

**METRO-DADE**  
**MEDICAL EXAMINER DEPARTMENT**  
**INVESTIGATION REPORT**

10/27/1995

**Case Number:** 95-2287                      **COSTELLO, JOHN EDWARD**  
**Case Type:** A                                **52 Year(s) Old White, Non-Hispanic Male**

**AKA:** COSTELLO, JOHN EDMOND

**Address:** 43 WENDAN ROAD, NEWBURY BERKSHIRE, ENGLAND

**Date Of Birth:** 03/05/1943

**Place Of Death:** IN FLIGHT: BRITISH AIRWAYS

**Date/Time Of Death:** 08/26/1995 12:45 PM

**Incident Location:**

**Date/Time of Incident:** / /

**Scene Dr:**

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**HISTORY:**

ACCORDING TO INITIAL POLICE INVESTIGATION. DECEASED IS A WRITER AND FREQUENT INTERNATIONAL TRAVEL. ON AUGUST 26, 1995 HE BOARDED FLIGHT #295 AT LONDON GATWICK AIRPORT ON A DIRECT FLIGHT TO MIAMI. FLIGHT CREW AND PASSENGERS NOTICED HE WAS UNSTEADY AND SHAKING SINCE BOARDING THE PLANE. DECEASED WAS HEARD TO BE BREATHING LOUD AND HEAVY WHILE SLEEPING. ABOUT 12:45 P.M. (EST), AS FOOD WAS BEING SERVED, HE WAS FOUND D.O.A., IN HIS SEAT. THE PLANE LANDED THREE HOURS LATER AT MIAMI INTERNATIONAL AIRPORT. ABOUT THREE WEEKS AGO WHILE IN FRANCE, HE SUFFERED A STOMACH AILMENT POSSIBLY DUE TO FOOD POISONING. ACCORDING TO HIS FAMILY, HE HAVE NO MEDICAL HISTORY. HE WAS HEALTHY WITH NO KNOWN HISTORY OF DRUG OR ETOH ABUSE.

\*\*\*\*\* REFILE: OCTOBER 27, 1995 \*\*\*\*\* BAR

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**Police Case No:** 433269-R/                      **Officer:** ROMAGNI

**Police Agency:** Metro Dade

**Funeral Home:** NIXON FUNERAL HOME

**Cause Of Death:** PNEUMOCYSTIS CARINII PNEUMONIA  
DUE TO: ACQUIRED IMMUNE DEFICIENCY SYNDROME

**Manner:** Natural                                **Investigator:** White, Doris E.

**Autopsy/Exam Dt:** 08/27/1995                **Doctor/Technician:** Fernandez, Ray, M.D.

# CERTIFICATE OF DEATH FLORIDA

TYPÉ OR  
PRINT IN  
PERMANENT  
BLACK INK

LOCAL FILE NO.

1. DECEDENT'S NAME				FIRST	MIDDLE	LAST	2. SEX		
DECEDENT	3. DATE OF DEATH (Month, Day, Year) <b>Found: August 26, 1995</b>			4. SOCIAL SECURITY NUMBER		5a. AGE-Last Birthday (years)	5b. UNDER 1 YEAR	5c. UNDER 1 DAY	
							Months	Days	
6. DATE OF BIRTH (Month, Day, Year)				7. BIRTHPLACE (City and State or Foreign Country)			8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)		
9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA    OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) <b>Airplane</b>								9b. INSIDE CITY LIMITS? (Yes or No)	
9c. FACILITY NAME (If not institution, give street and number) <b>In Flight: British Airway</b>						9d. CITY, TOWN, OR LOCATION OF DEATH		9e. COUNTY OF DEATH	
10. GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE RETIRED.		10a. DECEDENT'S USUAL OCCUPATION		10b. KIND OF BUSINESS/INDUSTRY		11. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)		12. SURVIVING SPOUSE (If wife, give maiden name)	
13.		13a. RESIDENCE — STATE		13b. COUNTY		13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER	
13e. INSIDE CITY LIMITS? (Yes or No)		13f. ZIP CODE		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:			15. RACE - American Indian, Black, White, etc. Specify:	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 - 12)    College (1 - 4 or 5 +)	
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NAME (First, Middle, Maiden Surname)			
19a. INFORMANT'S NAME (Type/Print)				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
20a.		20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)			20c. LOCATION — City or Town, State	
Part Ia.		21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH			21b. LICENSE NUMBER (of Licensee)		21c. NAME AND ADDRESS OF FACILITY		
CERTIFIER		22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <b>Ray Fernandez</b>			22b. DATE SIGNED (Mo., Day, Yr.)			22c. HOUR OF DEATH	
		22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) <b>Ray Fernandez</b>			23b. DATE SIGNED (Mo., Day, Yr.) <b>October 27, 1995</b>	
					23c. HOUR OF DEATH <b>Found: 12:45 PM</b>			23d. MEDICAL EXAMINER CASE # <b>95 - 1 1 - 0 2 2 8 7</b>	
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) <b>RAY FERNANDEZ, M.D. MEDICAL EXAMINER DEPARTMENT NUMBER ONE ON BOB HOPE ROAD, MIAMI, FLORIDA 33136</b>									
25a. SUBREGISTRAR — SIGNATURE AND DATE				25b. LOCAL REGISTRAR — SIGNATURE				25c. DATE REGISTERED	
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.								Approximate Interval Between Onset and Death	
CAUSE OF DEATH CERTIFIER		IMMEDIATE CAUSE (Final disease or condition resulting in death) →		a. <b>Pneumocystis carinii pneumonia</b>					
		DUE TO (OR AS A CONSEQUENCE OF):		b. <b>Acquired immune deficiency syndrome</b>					
		DUE TO (OR AS A CONSEQUENCE OF):		c. _____					
		DUE TO (OR AS A CONSEQUENCE OF):		d. _____					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						27a. WAS AN AUTOPSY PERFORMED? (Yes or No) <b>yes</b>	27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) <b>yes</b>	28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) <b>yes</b>	
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO		30a. IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED				30b. DATE OF SURGERY (Mo., Day, Year)			
31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined.		32a. DATE OF INJURY (Month, Day, Year)	32b. TIME OF INJURY	32c. INJURY AT WORK? (Yes or No)	32d. DESCRIBE HOW INJURY OCCURRED				
		32e. PLACE OF INJURY — At home, farm, street, factory, etc. (Specify)		32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

State of Florida, Department of Health and Rehabilitative Services, Vital Statistics

DADE COUNTY MEDICAL EXAMINER DEPARTMENT

CLASSIFICATION OF PENDING CASE

(THIS FORM IS TO BE USED BY A MEDICAL EXAMINER WHEN A PENDING CASE IS TO BE CLASSIFIED. MAKE CERTAIN THAT THERE IS AN APPROVAL BY EITHER THE CHIEF OR DEPUTY CHIEF MEDICAL EXAMINER BEFORE COMPLETING THE NECESSARY FORMS AND CERTIFICATES REQUIRED BY THE STATE.)

M.E. Case # 95-2287 Name (if known) COSTELLO, JOHN EDWARD

Cause of Death: PNEUMOCYSTIS CARINII PNEUMONIA  
(Item 24)

Due to: ACQUIRED IMMUNE DEFICIENCY

Due to: SYNDROME

Contributory Cause:

Manner of Death: NAT  
(Item 27a)

How Incident Occurred:  
(Item 27d)

Rationale for Classification:

52 Y/O WHITE MALE WIFE ON PLANE FROM LONDON TO MIAMI WAS FOUND EXPIRED IN HIS SEAT. FLIGHT CREW AND PASSENGERS NOTED HE WAS UNSTEADY, SWAYING, AND BREATHING LOUD WHILE SLEEPING. HE HAD NO MEDICAL HISTORY, NO HISTORY OF DRUG OR ETHANOL ABUSE. HE WAS A WRITER, FREQUENT INTERNATIONAL TRAVELER, AND REPORTEDLY HOMOSEXUAL.

[Signature]  
Medical Examiner

10/23/95  
M - D - Y  
Date

Approved by [Signature]  
10/23/95  
M - D - Y  
Date



DADE COUNTY MEDICAL EXAMINER DEPARTMENT

NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133

TELEPHONE (305) 545-2400

FAX (305) 545-2418

CASE INFORMATION

DATE 10/23/95  
mo. day yr.

\_\_\_\_\_ time

95-2287  
M.E. Case #

DECEASED NAME (IF KNOWN) \_\_\_\_\_

Autopsy Findings:

1. BRONCHOPNEUMONIA, BILAT. (Rt 1870, Lt 1610)  
ON MICROSCOPIC + PCP  
WITH SILVER STAIN
2. ODDER REPRESENTATIVE OF RTOTY CONSANGUINE PLONG

HIV (+) By BOTH ELISA & WESTERN  
Blot

Tox: (-)

SIGNATURE

METROPOLITAN DADE COUNTY  
M E D I C A L E X A M I N E R D E P A R T M E N T  
NUMBER 1 ON BOB HOPE RD MIAMI, FLORIDA 33136 (305) 545-2400  
INVESTIGATION REPORT

M.E. CASE NO. 95-2287 A  
DATE AUG/26/95  
CATEGORY: 03

COSTELLO, JOHN EDMOND  
52 WHITE MALE DOB MAR/05/43  
43 WENDAN ROAD, NEWBURY BERKSHIRE, ENGLAND

PLACE OF DEATH: IN FLIGHT: BRITISH AIRWAYS  
TIME OF DEATH: FOUND 12:45 PM AUG/26/95

INVESTIGATING AGENCY: METRO #433269-R/ROMAGNI

INCIDENT LOCATION:  
SCENE M.E.

HISTORY: DEW

ACCORDING TO INITIAL POLICE INVESTIGATION. DECEASED IS A WRITER AND FREQUENT INTERNATIONAL TRAVEL.

ON AUGUST 26, 1995 HE BOARDED FLIGHT #295 AT LONDON GATWICK AIRPORT ON A DIRECT FLIGHT TO MIAMI. FLIGHT CREW AND PASSENGERS NOTICED HE WAS UNSTEADY AND SHAKING SINCE BOARDING THE PLANE.

DECEASED WAS HEARD TO BE BREATHING LOUD AND HEAVY WHILE SLEEPING. ABOUT 12:45 P.M. (EST), AS FOOD WAS BEING SERVED, HE WAS FOUND D.O.A., IN HIS SEAT. THE PLANE LANDED THREE HOURS LATER AT MIAMI INTERNATIONAL AIRPORT.

ABOUT THREE WEEKS AGO WHILE IN FRANCE, HE SUFFERED A STOMACH AILMENT POSSIBLY DUE TO FOOD POISONING.

ACCORDING TO HIS FAMILY, HE HAVE NO MEDICAL HISTORY. HE WAS HEALTHY WITH NO KNOWN HISTORY OF DRUG OR ETOH ABUSE.

CAUSE OF DEATH: PENDING MICROSCOPY (OCTOBER 27, 1995)

MANNER: UNCLASSIFIED DATE AUTOPSY AUG/27/95 BY RAY FERNANDEZ, M.D.

