other (Name: N/A Title: N/A) Time:

PENLIGHT EXAMINATION

Designate, Ocular Tissue Procured: ○ OD ○ OS ⊙ Both

OD
Cornea: ⊙ Normal ○ Abnormal
Conjunctiva: ☐ Normal ☐ Bloodshot ☒ Edema ☐ Pterygium
Sclera: ☒ Normal ☐ Jaundice ☐ Petechiae
Lens: ⊙ Phakic (Natural) ○ Pseudophakic (IOL) ○ Aphakic
Please document any additional findings below:
Comments: Mild Exposure

OS
Cornea: ⊙ Normal ○ Abnormal
Conjunctiva: ☐ Normal ☐ Bloodshot ☒ Edema ☐ Pterygium
Sclera: ☒ Normal ☐ Jaundice ☐ Petechiae
Lens: ⊙ Phakic (Natural) ○ Pseudophakic (IOL) ○ Aphakic
Please document any additional findings below:
Comments: Mild Exposure

SPECIMEN COLLECTION INFORMATION

A blood specimen was collected: ⊙ Yes ○ No If Yes, Number of Tubes 2 If No, Comment: N/A

☒ Pre-Transfusion / Infusion Specimen ☐ Pre / Post Mortem Specimen: Date /Time 2/7/2023 @ 1030 ☐ N/A

Donor's weight: 152 ⊙ lbs ○ Kg Verified via: ⊙ Medical Records ○ Physical Assessment ○ ADFS

PHYSICAL ASSESSMENT

High Risk Assessment

○ Yes ⊙ No Tattoo(s)

⊙ Yes ○ No Piercing(s) *If Yes:* ☒ Professional in appearance ☐ Non-professional in appearance Bilateral ear piercing x2

○ Yes ⊙ No Non-medical injection sites *(IV needle/track marks)*
○ Yes ⊙ No Physical evidence for risk of, or evidence of syphilis *(e.g. chancre, reddish-brown rash with individual lesions of unknown etiology.)*
○ Yes ○ No Male donors, physical evidence of anal intercourse or perianal condyloma.
☒ N/A- Female donor
○ Yes ⊙ No Physical evidence of any sexually transmitted diseases *(e.g. genital ulcerative disease, herpes simplex, chancroid, etc., these signs should be considered in light of other information obtained about the donor.)*
○ Yes ⊙ No Unexplained lymphadenopathy (enlarged lymph nodes)
○ Yes ⊙ No Unexplained oral thrush
○ Yes ⊙ No Blue or purple spots on the skin or mucous membranes typical of Kaposi's sarcoma
○ Yes ⊙ No Unexplained jaundice (icterus)
○ Yes ⊙ No Unexplained hepatomegaly (enlarged liver)
○ Yes ⊙ No Physical signs of sepsis (an unexplained general rash)
○ Yes ⊙ No Recent evidence of Smallpox vaccination (e.g. vaccination scab, eczema vaccinatum, vesicular rash or vaccinia necrosum)

If yes, explain: N/A

○ Yes ⊙ No Were there any items of value located on or around the donor? If Yes, describe item and how it was secured:
N/A

I have performed a complete anterior and posterior physical assessment of this donor; and, to the best of my ability, have found the donor to be for donation prior to recovery based on the physical assessment findings, in accordance of the EBAA Medical Standards D1.000 and the FDA regulations 1271.75 ⊙ Eligible ○ Ineligible

Intent for tissue: Transplant Donor# [redacted]

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Revised: July 9, 2018
Printed on 2/8/2023 at 13:26

RECOVERY PROCEDURE

The ocular prep and surgical scrub was performed in accordance to the SEB policy and procedure E1.050: ⊙ Yes ○ No

Procedure Type: OD: In-situ OS: In-situ Date & Time of Procedure 02/07/2023 @ 1050 (☐ N/A)