MORTUARY: NIXON FUNERAL HOME DEW  
THIS REPORT MAY CONTAIN NON-VERIFIED INFORMATION AND IS SUBJECT TO CHANGE

# CERTIFICATE OF DEATH FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME FIRST MIDDLE LAST			2. SEX		
3. DATE OF DEATH (Month, Day, Year) <b>Found: August 26, 1995</b>		4. SOCIAL SECURITY NUMBER		5a. AGE-Last Birthday (years)	5b. UNDER 1 YEAR Months Days
6. DATE OF BIRTH (Month, Day, Year)		7. BIRTHPLACE (City and State or Foreign Country)		5c. UNDER 1 DAY Hours Minutes	
9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) <b>Airplane</b>					9b. INSIDE CITY LIMITS? (Yes or No)
9c. FACILITY NAME (If not institution, give street and number) <b>In Flight: British Airway</b>			8d. CITY, TOWN, OR LOCATION OF DEATH		9e. COUNTY OF DEATH
10a. DECEDENT'S USUAL OCCUPATION		10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)		12. SURVIVING SPOUSE (If wife, give maiden name)
13a. RESIDENCE — STATE		13b. COUNTY	13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER
13e. INSIDE CITY LIMITS? (Yes or No)	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - if yes, specify Haitian, Cuban Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE - American Indian, Black, White, etc. Specify:	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 - 12) Collage (1 - 4 or 5 +)
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Maiden Surname)		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		20c. LOCATION — City or Town, State	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		21b. LICENSE NUMBER (of Licensee)	21c. NAME AND ADDRESS OF FACILITY		
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <b>▷</b>		22b. DATE SIGNED (Mo., Day, Yr.)	22c. HOUR OF DEATH <b>5</b>	23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) <b>▷</b>	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		M	23b. DATE SIGNED (Mo., Day, Yr.) <b>August 27, 1995</b>	23c. HOUR OF DEATH <b>Found: 12:45 P.M.</b>	
			23d. MEDICAL EXAMINER CASE # <b>95 - 11 - 02287</b>		
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) <b>RAY FERNANDEZ, M.D. Medical Examiner Department Number One On Bob Hope Road, Miami, Florida 33136</b>					
25a. SUBREGISTRAR—SIGNATURE AND DATE <b>▷</b>		25b. LOCAL REGISTRAR—SIGNATURE <b>▷</b>		25c. DATE REGISTERED	
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>→</b> a. <b>Pending microscopy ( October 27, 1995)</b>					
DUE TO (OR AS A CONSEQUENCE OF):					
b. DUE TO (OR AS A CONSEQUENCE OF):					
c. DUE TO (OR AS A CONSEQUENCE OF):					
d. DUE TO (OR AS A CONSEQUENCE OF):					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			27a. WAS AN AUTOPSY PERFORMED? (Yes or No) <b>Yes</b>	27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) <b>No</b>	28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) <b>Yes</b>
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO		30a. IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED		30b. DATE OF SURGERY (Mo., Day, Year)	
31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined.		32a. DATE OF INJURY (Month, Day, Year)	32b. TIME OF INJURY <b>M</b>	32c. INJURY AT WORK? (Yes or No)	32d. DESCRIBE HOW INJURY OCCURRED
		32e. PLACE OF INJURY — At home, farm, street, factory, etc. (Specify)		32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

State of Florida, Department of Health and Rehabilitative Services, Vital Statistics

DECEDENT

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH BY CERTIFIER

Unclassified



**METROPOLITAN DADE COUNTY  
MEDICAL EXAMINER DEPARTMENT**  
Number One On Bob Hope Road  
Miami, Florida 33136-1133

**CAUSE OF DEATH DETERMINATION**

TO: FORENSIC INVESTIGATIONS

DATE: 8/27/95  
M D Y

RE: COSTELLO, JOHN EDWARD  
Name

95-2287  
M. E. Case No.

CAUSE OF DEATH: HEART MICROSCOPY

DUE TO:

DUE TO:

DUE TO:

CONTRIBUTORY CONDITIONS:

MANNER OF DEATH: UNCLASSIFIED

HOW INJURY OCCURRED (32d):

DID INJURY OCCUR AT WORK (32a): YES

NO

IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? YES

NO

SPECIAL REQUESTS:

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*[Handwritten Signature]*  
Signature, M. D.

MESSAGE CONFIRMATION

08-27-95 11:08

PHONE NUMBER : MED EXAM INVEST  
SESSION NO. : 324  
PAGES : 01  
START TIME : 08-27-95 11:07  
ELAPSED TIME : 00' 39"  
TYPE : STANDARD  
MODE : 9600/STD/MR  
RESULTS : O.K

METRO-DADE POLICE DEPT. 3-5-43 NATURAL DEATH INVESTIGATION CONTINUATION/SUPPLEMENTARY  
 DADE COUNTY, FLORIDA 355 PM AED 450 PM

CASE NO. 43268-R  
 SOC. SEC. NO.

VICTIM'S NAME: JOHN EDMOND COSTELLO  
 OCCUPATION: EMPLOYER  
 SEX: M RACE: W AGE: 33  
 ADDRESS: 49 WENDMAN RD BUCKWIRE  
 RES. PHONE: [blank]

DEATH OCCURRED: UNK-  
 IN THE PRESENCE OF (ADDRESS):  
 IDENTIFIED BY (ADDRESS): MASS PORT PHOTO IO # B170588

FOUND DEAD (DATE & TIME): 8-26-53 1245 PM EST  
 BY WHOM (ADDRESS): FLIGHT CREW STAFF  
 WEATHER CONDITION: COOL  
 ADDRESS OF OCCURRENCE: MYZM GATE A116

DATE & TIME VIEWED: 8-26-53 430 PM  
 TYPE OF PREMISES: AIRCRAFT  
 VEHICLE (MAKE, YEAR, LIC. TAG):  
 VEH. STORED AT:

HISTORY (WHAT HAPPENED PRIOR TO DEATH):  
 THE VICT LONDED FLT BA295 AT LONDON GATWICK AIRPORT ON AUG 26 1953 10AM LONDON  
 TIME TO MAKE FLIGHT DERECT TO MIA DURING FLIGHT VICT WAS NOTICED  
 TO BE BREATH COOL & HEADY DURING SLEEP & WHEN OBSERVED WALKING  
 DURING FLIGHT HE WAS UNSTEADY ON FEET. WITNESSES & FLIGHT CREW STAFF  
 BELIEVED THAT VICT HAD APPARENTLY & HAVING PARKINSONS DISEASE.  
 APPROX 3 AM PRIOR TO LANDING & DURING FLOW SERVICE TO PASSENGER IT WAS  
 NOTICED THE VICT WAS NOT BECAUTIZING & UNRESPONSIVE. PET. POOSTER BERNEDOTHE COPIRIGAN WHO  
 HAS NURSE TRAINING ADVISED VICT HAD NO PULSE BODY COOL TO TOUCH HEAD & NECK COLD  
 CLOTHING WORN: ~~SHIRT & TROUSERS~~ <sup>JEANS - YELLOW JACKET BLUE WHEAT SHIRT - DEN JEANS</sup>  
~~SHIRT & TROUSERS~~ <sup>GREEN SHIRT - WHITE SOCKS</sup>  
 POSITION OF BODY: SEATED FACING SOUTH ON SEAT 15 FRONT LEANS ON AIRCRAFT  
 RIGOR MORTIS: FULL BODY HEAT: COOL DECOMPOSITION: NONE TRAUMA: NONE  
 HOSPITAL TAKEN TO: TRANSPORTED BY: DR. WHO ATTENDED: MEDICATION TAKEN PRIOR TO DEATH:  
 MEDICAL HISTORY: UNK

NEXT OF KIN: UNK  
 RELATION:  
 PHONE NO. ADDRESS:  
 RESULTS:  
 M. E. WHO CONDUCTED AUTOPSY (DATE):  
 NOTIFIED (DATE & TIME):  
 PROPERTY DISPOSITION: SEE PHOENIX REPORT  
 REPORTING OFFICER'S NAME: [signature]  
 RADIO NO.:  
 DISTRICT:  
 GRID:  
 BADGE NO.:  
 DISPATCHED BY, DATE & TIME: SET PHOENIX 3 PM 8-26-53  
 PREPARED BY (SIGN):  
 APPROVED BY (DATE):



DADE COUNTY MEDICAL EXAMINER DEPARTMENT  
NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133  
TELEPHONE (305) 545-2400  
FAX (305) 545-2418

CASE INFORMATION

DATE Aug. 27, 1995  
mo. day yr.

10:20 PM  
time

95-2287  
M.E. Case #

DECEASED NAME (IF KNOWN) Castello, John

Rec'd  
call  
Brian Castello  
(brother)  
1-635-42789

He stated that Dec'd had not been treated for any medical problems. He was healthy & no know use of drugs or ETOH abuse.  
No objections to an autopsy.

They will make funeral arrangements on Tuesday, because it is a National Holiday in this Country, therefore they are unable to ~~have~~ contact a funeral director

SIGNATURE

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI LEAVE BLANK

LAST-NAME NAM FIRST NAME MIDDLE NAME

Costello, John E.

5



007786521

ALIASES

CONTRIBUTOR

FLO13013Z  
DIST MED EXAM  
MIAMI, FL

DATE OF BIRTH DOB  
Month Day Year

3-5-43

SIGNATURE OF PERSON FINGERPRINTED

**DECEASED**

THIS DATA MAY BE FINGERPRINTED IN LOCAL, STATE AND NATIONAL FILES

DATE ARRESTED OR RECEIVED NOA

SEX M

RACE W

HGT. 5-11

WGT. 169

EYES BLU

HAIR BRN

PLACE OF BIRTH POB

DATE OF SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

APR 26 1943

YOUR ID. NO. 95-2287

CHARGE

FBI NO. FBI

SID NO. SID

SOCIAL SECURITY NO. SOC

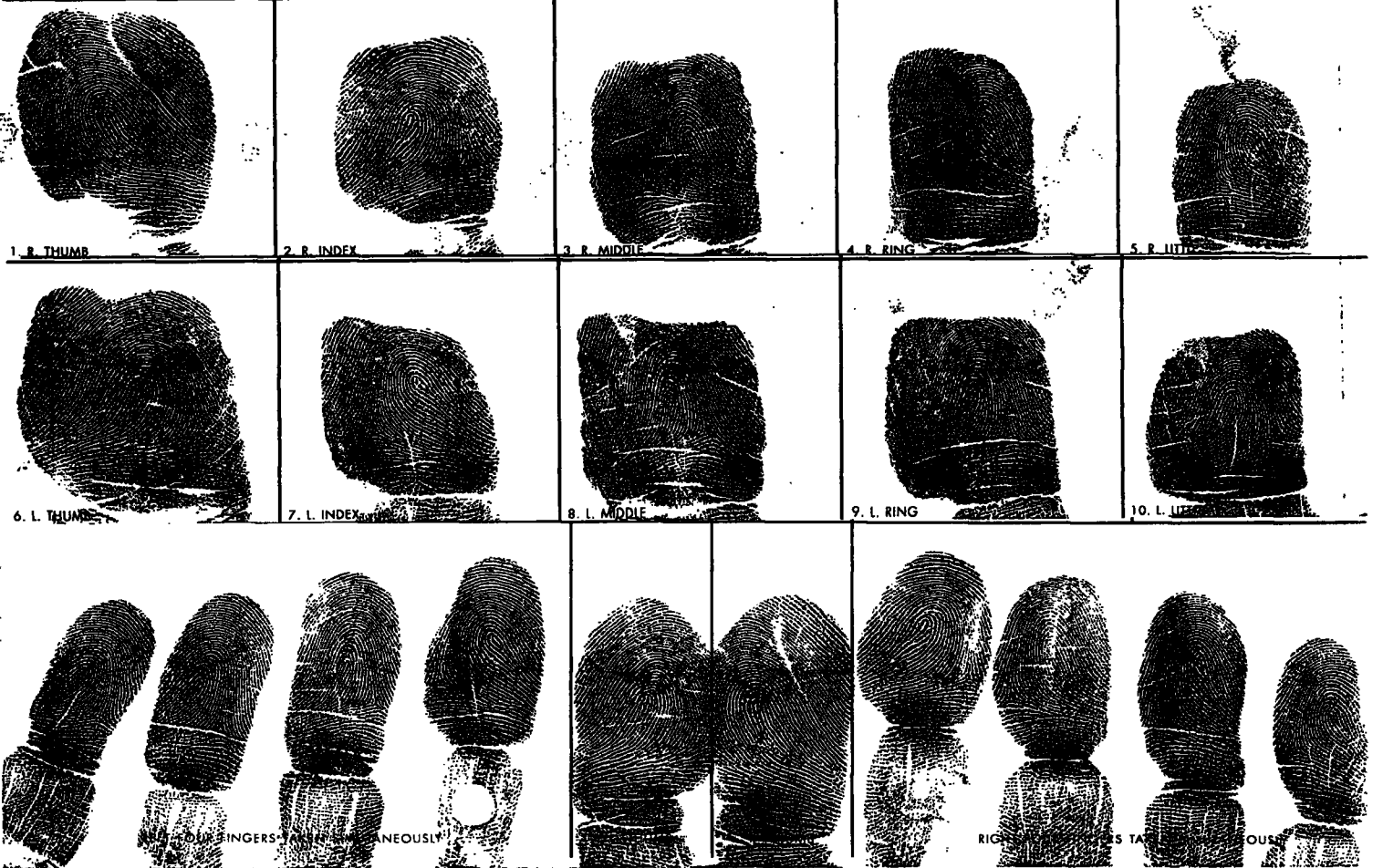
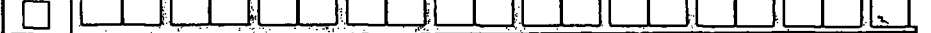
FINAL DISPOSITION

CLASS.

REF.

NCIC CLASS - FPC

CAUTION



# Professional Transport Systems, Inc.

## Medical Examiner Transport

Agency DCME Date 8/26/95 Time 3:58 a.m.  a.m.  p.m.

Full Name of Deceased JOHN EDMOND COSTELLO

Removal Address MIAMI INTER. AIRPORT BRITISH AIRLINES

Sex: Male  Female  Black  White

Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Dispatch Time 3:58 a.m.  p.m.

Unit 10-51 to scene 4:08 am  pm Unit 10-97 at scene 4:35 am  pm

Unit 10-51 to enroute 5:17 am  pm Unit 10-97 at Dest. 5:29 am  pm

Run# 3795 Case# 95-2287 Branch \_\_\_\_\_

Report  Charts  Meds  Blood  Urine  Jewelry

Dentures  Clothing  Monies  Other: \_\_\_\_\_

Left Front Pocket: \_\_\_\_\_ Right Front Pocket: \_\_\_\_\_

Left Rear Pocket: \_\_\_\_\_ Right Rear Pocket: \_\_\_\_\_

Bills Y  N \_\_\_\_\_ Coins Y  N \_\_\_\_\_

Other Property: Transporting No Valuables

Above Witnessed by: \* \_\_\_\_\_ Above Received by: \_\_\_\_\_

Property Released to: P.D.  M.E.  F.H.  Family  Other

Officer's Name: \* ROMAGNI ID# 3490 Case# 433264-R  
PRINT

Police Dept.: MDD County: DANE

IN WITNESS WHEREOF: THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT ABOVE LISTED ITEMS FULLY AND ACCURATELY REFLECTS THOSE BELONGINGS OF THE DECEASED, FOUND IN HIS/HER POSSESSION, AT THE TIME OF TRANSFER BY PROFESSIONAL TRANSPORT SYSTEMS, INC.

Date: 8/26/95 Signature \* \_\_\_\_\_

Veh# D-45 Driver Jim Attendant: MARKT.

AMERICAN MEDICAL LABORATORIES, INC.<sup>®</sup>  
P.O. Box 10841 • 14225 Newbrook Drive  
Chantilly, VA 22021-0841  
Telephone: (703) 802-6900

11986 PBF:T11986  
FLORIDA LIONS EYE BANK

900 NW 17TH STREET  
MIAMI FL 33136

D95-2287

ADULT ASSUMED

117117 21932254/0 NP 09/22/95 09/23/95 12:28

FINAL

30562/0 STAT REQUEST  
Eye Donor Profile

AO

HBsAg  
HBsAg NEGATIVE  
Anti-HCV, 2nd Generation Negative  
HIV-1/HIV-2 Serology  
HIV-1/HIV-2 Antibodies, E REACTIVE

REFERENCE VALUE: A result of NONREACTIVE indicates that no antibodies to HIV-1/HIV-2 were detected. Reactive samples have been tested in triplicate by ELISA before being reported.

PLEASE NOTE: This information has been disclosed to you from records whose confidentiality may be protected by State law. If your state requires such protection, then the State law prohibits you from making any further disclosure of the information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

\*\*\* END OF REPORT \*\*\*

AMERICAN MEDICAL LABORATORIES, INC.<sup>®</sup>  
P.O. Box 10841 • 14225 Newbrook Drive  
Chantilly, VA 22021-0841  
Telephone: (703) 802-6900

RF

11986 PBF:T11986  
FLORIDA LIONS EYE BANK

900 NW 17TH STREET  
MIAMI FL 33136

ADULT ASSUMED

1 1171091 5189306770 09/08/95 09/09/95 09/10/95 19:25

FINAL

3656270 STAT REQUEST  
Eye Donor Profile

AO

HBsAg  
HBsAg NEGATIVE  
Anti-HCV, 2nd Generation Negative  
HIV-1/HIV-2 Serology  
Antibodies, E

REFERENCE VALUE: A result of NONREACTIVE indicates that no antibodies to HIV-1/HIV-2 were detected. Reactive samples have been tested in triplicate by ELISA before being reported.

PLEASE NOTE: This information has been disclosed to you from records whose confidentiality may be protected by State law. If your state requires such protection, then the State law prohibits you from making any further disclosure of the information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

\*\*\* END OF REPORT \*\*\*



DADE COUNTY MEDICAL EXAMINER DEPARTMENT  
 NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133  
 TELEPHONE (305) 545-2400  
 FAX (305) 545-2418

CASE INFORMATION

DATE 8/26/95  
 mo. day yr.

3:54 PM  
 time

\_\_\_\_\_  
 M.E. Case #

DECEASED NAME (IF KNOWN) \_\_\_\_\_

Rec'd  
 EAU  
 Det Romagni  
 MDPD

Miami International Airport

Gate A-16

British Airways

Enter runway by Pan Am bldg.

Appt Nat

Wagon  
 requested  
 Carry  
 3:55 PM

A. Christino

SIGNATURE

MESS-12 CONFIDENTIAL  
TRANSMISSION

AUG-26-'95 SAT 14:55

TERM ID: MED 24HM INVEST  
TEL NO.: 305-54E-2423

F-9934

NO.	DATE	ST. TIME	TOTAL TIME	RESP. SEQ	ID	DEPT CODE	#PGE
014	88-25	14:54	00'00"SE	01	12417		08-1   10-2

# Nixon Funeral Service, Inc.

425-B West Dania Beach Boulevard  
Dania-Fort Lauderdale, Florida 33004  
305-922-5102

AUG-31-1995 18:13 FROM INMAN NATIONWIDE TO NIXON FUN SUC P.01

Date: Aug 31, 1995

To: DADE COUNTY MEDICAL EXAMINER  
MIAMI, FL.

Please release the remains of JOHN EDMOND COSTELLO  
to NIXON FUNERAL SERVICE of DANIA, FL. for direct  
cremation and shipment to KENYON AIR  
TRANSPORTATION of LONDON, UK.

Signature: x P. Suzanne Costello  
(Legal name of No)

x NAME: PATTIE SUZANNE COSTELLO  
MOTHER

DADE COUNTY MEDICAL EXAMINER DEPARTMENT  
 NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1  
 Telephone (305) 545-2400  
 FAX (305) 545-2418



95-2287-1

DADE COUNTY  
 MEDICAL EXAMINER  
 95 AUG 26 PM 5:29

DECEASED'S VALUABLES AND PERSONAL PROPERTY RECORD

NAME OF DECEASED GOSTELLO, JOHN E. M.E. CASE NO. 95-2287  
 TIME \_\_\_\_\_ DATE Aug 26, 95  
 AGE 53 RACE W SEX M HEIGHT 5-11  
 WEIGHT (with clothes) 169 (without clothes) \_\_\_\_\_ (with wet clothes) \_\_\_\_\_

FINGERPRINTED:  YES  NO

MALE			CLOTHES			FEMALE			
SHOES	SOCKS		SHOES	STOCKING	SOCKS	SHOES	STOCKING	SOCKS	
JACKET	SWEATER		COAT	SWEATER	JACKET	COAT	SWEATER	JACKET	
TIE	SHIRT		DRESS	BLOUSE	SKIRT	DRESS	BLOUSE	SKIRT	
TROUSERS	SHORTS	BELT	SHORTS		SLACKS	SHORTS		SLACKS	
UNDERSHIRT	T SHIRT	UNDERSHORTS	SLIP	PANTIES	CORSET	BRA	SLIP	PANTIES	CORSET
PAJAMAS			PAJAMAS		GOWN		PAJAMAS		GOWN
DENTURES: U.	L.	TRUSS	DENTURES: U.	L.			DENTURES: U.	L.	
MISCELLANEOUS			MISCELLANEOUS				MISCELLANEOUS		

**VALUABLES**  
 (List all money, jewelry, keys, personal papers & other valuables)

None



95-2287-C

RECEIVED BY [Signature] MORGUE ATTENDANT WITNESS [Signature]

REMOVED FROM M.E. OFFICE BY  
 BODY [Signature] REPRESENTING NIXON DATE 9-1-95 TIME 11:02 A  
 CLOTHES [Signature] REPRESENTING NIXON DATE 9-1-95 TIME 11:02 A  
 VALUABLES \_\_\_\_\_ REPRESENTING \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

[Signature]



PHONE: (305) 545-2487 FAX: (305) 545-2412

## FAX TRANSMITTAL COVER

Agency Name: British Consul

Contact Name: Linda

Fax Number: (407) 426-9343

Senders Name: CHERYL SCOTT

Description: Autopsy report for  
John Castello 95-2287

Number of pages (not including cover): 5

Date Sent: 2-7-95 Time Sent: \_\_\_\_\_

If there are any problems with this transmission, please call:

at (       ) immediately.

UNIVERSITY OF MICHIGAN LIBRARY

DATE: 1965-11-10  
NAME: 1948 MEDICAL COLLEGE  
EX: 1005-549-2412  
REL: 1005-549-2412

DATE, TIME

FAC: HOLLAND

DURATION

PAGE(S)

RESULT

MODE

1005-549-2412

1005-549-2412

1005-549-2412

1005-549-2412

10

STANDARD



DADE COUNTY MEDICAL EXAMINER DEPARTMENT  
 NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133  
 TELEPHONE (305) 545-2400  
 FAX (305) 545-2418

CASE INFORMATION

DATE \_\_\_\_\_ mo. \_\_\_\_\_ day \_\_\_\_\_ yr. \_\_\_\_\_ time \_\_\_\_\_ M.E. Case # \_\_\_\_\_

DECEASED NAME (IF KNOWN) \_\_\_\_\_

TELEPHONE MESSAGE FOR RE  
 M Robert Porter of London - London Paris  
 Telephoned  Visited Your Office Date / Time 10:15 AM / 11-16-95  
 Return Call  Will Call Again  
 MESSAGE John Costello 95-2287  
(M... ..) Natural  
6-9-01-441  
21-35 8-6713  
 Callers Telephone No. \_\_\_\_\_ Area Code \_\_\_\_\_ Extension \_\_\_\_\_  
 Call Taken By CM  See Me For More Details

CALLER ASKED 11/16/95 3:30 PM  
 DISCUSSED AUTOPSY  
 FINDINGS  
 INFORMED HIM & CONCERN  
 DIED OF NAT CAUSES  
 AND COULD NOT RELEASE  
 INFO ABOUT HIV STATUS.

[Signature]  
 SIGNATURE

305 55 1971  
S. P. P. P.

W. J. P.  
P. P. P.



**DADE COUNTY MEDICAL EXAMINER DEPARTMENT**  
**NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133**  
**TELEPHONE (305) 545-2400**  
**FAX (305) 545-2418**

**CASE INFORMATION**

DATE 11-2-95  
 mo. day yr.

1250  
 time

95-2287  
 M.E. Case #

DECEASED NAME (IF KNOWN) Costello, John

<b>TELEPHONE MESSAGE</b>	
No 002156	
DATE CALL RECEIVED	TIME
11-2-95	12:17
WHO CALLED	
Jeffery Moag	
CITY, STATE	
PHONE	AREA CODE
466-4310	202
<input checked="" type="checkbox"/> RETURN CALL, DATE, TIME	
<input type="checkbox"/> WILL CALL AGAIN, DATE, TIME	
CALL TAKEN BY	

**MEDICAL EXAMINER DEPARTMENT**  
**1 BOB HOPE ROAD**  
**MIAMI, FLORIDA 33136-1133**

MESSAGE FOR . . . .	SPG
Ref 95-2287	

DAY-TIMERS RE-ORDER No. 3214 — Printed in USA

RF out of town. Spoke with Mr. Moag, who claims to be dec's nephew through marriage. Told him that dec apparently died of natural causes. RF will refile case when all studies completed. He will call back after 11/13 & speak to RF directly.

*SPG*

SIGNATURE

THE DADE COUNTY MEDICAL EXAMINER DEPARTMENT, Miami, Florida

Name...COSTELLO, John Edward....August 27, 1995...11:00.am.....Case No. 95-2287

The 2560 gram liver has a smooth intact capsule. The liver parenchyma is firm, tan-brown, with a normal lobular pattern. The mucosal and serosal surfaces of the gallbladder are unremarkable. The gallbladder contains a small amount of golden viscid bile and is free of gallstones.