Location of Procedure / Unit: LOPA Suite / Prep Room

Date & Time Ocular Cooling Began 02/06/23 @ 1720 N/A ☐ Method of ocular cooling ○ Ocular Prep ⊙ Cool Storage

The recovery procedure was performed in accordance to the SEB policy and procedure E1.100 / E1.120: ⊙ Yes ○ No

Funeral Home ☒ N/A Funeral Home City ☒ N/A

DEPARTURES

Were there any Departures from the Southern Eye Bank's Standard Operating Procedures? ○ Yes ⊙ No *If Yes, describe below:*

N/A

OPO INFORMATION

Was consent provided for Organ donation? ○ Yes ⊙ No Were Organs recovered? ○ Yes ⊙ No

Was consent provided for Tissue donation? ⊙ Yes ○ No Were Tissues recovered (or is tissue recovery anticipated)? ⊙ Yes ○ No

OPO Donor # 2302-0334, T23-0067, 2311242 OPO Blood Specimen draw: (☒ N/A) Date /Time @

POST MORTEM PATHOLOGY

Has an Autopsy been requested? ⊙ Yes ○ No *If Yes, Where?* St. Tammany PCO Phone Number 985-781-1150

Medical Examiner Case? ⊙ Yes ○ No *ME#* ST-1147-23

If Yes, Permission for recovery was given by Claudia Hoover Date/Time (☐ N/A) 2/7/23 @ 0830

Was Vitreous drawn per SEB policy? ⊙ Yes ○ No *Was Autopsy declined due to a perceived risk of communicable disease?* ○ Yes ⊙ No

POST-RECOVERY INFORMATION

Elevated head / upper body: ⊙ Yes ○ No *Embalmer Alert Tag left with body* ⊙ Yes ○ No

By electronically signing below, I attest that the above statements are true and accurate to the best of my ability.

Recovery Performed By: Cindy Tucker (*Signature*) 02/07/2023 13:39 (*Date / Time*)

A PDF file copy of the original Recovery Form over this electronic signature has been saved to the case record. The final printed chart copy may reflect additional updated/revised case information required as part of the QA case work up. Any changes and author (if applicable) will be reflected in EBIS donor documents.

Intent for tissue: Transplant Donor# [redacted]

A TRUE COPY

Revised: July 9, 2018

Printed on 2/8/2023 at 13:26

St. Tammany Parish Coroner's Office

St. Tammany Parish Coroner's Office
65278 Hwy 434
Lacombe, Louisiana 70445
985-781-1150 • Fax: 985-781-1148

June 20, 2023

Louisiana Organ Procurement Agency
68190 Highway 190 Service Road
Covington, LA 70433

Attn.: Lizzie Banner

RE: Harmony Moller
DOD: 02/06/2023

Dear Ms. Banner:

Enclosed you will find a copy of the records you requested on the above referenced case. Included is a certified copy of the Autopsy report and the Toxicology report.

Please be advised that the information enclosed is PRIVILEGED AND CONFIDENTIAL INFORMATION intended for the use of the addressee ONLY. PLEASE DO NOT MAKE COPIES.

If I can be of any other assistance to you, please do not hesitate to call my office.

Sincerely,

Ana Welch
Case Coordinator
St. Tammany Parish Coroner's Office

Enclosures

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St. Tammany Parish Coroner's Office

WAGAR HICKMAN

ATTORNEYS AT LAW

Chip Wagar
Partner
Telephone 985 888 8740
Facsimile 985 888 8792
cwagar@wagarhickman.com

May 2, 2024

SPOLIATION NOTICE / COLLECTION FORM

Via Email awelch@stpcoroner.com
St. Tammany Parish Coroner's Office
65278 Highway 434
Lacombe, LA 70445

Re: Your Patient/Our Client: Harmony Moller
Date of Birth: [redacted]
Date of Death: February 6, 2023
Last 4 Digits of SSN: [redacted]

Dear St. Tammany Parish Coroner's Office:

Our firm represents the Estate of Harmony Moller for wrongful death claims related to the consumption of Kratom products. Please be advised that any kratom samples or products received at your facility are crucial evidence in our client's case. As well as kratom samples, any blood, tissue, or pathology specimens relating to Harmony Moller may also be used as evidence.

Accordingly, this letter serves as a spoliation notice for any such materials. Please do not destroy, discard, or damage such materials. Please ensure that the St. Tammany Parish Coroner's Office and any of its employees, representatives, agents, attorneys, insurance carriers, and consultants, retain all such samples, specimens, documents, radiography, video, and photographic imagery that may be relevant to this claim.

Please also ensure that none of these materials are used, and that no destructive testing is performed on any of these materials without contacting my office. Please contact me within fourteen (14) days from the date of this letter to confirm that you have preserved these materials.

If you are unable to ensure the proper storage of such materials, we would like to arrange for any preserved materials to be transferred to our possession and stored at Steelgate, Inc., a third-party biological storage facility. Please advise if the transfer of specimens is necessary. If so, a representative from Steelgate, Inc. will contact you to make arrangements for the safe transfer of

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St. Tammany Parish Coroner's Office

these materials. They will provide you with a pre-packaged, pre-labeled kit so that any preserved materials can be easily shipped.

Attached, please find an authorization executed on behalf of the Estate of Harmony Moller allowing this office to arrange for the obtainment of the specimens, if needed. Thank you for your cooperation and prompt attention to this matter.

Sincerely,

CHIP WAGAR

CW/sb
Attachment: HIPAA Authorization

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St. Tammany Parish Coroner's Office

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION PURSUANT TO THE HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC & CLINICAL HEALTH (HITECH) ACT, 42 USC 17935

PATIENT NAME	DOB
Harmony Moller	[redacted]

ADDRESS	SSN
[redacted]	[redacted]

CITY	STATE	ZIP
Madisonville	LA	70447

PROVIDER AUTHORIZED TO RELEASE MEDICAL RECORDS

St. Tammany Parish Coroner's Office

RELEASE MEDICAL RECORDS TO

Wagar Hickman, LLC
1425 W. Causeway Approach
Mandeville, LA 70471

MEDICAL RECORDS AUTHORIZED FOR USE OR DISCLOSURE

DESCRIPTION	START DATE	END DATE
☒ ALL PHI IN THE RECORD	Inception 02/06/2023	Present
☒ PROGRESS NOTES		
☒ LABORATORY TESTS		
☒ X-RAY /MRI'S/ CT SCANS AND REPORTS		
☒ HISTORY AND PHYSICAL EXAMINATION		
☒ DISCHARGE SUMMARY		
☒ CONSULTATION REPORTS		
☒ ITEMIZED BILLING STATEMENT		
☒ OTHER		

The following information will be released when included in the above unless you otherwise indicate:

[X] AIDS OR HIV TEST RESULTS
[X] ALCOHOL, DRUG OR SUBSTANCE ABUSE TREATMENT
[X] PSYCHIATRIC OR MENTAL CARE/TREATMENT
[ ] OTHER (specify):

I UNDERSTAND THAT:

1. This consent may be revoked in writing at any time by directing such revocation for the requester of this authorization. I also understand that any disclosures made prior to receipt of written revocation of this authorization are binding.
2. The purpose for this disclosure is LEGAL.
3. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law.
4. The patient's treatment, payment, enrollment, or eligibility for benefits may not be conditioned on signing this authorization.
5. A photocopy of this original will serve as an original.
6. This authorization will expire one year from the date on which t was signed.