The 340 gram spleen has a smooth, gray, intact capsule. The splenic parenchyma is dark red and soft with prominent lymphoid follicles. In addition, the lymph nodes of the mediastinum are enlarged and uniformly dark red-tan.

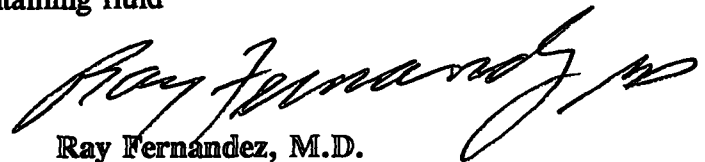
The right and left kidneys are 210 and 240 grams respectively. The renal cortical surfaces are smooth. The renal parenchyma is dark red-brown with normal corticomedullary demarcation. The renal pelves, ureters, and bladder are unremarkable. The bladder contains approximately 210 milliliters of clear yellow urine. The testes are descended in the scrotal sac and are unremarkable externally and on sectioning.

The serosal and mucosal surfaces of the esophagus, stomach, small and large bowel are unremarkable. The stomach contains an extensive amount of pale gray fluid. The appendix is present.

The thyroid gland, pancreatic gland, and adrenal glands are all unremarkable externally and on sectioning.

**AUTOPSY FINDINGS:**

1. Bronchopneumonia, bilateral
2. Odor reminiscent of ethanol containing fluid

  
Ray Fernandez, M.D.  
Associate Medical Examiner

RF:rf

95-2287

**facsimile**  
TRANSMITTAL

**to:** Mr. Tom Lewis, Dacle County Medical Examiner  
**fax #:** 305 545 2426  
**re:** Request for Report for #952287/Costello  
**date:** October 27, 1995  
**pages:** one page(s) total, including this cover sheet

Dear Mr. Lewis:

Would you kindly send me a copy of the final report for case #952287 for the autopsy for John Costello? Per our telephone discussion today, you advised me that you would need a written request to release the information and that I could send it to you via the above FAX number.

You may send the information via FAX to (202) 501-6175. If you have any questions, please phone me at (202) 208-7345. Thank you for your assistance.

Sincerely,

*Judy M. Edelhoff*  
Judy M. Edelhoff

*FAXED*  
*10-31-95*  
From the desk of...

**Judy M. Edelhoff**  
Chief Merchandise Development Branch  
National Archives and Records Administration  
NECR Room 14N, 7th & Pennsylvania Ave, NW  
Washington, DC 20408

tel: (202) 501-5065 or 208-7345 (direct)  
fax: (202) 501-6175



DADE COUNTY MEDICAL EXAMINER DEPARTMENT  
 NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133  
 TELEPHONE (305) 545-2400  
 FAX (305) 545-2418

CASE INFORMATION

DATE 12/1/95 10:55 95-2287  
 mo. day yr. time M.E. Case #

DECEASED NAME (IF KNOWN) COSTELLO, JOHN 53 y/m

CALL FROM  
 SUNDAY EXPRESS  
 MASSER, WILLIAM  
 INFORMED HIM COD WAS  
 PNEUMONIA AND MANIPULATED  
 NATURAL.  
 DISCUSSED WHY SOME  
 PEOPLE GET SEVERE PNEUMONIA.

  
 SIGNATURE



**DADE COUNTY MEDICAL EXAMINER DEPARTMENT**  
 NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133  
 TELEPHONE (305) 545-2400  
 FAX (305) 545-2418

**CASE INFORMATION**

DATE \_\_\_\_\_ time \_\_\_\_\_ 95-2287  
 mo. day yr. M.E. Case #

DECEASED NAME (IF KNOWN) \_\_\_\_\_

**TELEPHONE MESSAGE**  
 No 007131

DATE CALL RECEIVED	TIME
8-31-95	11:27
WHO CALLED	
Jeffery Moag	
News Reporter (Friend)	
CITY, STATE	
National Security News Service	
PHONE	AREA CODE
466-4310	202
<input checked="" type="checkbox"/> RETURN CALL, DATE, TIME	
<input type="checkbox"/> WILL CALL AGAIN, DATE, TIME	
CALL TAKEN BY	
[Signature]	

**MEDICAL EXAMINER DEPARTMENT**  
 1 BOB HOPE ROAD  
 MIAMI, FLORIDA 33136-1133

MESSAGE FOR . . . .	RF
MESSAGE	
Ref 95-2287	
Castello, John Edmond	

DAY-TIMERS RE-ORDER No. 3214 - Printed in USA

Return call 8/30/95 12 noon  
 HE HAD NOT SEEN VICTIM SINCE 93.  
 HE DID REPORT VICTIM HAD 2  
 97 novels, AND WAS INVOLVED

\_\_\_\_\_  
 SIGNATURE

IN RECORDED BOOKS H.  
HE WILL FAX INTO AN  
POST BOOKS SYSTEM.



DADE COUNTY MEDICAL EXAMINER DEPARTMENT  
 NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133  
 TELEPHONE (305) 545-2400  
 FAX (305) 545-2418

CASE INFORMATION

DATE 9/6/95 11:30 95-2287  
 mo. day yr. time M.E. Case #

DECEASED NAME (IF KNOWN) COSTELLO, JOHN 53 W/M

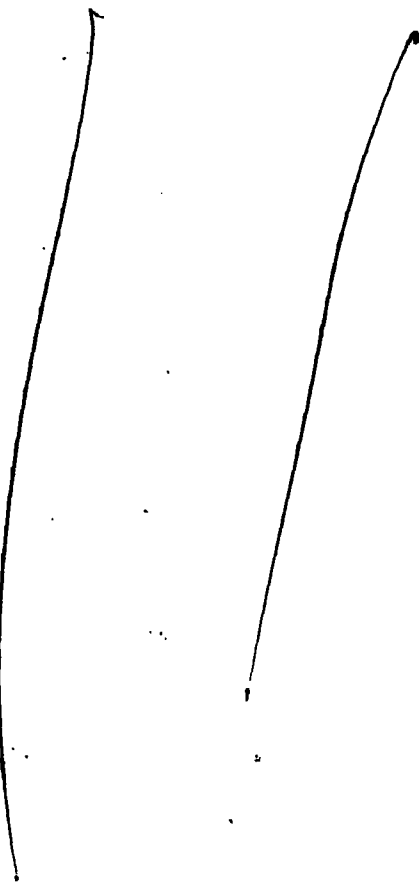
RECEIVED CALL FROM  
 PETER HOOLEY 71-922-7246  
 REPORTER FOR SUNDAY EXPRESS  
 A NATIONAL BRITISH PAPER

HE INFORMED ME THAT  
 MR COSTELLO WAS INVOLVED IN  
 WORK WITH A RUSSIAN  
 FORMER KGB OPERATIVE  
 NAMED OLEV WHO WAS  
 BANNED IN BRITAIN.

MR. COSTELLO WAS INVOLVED IN  
 REVIEWING THE RESEARCH  
 BY THE CHURCHILL AND  
 RUSSIA THAT COULD CHANGE  
 HISTORY.

SIGNATURE

I INFORMED HIM OF OUR  
AUTOPSY FINDINGS AND THAT  
WE WOULD BE SUPPLYING THE  
TISSUE MICROSCOPICALLY AND  
RUNNING OTHER TESTS  
INCLUDING TOXICOLOGY. HE  
SAID HE WOULD FAX US  
A COPY OF HIS REPORT  
IF POSSIBLE.





DADE COUNTY MEDICAL EXAMINER DEPARTMENT  
 NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133  
 TELEPHONE (305) 545-2400  
 FAX (305) 545-2418

CASE INFORMATION

DATE 9-5-95 11:15 AM time 95-2287 M.E. Case #

DECEASED NAME (IF KNOWN) \_\_\_\_\_

**TELEPHONE MESSAGE**  
 No 004975

DATE CALL RECEIVED <i>9-5-95</i>	TIME <i>11:15 AM</i>
WHO CALLED <i>Dr. Robt. La Tou</i>	
FIRM <i>British Airways</i>	
CITY, STATE	
PHONE <i>895-5788</i>	AREA CODE
<input type="checkbox"/> RETURN CALL, DATE, TIME	
<input type="checkbox"/> WILL CALL AGAIN, DATE, TIME	
CALL TAKEN BY <i>Mary</i>	

MEDICAL EXAMINER DEPARTMENT  
 1 BOB HOPE ROAD  
 MIAMI, FLORIDA 33136-1133

MESSAGE FOR . . . . *RF*

MESSAGE

*re: 95-2287 - John Costello*

DAY-TIMERS RE-ORDER No. 3214 - Printed in USA

*FAX 895-6902  
 MEDICAL OFFICER  
 FOR BRITISH AIRWAYS  
 DISCUSSED AUTOPSY  
 FINDINGS.*

*Raymond [Signature]*  
 SIGNATURE



10<sup>13</sup> AM PLATE SOB,

1<sup>30</sup> PM Food

9<sup>00</sup> HOUR



DADE COUNTY MEDICAL EXAMINER DEPARTMENT  
NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133  
TELEPHONE (305) 545-2400  
FAX (305) 545-2418

CASE INFORMATION

DATE 9/8/95  
mo. day yr.

12:40  
time

95-2287  
M.E. Case #

DECEASED NAME (IF KNOWN) Costello, John

Rec'd Call  
Judy Edelhoff - Co Worker  
202-208-7345

She received a call from the deceased between 8/7/95 + 8/10/95 while he was in Spain. During that conversation he mentioned that he had an upset stomach from seafood. She also read in the paper that his death was related to seafood poisoning. She thinks that 3 weeks with food poisoning before he died was rather a long time.

J. Luke

SIGNATURE



DADE COUNTY MEDICAL EXAMINER DEPARTMENT  
NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133  
TELEPHONE (305) 545-2400  
FAX (305) 545-2418

CASE INFORMATION

DATE 8/30/95  
mo day yr.

3:50 pm  
time

95-2287  
M.E. Case #

DECEASED NAME (IF KNOWN) COSTELLO, JOHN EDWARD 534M

ARON FRIEDBERG 599-5310  
SUNSHINE CENTRAL

DISCUSSED Autopsy  
FINDINGS.

HE REPORTED VICTIM  
WROTE SPI NOVELS.  
HE WAS GOING TO FAX  
OBITUARY.

Ray [Signature]  
SIGNATURE

RF  
FYI



DADE COUNTY MEDICAL EXAMINER DEPARTMENT  
NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133  
TELEPHONE (305) 545-2400  
FAX (305) 545-2418

CASE INFORMATION

DATE 9/8/95  
mo. day yr.

12:40  
time

95-2287  
M.E. Case #

DECEASED NAME (IF KNOWN) Costello, John

Rec'd call  
Judy Edelhoff - Co Worker  
202-208-7345

She received a call from the deceased between 8/7/95 & 8/10/95 while he was in Spain. During that conversation he mentioned that he had an upset stomach from seafood. She also read in the paper that his death was related to seafood poisoning. She thinks that 3 weeks with food poisoning before he died was rather a long time.

S. Luby  
SIGNATURE

METRO-DADE POLICE DEPT.  
DADE COUNTY, FLORIDA

NATURAL DEATH INVESTIGATION CONTINUATION SUPPLEMENTARY

03-05-93  
CASE NO. 88-269-16  
SOC. SEC. NO. 428 269 16

VICTIM'S NAME: TONAL ENRIQUE COSTELLO  
 OCCUPATION: Self  
 AGE: 33 SEX: M RACE: Col  
 ADDRESS: 15610 NW 22nd St, Miami Gardens, FL 33149  
 RES. PHONE: 305-428-2691  
 VEHICLE (MAKE, YEAR, LIC. TAG): VEH. STORED AT

DEATH OCCURRED: Col  
 BY WHOM (ADDRESS): IN THE PRESENCE OF (ADDRESS)

FOUND DEAD (DATE & TIME): 08-26-85 4:30 PM  
 IDENTIFIED BY (ADDRESS): MISS MARY PATRICK  
 ADDRESS OF OCCURRENCE: 15610 NW 22nd St, Miami Gardens, FL 33149

DATE & TIME VIEWED: 08-26-85 4:30 PM  
 TYPE OF PREMISES: RESIDENTIAL  
 WEATHER CONDITION: COOL

HISTORY (WHAT HAPPENED PRIOR TO DEATH):  
THE VICTIM IS A CAREER & FREQUENT INTERNATIONAL TRAVELER. THE VICTIM ARRIVED FROM PARIS AT LAMAR GARDEN AIRPORT ON 8-26-85 FOR A DIRECT FLIGHT TO MIAMI. FLIGHT CREW & OTHER PASSENGERS NOTICED AIRLINE THE FLIGHT & WHEN THE VICTIM ARRIVED THE CREW THAT HIS BAGGAGE WAS STAYING AS HE CHECKED HIS BAGGAGE TO BE SWEETENED & IT WAS ASSURED THAT HE GAVE THE APPROXIMATE OF HIS BAGGAGE. APPROX 3 HRS BEFORE LEAVING THE VICTIM WAS DISCOVERED DECEASED AS HE WAS IN SEVERE POSITION TO TRAVELER WHO ARRIVED BUT WAS FOUND TO BEATH LOSS & HEAVY BLEEDING THE FLIGHT FOR APPROX 20-30 MINS. VICTIM ADVISED THAT APPROX 3 HRS BEFORE THE EXPLOSION A BOMBING OCCURRED WHICH IN FRANCE DESTROYED FOOD BASKETS. THE FLIGHT DEPARTED MIAMI AT 10:00 PM TIME & ARRIVED AT 1:00 PM AT APPROX 1500M EST. CLOTHING WORN: Blue Jeans - Yellow T-shirt - Brown Slippers - Brown Shoes - Change Slippers

POSITION OF BODY: FRONT LEGS SECTION SEAT # 17 FLOOR 1A  
 LOCATION: FRONT LEGS SECTION SEAT # 17 FLOOR 1A  
 DECOMPOSITION: None  
 BODY HEAT: COOL  
 DR. WHO ATTENDED: DR. WHO ATTENDED  
 MEDICATION TAKEN PRIOR TO DEATH: None

MEDICAL HISTORY: None  
 MEDICAL HISTORY: None  
 NEAREST OF KIN: Sister  
 RELATION: Sister  
 PHONE NO: 011-041-635-4218-8  
 ADDRESS: 15610 NW 22nd St, Miami Gardens, FL 33149  
 RESULTS: 02-01635-4218-8  
 M. E. WHO CONDUCTED AUTOPSY (DATE): 08-26-85 8:00 AM EST

PROPERTY DISPOSITION: See Property Section  
 REPORTING OFFICER'S NAME: I. R. ...  
 RADIO NO: 3416  
 BADGE NO: 3480  
 DISTRICT: A  
 GRID: 11524  
 DISPATCHED BY, DATE & TIME: See attached 08-26-85 3:00  
 PREPARED BY (SIGN): [Signature]  
 APPROVED BY (DATE): [Signature]



DADE COUNTY MEDICAL EXAMINER DEPARTMENT  
 NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133  
 TELEPHONE (305) 545-2400  
 FAX (305) 545-2418

CASE INFORMATION

DATE 8-30-95  
 mo. day yr.

\_\_\_\_\_ time

95-2287  
 95-~~2287~~  
 M.E. Case #

DECEASED NAME (IF KNOWN) RE: COSENO, JOHN

MIAMI HERALD 8/30/95

**JOHN COSTELLO**

**Historian wrote books on wartime espionage**

*New York Times Service*

John Costello, a Scottish-born historian who shed new light on World War II and helped to untangle the webs of Cold War intrigue, died Saturday while on a flight from London to Miami. He was 52 and lived in Miami and New York.

His agent John Hawkins said Costello was in Britain to do research and had suffered from shellfish poisoning a few days earlier.

The subjects of his dozen books ranged from the war in the Atlantic and Pacific to Anglo-American mores, code-making and code-breaking and counter-intelligence. They were peopled with heroes and villains, Winston Churchill and Rudolf Hess, the treasonous Cambridge cabal and master spy Alexander Orlov.

He had an earlier career as a documentary filmmaker and believed that a historian should bring not only thorough research to his writing, but "color, light, action" as well.

When the Soviet Union collapsed, he became the first Westerner to see KGB data for historical use, in *Deadly Illusions* (1993), written with Oleg Tsarev, a former KGB colonel.

It was the story of Alexander Orlov, Stalin's top spy and the highest-ranking Soviet intelligence officer ever to go into hiding in the West. He was the Soviet contact for the Cambridge espionage ring of H.A.R. (Kim) Philby, Donald Maclean, Guy Burgess, Anthony Blunt and the still-mysterious "fifth man."

*Mask of Treachery* (1988) dealt with Blunt, the royal curator of paintings who never disclosed the full extent of his treachery. The book also accused the British of deceiving the Americans about just how much the KGB had riddled British intelligence.

*Ten Days of Destiny* (1991) covered Britain's wartime appeasers and the solo flight of Rudolf Hess, Hitler's deputy, to Scotland in May 1941.

*Days of Infamy* blamed disasters at Pearl Harbor and the Philippines on high-level secret deals and strategic blunders. Costello campaigned to clear the names of U.S. military leaders blamed for having their guard down.

His *Virtue Under Fire* (1986) examined how prewar morality had been battered in the United States and Britain with a rise in underage sin.

  
 \_\_\_\_\_  
 SIGNATURE



DADE COUNTY MEDICAL EXAMINER DEPARTMENT

NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133

TELEPHONE (305) 545-2400

FAX (305) 545-2418

CASE INFORMATION

DATE 10/24/95  
mo. day yr.

1:45 PM  
time

95-2287  
M.E. Case #

DECEASED NAME (IF KNOWN) COSTELLO, JOHN S 34 1/2

RECEIVED CALL FROM

RON COFF (216) 733-7835  
(216) 784-7022

FRIEND OF USUAL  
AND EMPLOYEE OF OHIO NEWSPAPER

INFORMED HIM RECENT DEATH  
OF A BEARER PREVIOUSLY  
TEXTED, AND  
MANNER OF DEATH  
NATURAL.

  
SIGNATURE



DADE COUNTY MEDICAL EXAMINER DEPARTMENT  
 NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133  
 TELEPHONE (305) 545-2400  
 FAX (305) 545-2418

CASE INFORMATION

DATE \_\_\_\_\_  
 mo. day yr. time

95-2287  
 M.E. Case #

DECEASED NAME (IF KNOWN) \_\_\_\_\_

TELEPHONE MESSAGE	
No 006938	
DATE CALL RECEIVED	TIME
10/19/95	4:55
WHO CALLED	
Greg Hoay	
PHONE	AREA CODE
466-4310	202
<input type="checkbox"/> RETURN CALL, DATE, TIME	
<input type="checkbox"/> WILL CALL AGAIN, DATE, TIME	
CALL TAKEN BY	
Scamette	

MEDICAL EXAMINER DEPARTMENT  
 1 BOB HOPE ROAD  
 MIAMI, FLORIDA 33136-1133

MESSAGE FOR . . . .	Dr. Fernandez
SIGNATURE	
John Costello	

DAY-TIMERS RE-ORDER No 3214 - Printed in USA

Return call 10/20/95 11 AM  
 NATIONAL SECURITY NEWS SERVICE  
 informed him that death  
 was NATURAL.

*R. Fernandez*  
 SIGNATURE

OFFICE OF VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH  
FLORIDA

1. DECEASED'S NAME <b>JOHN EDMOND COSTELLO</b>		2. SEX <b>MALE</b>	
3. DATE OF DEATH (Month, Day, Year) <b>Found August 26, 1995</b>		4. SOCIAL SECURITY NUMBER <b>NONE</b>	5a. AGE-Last Birthday (Years) <b>52</b>
6. DATE OF BIRTH (Month, Day, Year) <b>MAY 3, 1943</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>SCOTLAND</b>	
8. PLACE OF DEATH (Specify only when not indicated on other lines) <b>Plane</b>		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>NO</b>	
10. FACILITY NAME (If not location, give street and number) <b>In Flight: British Airway</b>		11. COUNTY OF DEATH <b>DADE</b>	
12. DECEASED'S LOCAL OCCUPATION <b>AUTHOR &amp; HISTORIAN</b>		13. KIND OF BUSINESS/INDUSTRY <b>LITERATURE</b>	
14. MARRIAGE STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>NEVER MARRIED</b>		15. SURVIVED SPOUSE (If male, give maiden name) <b>[NONE]</b>	
16. RESIDENCE—STATE <b>FLORIDA</b>		17. CITY, TOWN, OR LOCATION <b>MIAMI BEACH</b>	
18. STREET AND NUMBER <b>7830 MERIDIAN TOWER</b>		19. ZIP CODE <b>33139</b>	
20. WAS DECEASED OF RESPIRATORY OR HEARTIAN ORIGIN? <b>YES</b>		21. RACE—American Indian, Black, White, Other <b>WHITE</b>	
22. DECEASED'S EDUCATION (Specify only highest grade completed) <b>5+</b>		23. MOTHER'S NAME (First, Middle, Last) <b>PATTY SUZANNE DAVIES</b>	
24. DECEASED'S NAME (Typed) <b>PATTIE SUZANNE COSTELLO</b>		25. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>49 WENDAN RD. NEWBERRY, BERKSHIRE, ENGLAND</b>	
26. MANNER OF DISPOSITION <b>CREMATION</b>		27. LOCATION—City or Town, State <b>FORT LAUDERDALE, FLORIDA</b>	
28. SIGNATURE OF FUNERAL SERVICE LICENSEE FOR PERSON ACTING AS SUCH <i>[Signature]</i>		29. LICENSE NUMBER (For Licensee) <b>FE 3211</b>	
30. NAME AND ADDRESS OF FACILITY <b>NIXON FUNERAL SERVICE, INC. 425B W. DANIA BEACH BLVD. DANIA, FL 33004</b>		31. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated (Signature and Title) <i>[Signature]</i>	
32. DATE SIGNED (Month, Day, Year) <b>August 27, 1995</b>		33. HOUR OF DEATH <b>Found: 42:45 P.M.</b>	
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>RAY FERNANDEZ, M.D.</b>		35. MEDICAL EXAMINER CASE # <b>95-11-02287</b>	
36. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) <b>Medical Examiner Department Number One On Bob Hope Road, Miami, Florida 33136</b>			
37. SIGNATURE—Signature and DATE SEPT 7, 1995 <i>[Signature]</i>		38. SIGNATURE—Signature <i>[Signature]</i>	
39. DATE REGISTERED <b>SEP 07 1995</b>		40. APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH	
41. PART I. State the cause, manner, or complication(s) which caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>Pending microscopy (October 27, 1995)</b>			
42. PART II. Enter abnormal condition(s) contributing to death but not resulting in the underlying cause given in Part I.			
43. IF FEMALE, WAS THERE A PREGNANCY IN THIS PART 3 MONTHS—YES OR NO		44. SURGERY IS MENTIONED IN PART I OR ENTER CONDITION FOR WHICH IT WAS PERFORMED	
45. DATE OF SURGERY (Month, Day, Year)		46. DATE OF SURGERY (Month, Day, Year)	
47. TIME OF SURGERY		48. INJURY AT WORK? (Yes or No)	
49. PLACE OF INJURY—At home, farm, school, factory, etc. (Specify)		50. DESCRIBED HOW INJURY OCCURRED	
51. LOCATION (Street and Number or Rural Route Number, City or Town, State)		52. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY *Maurice Darter* SEP 7 1995 State Registrar