SIGNATURE OF PATIENT	DATE

SIGNATURE OF PATIENT'S REPRESENTATIVE (IF NECESSARY)	DATE
Harmony Moller	05/02/24

PERSONAL REPRESENTATIVE'S RELATIONSHIP TO PATIENT	
Mother	

A TRUE COPY
AW
St. Tammany Parish Coroner's Office

CERTIFICATION OF VITAL RECORD

CERTIFICATION OF DEATH

BIRTH NUMBER:

STATE FILE NUMBER: 2023-022-00136

09730374

DECEDENT	DECEDENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) MOLLER, HARMONY ANNE	DATE OF BIRTH [redacted]	DATE OF DEATH 02/06/2023	TIME OF DEATH 03:40 PM
	PLACE OF BIRTH - (CITY, STATE, COUNTRY) COVINGTON, LA UNITED STATES	SEX FEMALE	SOCIAL SECURITY NUMBER [redacted]	AGE 36 YEARS
	DECEDENT'S ALIAS NAME(S) - (LAST, FIRST, MIDDLE, SUFFIX): 			
	RESIDENCE OF DECEDENT - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) [redacted] MADISONVILLE, LA 70447 UNITED STATES		WITHIN CITY LIMITS? NO	PARISH/COUNTY ST. TAMMANY
PERSONAL	EVER IN U.S. ARMED FORCES? NO	OCCUPATION TEACHER	INDUSTRY OF OCCUPATION EDUCATION	
	MARITAL STATUS DIVORCED	NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE, SUFFIX) 		
	FATHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX) MOLLER, ALBERT IVAN	FATHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY) ROCK ISLAND, IL UNITED STATES		
	MOTHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX) MONTZ, KATHLEEN MARY	MOTHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY) ROCK ISLAND, IL UNITED STATES		
	INFORMANT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) MOLLER, KATHLEEN MONTZ	RELATIONSHIP TO DECEDENT MOTHER	INFORMANT'S ADDRESS [redacted] MADISONVILLE, LA 70447 UNITED STATES	
	EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE			
	OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO			
	RACE: WHITE			
DEATH INFO	PLACE OF DEATH DECEDENT'S HOME	FACILITY NAME 		
	FACILITY ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) [redacted] MADISONVILLE, LA 70447 UNITED STATES			PARISH/COUNTY ST. TAMMANY
DISPOSITION	METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION METAIRIE CREMATORY		
	PLACE OF DISPOSITION - (CITY, STATE, COUNTRY) NEW ORLEANS, LA UNITED STATES			DATE OF DISPOSITION 02/16/2023
FUNERAL FACILITY	FUNERAL FACILITY NAME GRACE FUNERAL HOME	ADDRESS OF FUNERAL FACILITY 450 HOLY TRINITY DR., COVINGTON, LA 70433 UNITED STATES		
	NAME OF FUNERAL DIRECTOR (LAST, FIRST, MIDDLE, SUFFIX) FARRIS, KATIE A	LICENSE NUMBER E2843	CORONER NOTIFIED? Y	
	SIGNATURE OF FUNERAL DIRECTOR "e-sign"		DATE 6/28/2023	
MEDICAL INFO	MANNER OF DEATH	ACCIDENT		
	IF FEMALE?	UNKNOWN		
	DID TOBACCO USAGE CONTRIBUTE TO DEATH?	UNKNOWN		
CAUSE OF DEATH	PART I. Enter the chain of events -- 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 the etiology. DO NOT ABBREVIATE.			APPROXIMATE INTERVAL: Onset to Death
	IMMEDIATE CAUSE - (Final disease or condition resulting in death)	a. ABNORMALLY HIGH LEFT CORONARY OSTIA TAKEOFF EXACERBATED BY MITRAGYNINE USE		UNK
	Sequentially list conditions, if any, leading to the cause listed on line a.	b.		
	Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	c.		
		d.		
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
	WAS AN AUTOPSY PERFORMED? YES		FINDINGS USED IN DETERMINING CAUSE? YES	
INJURY INFORMATION	PLACE OF INJURY RESIDENCE	DATE OF INJURY 02/06/2023	TIME OF INJURY 99:99 PM	INJURY AT WORK N	IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE
	LOCATION OF INJURY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) [redacted], MADISONVILLE, LA 70447 UNITED STATES				PARISH/COUNTY ST. TAMMANY
	DESCRIBE HOW INJURY OCCURED SELF-INGESTED				
CERTIFIER	I CERTIFY THIS 'CORONER CASE' BASED ON MY EXAMINATION OR INVESTIGATION AND, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.				
	SIGNATURE OF CERTIFIER: "e-sign"		DATE: 6/27/2023		
	CERTIFIER NAME - (LAST, FIRST, MIDDLE, SUFFIX)	PRESTON, CHARLES ALLEN			
	CERTIFIER TITLE: CORONER				
	CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 65276 HIGHWAY 434 , LACOMBE, LA 70445 UNITED STATES				
	BURIAL TRANSIT PERMIT 519429	PARISH OF ISSUE ORLEANS	DATE OF ISSUE 02/13/2023	DATE FILED WITH REGISTRAR 6/28/2023	
REGISTRAR	SIGNATURE OF REGISTRAR	NADINE MIMS SMITH "e-sign"			