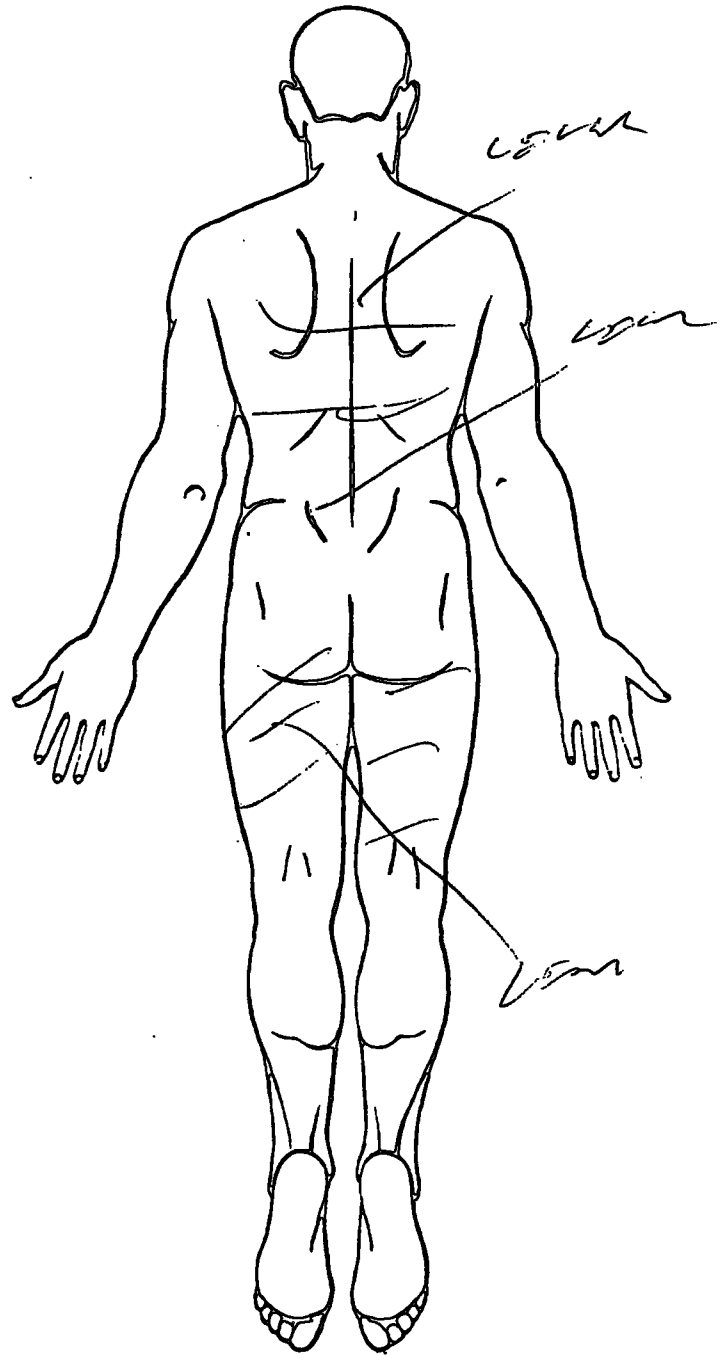
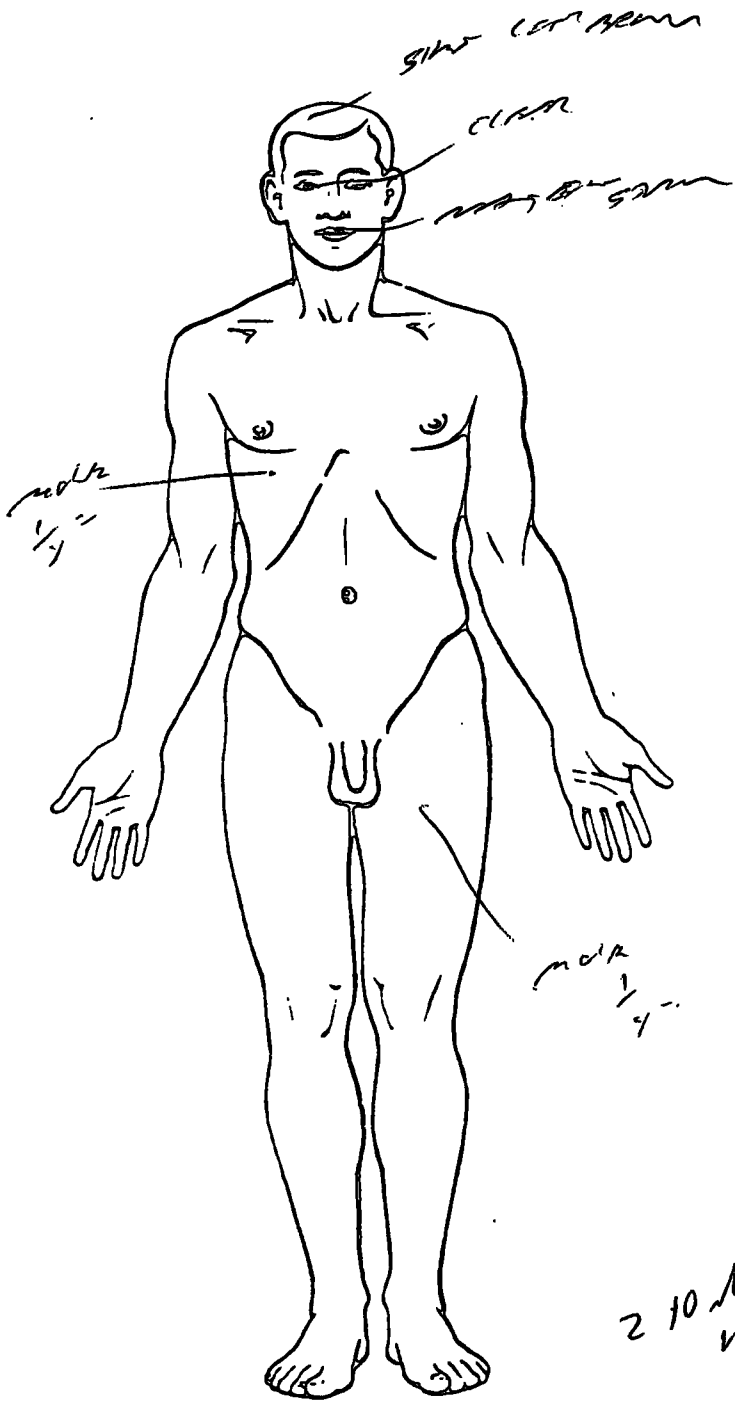


WARNING: ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH LINES AND SECURITY WATERMARK ON BACK AND COLORED BACKGROUND AND GOLD EMBOSSED GREAT SEAL OF THE STATE OF FLORIDA ON FRONT. ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.



CASE NO. 95-2287 NAME CASTELLO, JOHN EDWARD

AGE 52 RACE W SEX M HEIGHT 5'11" WEIGHT 165/165



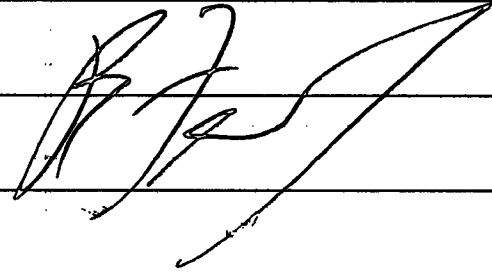
2 10 VR

FORM A

26 SEP 12:10  
HIV Ab (ELISA)  
26 SEP 12:10  
HTLV I WESTERN BLOT

RF

10/12/95



COSTELLO, JOHN EDMON 53M M0002154 MEDEX  
UNIVERSITY OF MIAMI - JACKSON MEMORIAL MEDICAL CENTER

# OUTPATIENT LABORATORY REPORT



**DADE COUNTY MEDICAL EXAMINER DEPARTMENT**  
 NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133  
 TELEPHONE (305) 545-2400  
 FAX (305) 545-2418

**CASE INFORMATION**

DATE \_\_\_\_\_ mo. \_\_\_\_\_ day \_\_\_\_\_ yr. \_\_\_\_\_ time \_\_\_\_\_ 95-2287  
 M.E. Case #

DECEASED NAME (IF KNOWN) \_\_\_\_\_

**TELEPHONE MESSAGE**

**No 007450**

DATE CALL RECEIVED	TIME
10-19-95	11:00
WHO CALLED	
Jeff Moag	
FIRM	
Friend	
CITY, STATE	
PHONE	AREA CODE
466-4310	202
<input checked="" type="checkbox"/> RETURN CALL, DATE, TIME	
<input type="checkbox"/> WILL CALL AGAIN, DATE, TIME	
CALL TAKEN BY	
<i>[Signature]</i>	

**MEDICAL EXAMINER DEPARTMENT**  
 1 BOB HOPE ROAD  
 MIAMI, FLORIDA 33136-1133

MESSAGE FOR . . . . RF

DELIVER TO

by 95-2287

Costello, John

DAY-TIMERS RE-ORDER No. 3214 — Printed in USA

*RETURN call 10/20/95 11 AM  
 NATIONAL SECURITY NEWS SERVICE  
 INFORMS HIM THAT DEATH  
 WAS NATURAL.*

*[Signature]*  
 SIGNATURE

RF

26 SEP 12:10  
HIV Ab (ELISA) POSITIVE  
26 SEP 12:10  
HIV Ab (WESTERN BLOT) POSITIVE

POSITIVE: Any two of the following bands  
p24, gp41, gp120/gp160  
INDETERMINATE: Presence of any other combination of  
bands not fulfilling criteria for a  
positive test.  
NEGATIVE: Absence of any bands

Based on criteria developed by ASTPHLD and the CDC AS  
reported in MMWR vol. 38, No. 5-7 July 21, 1989

26 SEP 12:10  
HTLV I WESTERN BLOT

*Ray [Signature]*  
10/18/95

COSTELLO, JOHN EDMON 53M M0002154 MEDEX  
UNIVERSITY OF MIAMI - JACKSON MEMORIAL MEDICAL CENTER

# OUTPATIENT LABORATORY REPORT

95-2287

1. Mark X firmly in the box for SOURCE and TEST REQUEST
2. Requesting physician, date, time of collection, and location must appear on request
3. Antibiotic susceptibility testing is routinely performed on pathogenic bacteria
4. Indicate in SPECIAL REQUEST area if you suspect a fastidious organism
5. Multiple daily patient specimens from urine, stool, or sputum are not accepted

### MICROBIOLOGY

**SOURCE:** Use descriptive area to further characterize specimen

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> BLOOD                       | <input type="checkbox"/> THROAT                         | <input type="checkbox"/> URINE (describe)   | <input type="checkbox"/> WOUND (describe)    |
| <input type="checkbox"/> CSF                         | <input type="checkbox"/> SPUTUM                         | <input type="checkbox"/> GENITAL (describe) | <input type="checkbox"/> CATHETER (describe) |
| <input type="checkbox"/> TISSUE (describe)           | <input type="checkbox"/> RESPIRATORY - other (describe) | <input type="checkbox"/> STOOL              | <input type="checkbox"/> OTHER (describe)    |
| <input checked="" type="checkbox"/> FLUID (describe) |   |   |  |

DESCRIBE SOURCE or METHOD OF COLLECTION: \_\_\_\_\_

### BACTERIOLOGY:

- ROUTINE CULTURE       GRAM STAIN ONLY
- SPECIAL REQUEST: \_\_\_\_\_

### MYCOBACTERIOLOGY:

- ROUTINE CULTURE       ACID-FAST SMEAR ONLY
- SPECIAL REQUEST: \_\_\_\_\_

### MYCOLOGY:

- ROUTINE CULTURE       WET/INDIA INK SMEAR ONLY
- SPECIAL REQUEST: \_\_\_\_\_

### VIROLOGY:

- VIRAL CULTURE       MYCOPLASMA/UREAPLASMA CULTURE
- SPECIAL REQUEST: *HIV western Blot*

### PARASITOLOGY:

- ROUTINE MICROSCOPY       OCCULT BLOOD
- CRYPTOSPORIDIUM       OTHER (specify) \_\_\_\_\_

### ANTIGEN DETECTION:

CSF & URINE specimens

- |   |   |
|---|---|
| <input type="checkbox"/> HAEMOPHILUS INFLUENZAE                       | <input type="checkbox"/> CRYPTOCOCCUS NEOFORMANS (CSF)                |
| <input type="checkbox"/> NEISSERIA MENINGITIDIS (Group A, C, Y, W135) | <input type="checkbox"/> CLOSTRIDIUM DIFFICILE (STOOL)                |
| <input type="checkbox"/> NEISSERIA MENINGITIDIS (Group B)             | <input type="checkbox"/> CHLAMYDIA TRACHOMATIS (GENITAL)              |
| <input type="checkbox"/> STREPTOCOCCUS PNEUMONIAE                     | <input type="checkbox"/> RESPIRATORY SYNCYTIAL VIRUS (NASOPHARYNGEAL) |
| <input type="checkbox"/> ESCHERICHIA COLI K1 (Newborns only)          |   |
| <input type="checkbox"/> STREPTOCOCCUS GROUP B (Newborns only)        |   |

COMMENT:	IMPRINTED BY:	REQUESTING PHYSICIAN: <i>R. Fernandez MD</i>
	BEEPER:	DATE & TIME COLLECTED: <i>09/26/95 10 AM</i>
PATIENT IMPRINT		