ISSUED BY: Audler, Marie L. Issued On: 6/30/2023 11:43:46 AM

09730374

A REPRODUCTION OF THIS DOCUMENT IS VOID AND INVALID. DO NOT ACCEPT

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

DEVIN GEORGE
STATE REGISTRAR

A TRUE COPY
St. Tammany Parish Coroner's Office

WAGAR HICKMAN

ATTORNEYS AT LAW

Helene Gregorich
Paralegal
Main: 985-888-8740
Direct: 985-888-0138
Facsimile: 985-888-8792
hgregorich@wagarhickman.com

May 24, 2024

TIME SENSITIVE REQUEST FOR RECORDS
St. Tammany Parish Coroner's Office
65278 Highway 434
Lacombe, LA 70445

Re: Your Patient/Our Client: Harmony Moller
Date of Birth: [redacted]
Date of Death: February 6, 2023
Last 4 Digits of SSN: [redacted]

Dear St. Tammany Parish Coroner's Office:

Wagar Hickman represents the Estate of Harmony Moller for wrongful death claims related to the consumption of Kratom products. Accordingly, we are gathering information and evidence related to our client's death.

For dates of service between **02/06/2023** and **02/10/2023,** please provide any and all records including toxicology reports, autopsy reports, photographs, Certificate of Death, specimen custody forms or other documents related to your patient and our client, Harmony Moller. Together with the records, please complete and return the **Declaration of Custodian of Records** form to us by one of the below means:

6/17/24: left message for Helene Gregorich w/ Cecilia - need payment or sdt

10/4/24: Pymt not rcvd to this date

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St. Tammany Parish Coroner's Office

E-mail (preferred)	Mail	Fax
hgregorich@wagarhickman.com	Wagar Hickman 1401 W. Causeway App. Mandeville, LA 70471	985-888-8792

By providing records responsive to this request, you are certifying that you are providing all of the responsive records in your possession which are accurate and complete duplicates. We look forward to working together with you on behalf of your patient and our client.

If you have any questions or concerns, please do not hesitate to call 985-888-8740 or e-mail **hgregorich@wagarhickman.com**

Sincerely,

Helene Gregorich
Paralegal to
Nelson W. "Chip" Wagar, III &
Sarah Wagar Hickman

:hg
Enclosures: Declaration of Custodian of Records
HIPPA Authorization

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St. Tammany Parish Coroner's Office

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION PURSUANT TO THE HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC & CLINICAL HEALTH (HITECH) ACT, 42 USC 17935

PATIENT NAME		DOB
Harmony Moller		[redacted]
ADDRESS		SSN
[redacted]		[redacted]
CITY	STATE	ZIP
Madisonville	LA	70447

PROVIDER AUTHORIZED TO RELEASE MEDICAL RECORDS
St. Tammany Parish Coroner
105278 Highway 434, Lacombe, LA 70445

RELEASE MEDICAL RECORDS TO
Wagar Hickman, LLC
1425 W. Causeway Approach
Mandeville, LA 70471

MEDICAL RECORDS AUTHORIZED FOR USE OR DISCLOSURE

DESCRIPTION	START DATE	END DATE
☑ ALL PHI IN THE RECORD	Inception 3/6/23	Present 2/10/23
☐ PROGRESS NOTES		
☐ LABORATORY TESTS		
☐ X-RAY /MRI'S/ CT SCANS AND REPORTS		
☐ HISTORY AND PHYSICAL EXAMINATION		
☐ DISCHARGE SUMMARY		
☐ CONSULTATION REPORTS		
☐ ITEMIZED BILLING STATEMENT		
☐ OTHER Specimens, tissue Sample		

The following information will be released when included in the above unless you otherwise indicate:

[ ] AIDS OR HIV TEST RESULTS
[ ] ALCOHOL, DRUG OR SUBSTANCE ABUSE TREATMENT
[ ] PSYCHIATRIC OR MENTAL CARE/TREATMENT
[ ] OTHER (specify):

I UNDERSTAND THAT:
1. This consent may be revoked in writing at any time by directing such revocation for the requester of this authorization. I also understand that any disclosures made prior to receipt of written revocation of this authorization are binding.
2. The purpose for this disclosure is LEGAL.
3. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law.
4. The patient's treatment, payment, enrollment, or eligibility for benefits may not be conditioned on signing this authorization.
5. A photocopy of this original will serve as an original.
6. This authorization will expire one year from the date on which t was signed.

SIGNATURE OF PATIENT	DATE
SIGNATURE OF PATIENT'S REPRESENTATIVE (IF NECESSARY)	DATE
Harmony Moller	5/24/2024
PERSONAL REPRESENTATIVE'S RELATIONSHIP TO PATIENT	
Mother	

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St. Tammany Parish Coroner's Office

WAGAR HICKMAN

ATTORNEYS AT LAW

Helene Gregorich
Paralegal
Main: 985-888-8740
Direct: 985-888-0138
Facsimile: 985-888-8792
hgregorich@wagarhickman.com

DECLARATION OF CUSTODIAN OF RECORDS

PATIENT NAME: Harmony Moller
Date of Birth: [redacted]

I, the duly authorized custodian of records of St. Tammany Parish Coroner's Office, having the authority to certify the records of Harmony Moller, declare the following:

1. RECORDS PRODUCED:

Autopsy Report	☐ YES	☐ NO	_____ (number of) files / pages / films / slides / videos (circle one)
Toxicology Report	YES ☐	NO ☐	_____ (number of) files / pages / films / slides / videos (circle one)
Photographs	YES ☐	NO ☐	_____ (number of) files / pages / films / slides / videos (circle one)
Death Certificate	YES ☐	NO ☐	_____ (number of) files / pages / films / slides / videos (circle one)
Other (Specimens)	YES ☐	NO ☐	Describe Specimens:

2. CERTIFICATION OF RECORDS PROVIDED: (must select one)

☐ The produced records are a true copy of ***ALL*** the records described in the authorization.
☐ The following records were omitted or could not be produced at this time for the following reason:

_____

3. CERTIFICATION OF NO RECORDS: (must select at least one)

☐ A thorough search of our files, carried out under my direction, revealed no documents, records

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St. Tammany Parish Coroner's Office

or other material called for in the Authorization.

☐ Existing records are not within the time limitation set forth in the request.

☐ All records have been destroyed in accordance with our document retention policy.

☐ Other explanation:

_____

I, the undersigned custodian of the records, do hereby certify that the attached records of is an accurate duplicate of any and all documents or other recorded form of information kept by St. Tammany Parish Coroner's Office concerning Harmony Moller. This declaration is made under oath subject to the penalties of perjury.

Executed on this date:_____.

_____

Signature of Records Custodian

_____

Printed Name of Records Custodian

A TRUE COPY

St. Tammany Parish Coroner's Office