ACID-FAST STAIN ON CSF SPECIMENS  
DONE BY SPECIAL REQUEST ONLY

**JACKSON MEMORIAL HOSPITAL**  
Miami, Florida 33136-1094

**ROUTINE LABORATORY  
TEST REQUISITION**

*269 1488 BLD*  
*\*\*\*\*\**  
*COSTELLO, JOHN EDMON*  
*0002154-H MEDEX 53H*  
*VIRO HIV*

*Costello 53 w/m*  
*45 2430*

# ROUTINE LABORATORY TEST REQUISITION

1. Mark X firmly in the box for SOURCE and TEST REQUEST
2. Requesting physician, date, time of collection, and location must appear on request
3. Antibiotic susceptibility testing is routinely performed on pathogenic bacteria
4. Indicate in SPECIAL REQUEST area if you suspect a fastidious organism
5. Multiple daily patient specimens from urine, stool or sputum are not accepted

95-2287

## MICROBIOLOGY

**SOURCE:** Use descriptive area to further characterize specimen

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> BLOOD                       | <input type="checkbox"/> THROAT                         | <input type="checkbox"/> URINE (describe)   | <input type="checkbox"/> WOUND (describe)    |
| <input type="checkbox"/> CSF                         | <input type="checkbox"/> SPUTUM                         | <input type="checkbox"/> GENITAL (describe) | <input type="checkbox"/> CATHETER (describe) |
| <input type="checkbox"/> TISSUE (describe)           | <input type="checkbox"/> RESPIRATORY - other (describe) | <input type="checkbox"/> STOOL              | <input type="checkbox"/> OTHER (describe)    |
| <input checked="" type="checkbox"/> FLUID (describe) |   |   |  |

DESCRIBE SOURCE OR METHOD OF COLLECTION

**BACTERIOLOGY:**

- ROUTINE CULTURE       GRAM STAIN ONLY
- SPECIAL REQUEST

**MYCOBACTERIOLOGY:**

- ROUTINE CULTURE       ACID-FAST SMEAR ONLY
- SPECIAL REQUEST

**MYCOLOGY:**

- ROUTINE CULTURE       WET INDIA INK SMEAR ONLY
- SPECIAL REQUEST

**VIROLOGY:**

- VIRAL CULTURE       MYCOPLASMA UREAPLASMA CULTURE
- SPECIAL REQUEST      *HIV      West Nile      Dengue*

**PARASITOLOGY:**

- ROUTINE MICROSCOPY       OCCULT BLOOD
- CRYPTOSPORIDIUM       OTHER (specify)

**ANTIGEN DETECTION:**

CSF & URINE specimens

- |   |   |
|---|---|
| <input type="checkbox"/> HAEMOPHILUS INFLUENZAE                       | <input type="checkbox"/> CRYPTOCOCCUS NEOFORMANS (CSF)                |
| <input type="checkbox"/> NEISSERIA MENINGITIDIS (Group A, C, Y, W135) | <input type="checkbox"/> CLOSTRIDIUM DIFFICILE (STOOL)                |
| <input type="checkbox"/> NEISSERIA MENINGITIDIS (Group B)             | <input type="checkbox"/> CHLAMYDIA TRACHOMATIS (GENITAL)              |
| <input type="checkbox"/> STREPTOCOCCUS PNEUMONIAE                     | <input type="checkbox"/> RESPIRATORY SYNCYTIAL VIRUS (NASOPHARYNGEAL) |
| <input type="checkbox"/> ESCHERICHIA COLI K1 (Newborns only)          |   |
| <input type="checkbox"/> STREPTOCOCCUS GROUP B (Newborns only)        |   |

COMMENT	REFERRING BY	REQUESTING PHYSICIAN <i>R. Fernandez MD</i>
	REF. OF	DATE & TIME COLLECTED <i>09/20/95 10 AM</i>
PATIENT IMPRINT		

269.1488 BLD  
 \*\*\*\*\*  
 COSTELLO, JOHN EDWIN  
 MDC02154-M MEDEX 53M  
 HIV

ACID-FAST STAIN ON CSF SPECIMENS  
DONE BY SPECIAL REQUEST ONLY

**JACKSON MEMORIAL HOSPITAL**  
Miami, Florida 33136-1094

**ROUTINE LABORATORY  
TEST REQUISITION**

DADE COUNTY MEDICAL EXAMINER DEPARTMENT  
NUMBER ONE BOB HOPE ROAD  
MIAMI, FL 33136-1133



Phone: (305) 545-2400 Fax: (305) 545-2418

**FAX TRANSMITTAL COVER**

Agency Name:	METRO DADE POLICE DEPARTMENT
Contact Name:	DETECTIVE <i>Romagnoli</i>
Fax Number:	471-2311

Senders Name:	GWHEN SHORTER, SUPERVISOR: FORENSIC INVESTIGATION BUREAU	
Description:	MEDICAL EXAMINER DEPARTMENT INVESTIGATION REPORT	
	CLASSIFICATION OF DEATH ON PENDING CASE.	
	M.E. CASE NUMBER: <i>95-2287</i>	POLICE CASE NUMBER: <i>433269-R</i>
	NAME OF DECEDENT: <i>COSTELLO, JOHN EDWARD</i>	

Number of pages (not including cover):	(1)
Date Sent:	Time Sent:
If there are any problems with this transmission, please call:	
at / 305 \ 545-2400	immediately

**METRO-DADE  
MEDICAL EXAMINER DEPARTMENT  
INVESTIGATION REPORT**

10/27/1995

**Case Number:** 95-2287                      **COSTELLO, JOHN EDWARD**  
**Case Type:** A                                **52 Year(s) Old White, Non-Hispanic Male**  
**AKA:** COSTELLO, JOHN EDMOND  
**Address:** 43 WENDAN ROAD, NEWBURY BERKSHIRE, ENGLAND  
**Date Of Birth:** 03/05/1943  
**Place Of Death:** IN FLIGHT: BRITISH AIRWAYS  
**Date/Time Of Death:** 08/26/1995 12:45 PM  
**Incident Location:**  
**Date/Time of Incident:** / /                      **Scene Dr:**

---

**HISTORY:**

ACCORDING TO INITIAL POLICE INVESTIGATION. DECEASED IS A WRITER AND FREQUENT INTERNATIONAL TRAVEL. ON AUGUST 26, 1995 HE BOARDED FLIGHT #295 AT LONDON GATWICK AIRPORT ON A DIRECT FLIGHT TO MIAMI. FLIGHT CREW AND PASSENGERS NOTICED HE WAS UNSTEADY AND SHAKING SINCE BOARDING THE PLANE. DECEASED WAS HEARD TO BE BREATHING LOUD AND HEAVY WHILE SLEEPING. ABOUT 12:45 P.M. (EST), AS FOOD WAS BEING SERVED, HE WAS FOUND D.O.A., IN HIS SEAT. THE PLANE LANDED THREE HOURS LATER AT MIAMI INTERNATIONAL AIRPORT. ABOUT THREE WEEKS AGO WHILE IN FRANCE, HE SUFFERED A STOMACH AILMENT POSSIBLY DUE TO FOOD POISONING. ACCORDING TO HIS FAMILY, HE HAVE NO MEDICAL HISTORY. HE WAS HEALTHY WITH NO KNOWN HISTORY OF DRUG OR ETOH ABUSE.

\*\*\*\*\* REFILE: OCTOBER 27, 1995 \*\*\*\*\* BAR

---

**Police Case No:** 433269-R/                      **Officer:** ROMAGNI  
**Police Agency:** Metro Dade  
**Funeral Home:** NIXON FUNERAL HOME  
**Cause Of Death:** PNEUMOCYSTIS CARINII PNEUMONIA  
DUE TO: ACQUIRED IMMUNE DEFICIENCY SYNDROME  
**Manner:** Natural                                **Investigator:** White, Doris E.  
**Autopsy/Exam Dt:** 08/27/1995                      **Doctor/Technician:** Fernandez, Ray, M.D.

TRANSMIT REPORT

1995.10-27 12:12  
 305 545 2418  
 INVESTIGATIONS

COM No.	REMOTE STATION	START TIME	DURATION	PAGES	RESULT	USER ID	REMARKS
657	305 471 2311	10-27 12:11	00' 48	02/02	OK		

06277

DADE COUNTY MEDICAL EXAMINER DEPARTMENT  
 NUMBER ONE BOB HOPE ROAD  
 MIAMI, FL 33136-1133



Phone: (305) 545-2400 Fax: (305) 545-2418

**FAX TRANSMITTAL COVER**

Agency Name:	METRO DADE POLICE DEPARTMENT
Contact Name:	DETECTIVE <i>Romagnoli</i>
Fax Number:	471-2311

Senders Name:	GREEN SHORTER, SUPERVISOR: FORENSIC INVESTIGATION BUREAU
Description:	MEDICAL EXAMINER DEPARTMENT INVESTIGATION REPORT
CLASSIFICATION OF DEATH ON PENDING CASE.	
M.E. CASE NUMBER:	POLICE CASE NUMBER:
<i>95-2287</i>	<i>439269-R</i>



DADE COUNTY MEDICAL EXAMINER DEPARTMENT  
NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133  
TELEPHONE (305) 545-2400  
FAX (305) 545-2418

CASE INFORMATION

DATE 9/19/95  
mo/ day yr.

11 30/AM  
time

95-2287  
M.E. Case #

DECEASED NAME (IF KNOWN) JOHN E. CASSELL

RECEIVED CALL FROM  
BRUCE BERTEN 809-295-1372  
BERMUDA, U.S. CONSULATE

INFORMED HIM CASE STILL PENDING,  
TESTS SENT FOR TOX & HIV  
AND MICROSCOPIC EXAM PENDING.  
INFORMED HIM HE COULD  
CHECK BY END OF MONTH.

  
SIGNATURE



**DADE COUNTY MEDICAL EXAMINER DEPARTMENT**  
**NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133**  
**TELEPHONE (305) 545-2400**  
**FAX (305) 545-2418**

**CASE INFORMATION**

DATE \_\_\_\_\_  
 mo. day yr.

\_\_\_\_\_ time

95-2287  
 M.E. Case #

DECEASED NAME (IF KNOWN) \_\_\_\_\_

<b>TELEPHONE MESSAGE</b>	
No 007241	
DATE CALL RECEIVED	TIME
9-15-95	10:32 AM
FROM: Mark Peoper	
SUNDAY EXPRESS	
CITY, STATE: London	
PHONE	AREA CODE
1-71-922	7336
<input checked="" type="checkbox"/> RETURN CALL, DATE, TIME	
<input type="checkbox"/> WILL CALL AGAIN, DATE, TIME	
CALL TAKEN BY: <i>cm</i>	

**MEDICAL EXAMINER DEPARTMENT**  
**1 BOB HOPE ROAD**  
**MIAMI, FLORIDA 33136-1133**

MESSAGE FOR	<i>RF</i>
<i>Mr. John E. Costello</i>	
<i>95-2287 (Uncl.)</i>	

DAY-TIMERS RE-ORDER No. 3214 - Printed in USA

*Return call 9/19/95 12:29 PM*  
*informed how tests still pending.*  
*Asked if vision was with, was*  
*at past address. We informed*  
*the vision was reported but*  
*but did have*  
*loss of consciousness.*

*[Signature]*  
 SIGNATURE



DADE COUNTY MEDICAL EXAMINER DEPARTMENT  
 NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133  
 TELEPHONE (305) 545-2400  
 FAX (305) 545-2418

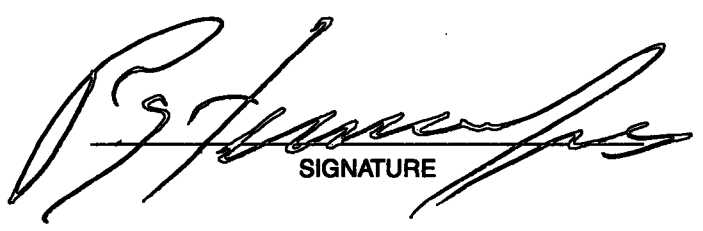
CASE INFORMATION

DATE 9/21/95 \_\_\_\_\_ time \_\_\_\_\_ M.E. Case # 95-2287  
 mo. day yr.

DECEASED NAME (IF KNOWN) COSTELLO, JOHN EDWARD  
 S3 4/2

RECEIVED CALL FROM  
 MRS. W. WILLIAM  
 SUNDAY EXPRESS  
 1-71-922-9293

CALLER ABOUT FINDINGS:  
 I INFORMED HIM TISSUE  
 SECTION REVEALED A  
 SEVERE BRONCHOPNEUMONIA  
 POSSIBLY PNEUMOCYSTIS  
 FURTHER STUDIES PENDING.  
 WE WOULD CHECK BACK  
 IN WEEK.

  
 SIGNATURE

OFFICE OF VITAL STATISTICS

CERTIFIED COPY  
CERTIFICATE OF DEATH  
FLORIDA

*013646*

**1. DECEASED'S NAME** JOHN EDMOND COSTELLO **2. SEX** MALE

**3. DATE OF BIRTH** August 26, 1995 **4. SOCIAL SECURITY NUMBER** NONE **5. AGE AT DEATH** 52

**6. DATE OF DEATH** MAY 3, 1943 **7. BIRTHPLACE** SCOTLAND **8. WAS DECEASED EVER IN U.S. ARMED FORCES?** NO

**9. PLACE OF DEATH** Airplane **10. RESIDE CITY (Last 4 Digits)** YES

**11. FACILITY NAME** In Flight: British Airway **12. CITY, TOWN, OR LOCATION OF DEATH** MIAMI **13. COUNTY OF DEATH** DADE

**14. OCCUPATION** AUTHOR & HISTORIAN **15. KIND OF BUSINESS/INDUSTRY** LITERATURE **16. MARITAL STATUS** NEVER MARRIED **17. SURVIVING SPOUSE** [NONE]

**18. RESIDENCE - STATE** FLORIDA **19. COUNTY** DADE **20. CITY, TOWN, OR LOCATION** MIAMI BEACH **21. STREET AND NUMBER** 7830 MERIDIAN TOWER

**22. RESIDE CITY** YES **23. ZIP CODE** 33139 **24. RACE** WHITE **25. DECEASED'S EDUCATION** 5+

**26. FATHER'S NAME** JOHN EDWARD CECIL COSTELLO **27. MOTHER'S NAME** PATTIE SUZANNE DAVIES

**28. DECEASED'S NAME** PATTIE SUZANNE COSTELLO **29. MAILING ADDRESS** 49 WENDAN RD. NEWBERRY, BERKSHIRE, ENGLAND

**30. MANNER OF DEPOSITION** CREMATION **31. PLACE OF DEPOSITION** SYSTEMS INTERNATIONAL **32. LOCATION** FORT LAUDERDALE, FLORIDA

**33. NAME AND ADDRESS OF FACILITY** NIXON FUNERAL SERVICE, INC. 425B W. DANIA BEACH BLVD. DANIA, FL 33004

**34. DATE SIGNED** October 27, 1995 **35. HOUR OF DEATH** 12:45 PM

**36. MEDICAL EXAMINER CASE #** 95-1102287

**37. NAME AND ADDRESS OF CERTIFIER** RAY FERNANDEZ, M.D. MEDICAL EXAMINER DEPARTMENT NUMBER ONE ON BOB HOPE ROAD, MIAMI, FLORIDA 33136

**38. CERTIFIER SIGNATURE** *Ray Fernandez* **39. LOCAL REGISTRAR SIGNATURE** *Maurice Decker* **40. DATE REGISTERED** NOV 03 1995

**41. PART I. CAUSE OF DEATH**  
**42. IMMEDIATE CAUSE** Pneumocystis carinii pneumonia  
**43. ACQUIRED IMMUNE DEFICIENCY SYNDROME**  
 DUE TO (OR AS A CONSEQUENCE OF):  
 DUE TO (OR AS A CONSEQUENCE OF):  
 DUE TO (OR AS A CONSEQUENCE OF):

**44. PART II. UNDERLYING CAUSE**  
**45. PROBABLE MANNER OF DEATH** NATURAL

**46. DATE OF INJURY** **47. TIME OF INJURY** **48. INJURY AT WORK** **49. DESCRIBE HOW INJURY OCCURRED**

**50. PLACE OF INJURY** **51. LOCATION**

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY *Maurice Decker* NOV 03 1995  
State Registrar

**WARNING** ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH LINES AND SECURITY WATERMARK ON BACK AND COLORED BACKGROUND AND GOLD EMBOSSED GREAT SEAL OF THE STATE OF FLORIDA ON FRONT. ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.



OFFENSE-INCIDENT REPORT

95-2287

Gang Related <input type="checkbox"/>		45		Juv. in Report <input type="checkbox"/>		Warn/Dismiss <input type="checkbox"/>		1. Original <input type="checkbox"/>		2. Supplement <input type="checkbox"/>	
Date of Supplement						Agency Report Number					
METRO-DADE POLICE DEPARTMENT						433269N					
Original Day Reported		Date		Time (mil)		Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)	
SAT 082695		082695		1435		1440		1450		1730	
Incident Type		3. Misdemeanor		5. Ordinance		Incident Day		Date		Time (mil)	
1. Felony		4. Traffic		9. Other		SAT		08-26-95		1045	
2. Traffic Felony		Misdemeanor				From		To		SAT 08-26-95 1245	
OFF/INC #1		Description		A-Attempted		C-Committed		Statute Violation Number		NCIC/UCR Code	
#1		DECLASIFIED PERSON		C		7		7		0082	
OFF/INC #2											
Incident Location (Street, Apt. Number)		City		Zip		District		Grid		Area Zone	
IN TRANSIT - LONDON ENGLAND - MIAMI FLA		MIAMI		33130		0711		54		KUUUU	
Business Name/Area Identifier		Flight #		Class		Forced Entry		Occupancy			
BRITISH AIRWAYS FLIGHT # 295 - SEAT 1-J						0. N/A 2. No		0. N/A 2. Unoccupied		3. Abandoned	
Location Type		01. Residence-Single		06. Gas Station		11. Specialty Store		16. Storage		21. Airport	
02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		26. Highway/Roadway	
03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		27. Park/Woodlands/Field	
04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		28. Lake/Waterway	
05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		29. Motor Vehicle	
06. Gas Station		11. Specialty Store		16. Storage		21. Airport		26. Highway/Roadway		99. Other	
07. Liquor Sales		12. Drug Store/Hospital		17. Gov't/Public Bldg.		22. Bus/Rail Terminal		27. Park/Woodlands/Field			
08. Bar/Nightclub		13. Bank/Financial Inst.		18. School/University		23. Construction Site		28. Lake/Waterway			
09. Supermarket		14. Commercial/Office Bldg.		19. Jail/Prison		24. Other Structure		29. Motor Vehicle			
10. Dept/Discount Store		15. Industrial/Mfg.		20. Religious Bldg.		25. Parking Lot/Garage		30. Other Mobile			
# OFF/INC.		# Victims		# Offenders		# Prem. Ent.		# Veh. Stolen		# Type Weapon	
01		01		00		00		00		00	
V/W Code		P-Proprietor		Victim Type		Race		Sex		Residence Type	
V-Victim		W-Witness		0-N/A		N-N/A		N-N/A		0-N/A	
C-Reporting Person		Z-Other		1. Juvenile		W-White		M-Male		1. City	
				2. L.E. Officer		O-Oriental/Asian		F-Female		4. Out-of-State	
				3. Adult		B-Black		U-Unknown		2. County	
				4. Business		U-Unknown				3. Non-Resident	
				5. Government						1. Full Year	
				6. Church						2. Part Year	
				9. Other						3. Other	
Injury Type		03. Laceration		07. Loss of Teeth		Victim Relationship To Offender		06. Parent		10. Step-Child	
00. N/A		04. Unconscious		08. Burns		00. N/A		07. Brother/Sister		14. Teacher	
01. Gunshot		05. Poss. Broken Bones		09. Abrasions/Bruises		01. Undetermined		08. Child		15. Child of Boy/Girl	
02. Stabbed		06. Poss. Internal Injury		99. Other		04. Ex-Spouse		12. Other Family		17. Friend	
						05. Co-Habitant		13. Student		18. Neighbor	
						09. Step-Parent		16. Boy/Girl Friend		19. Sitter/Day Care	
										20. Employee	
										21. Employer	
										22. Landlord/Tenant	
										23. Acquaintance	
										99. Other Known	
OFF/INC Indicator		V/W Code		V. Type		Name (Last, First, Middle or Business)		Residence Phone			
1. #1 3. Both		01		V 01		CUST CLERK, JOHN		( )			
2. #2								( )			
Address (Street, Apt. Number)		City		State		Zip		Business Phone			
99 WENDAN RD.		NEWBURY		BERKSHIRE				( )			
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement									
		DECLASIFIED PERSON									
If V/W Code		Race		Sex		Date of Birth or Age		Res. Type		Res. Status	
V, W, or P		W		M		050343		04		03	
Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will victim prefer charges?			
03		99		04				Yes <input type="checkbox"/> No <input type="checkbox"/>			
OFF/INC Indicator		V/W Code		V. Type		Name (Last, First, Middle or Business)		Residence Phone			
1. #1 3. Both		01		C 01		JOHNSON, MAGGIE		( )			
2. #2								( )			
Address (Street, Apt. Number)		City		State		Zip		Business Phone			
P.O. BOX 77 - GATWICK AIRPORT.		W. SUSSEX		RH6				( )			
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement									
		SENIOR FLIGHT ATTENDANT ON FLIGHT									
If V/W Code		Race		Sex		Date of Birth or Age		Res. Type		Res. Status	
V, W, or P		W		F		460403		03		00	
Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will victim prefer charges?			
00		00		02				Yes <input type="checkbox"/> No <input type="checkbox"/>			
OFF/INC Indicator		Suspect Code		Code #		Juvenile		Name (Last, First, Middle)			
1. #1 3. Both		S-Suspect		E-Escapes							
2. #2		A-Arrestee		Z-Other							
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone					
						( )					
Last Known Address (Street, Apt. Number)		City		State		Zip		Business Phone			
								( )			
Occupation		Employer/School		Address		Social Security Number					
						( )					
Driver's License State/Number		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)		FCIC/NCIC			
Clothing (Describe)		Scars/Marks/Tattoos (Location/Describe)									
Race		Sex		Date of Birth or Age		Height		Weight		Eye Color	
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers	
<p>MS. JOHNSON (SENIOR FLIGHT ATTENDANT ON FLIGHT 295, LONDON GATWICK TO MIAMI STATES AT APPROXIMATELY 1245 HRS (MIAMI TIME) SHE OBSERVED THAT MR COSTELLO DID NOT RESPOND TO HER AND DID NOT APPEAR TO BE BREATHING. AT THIS TIME SHE CHECKED FOR SIGNS OF</p>											
Person/Unit Notified		Time		Related Report Number(s)							
Officer(s) Reporting		I.D. Number(s)		Locator Code		Unit					
R. P. MILAN		1289122		A2504							
Officer Reviewing (If Applicable)		I.D. Number		Referred To		Assigned To		By		Date	
Sgt. J. RECHETA 3097		HOMICIDE		ROMAONE		5-26-95					
Case Status		Clearance Type		A-Adult		Bate Cleared		Jail Number		Number Arrested	
1		1. Arrest		J-Juvenile						05	
		2. Exceptional									
		3. Unfounded									
		4. Open Pend.									
Exception Type		2. Arrest on Primary		3. Death of Offender		5. Prosecution Declined		OBTS Number		Page	
1. Extradition Declined		Offense Secondary Offense Without Prosecution		4. V/W Refused to Cooperate		8. Juvenile/No Custody				1 of 16	

NARRATIVE CONTINUATION

Case Related

Juvenile in Report

1. Original  
2. Supplement

Date of Supplement	METRO-DADE POLICE DEPARTMENT			Agency Report Number	7, 3, 3, 2, 6, 9, N.
Original Date Reported	Original Primary Offense Description	Victim's Name	Original NCIC/UCR Code		
08-26-95	DECEASED PERSON	COSTELLO, JOHN			
Original OFF/INC Location	Primary Offense Changed To	A. Attempted C. Committed	How Serious Violation Number	New NCIC/UCR Code	
IN TRANSIT					

OF BREATHING AND A PULSE WITH NEGATIVE RESULTS. SHE THEN NOTIFIED THE FLIGHT CAPTAIN THAT ONE OF THE PASSENGERS WAS DECEASED AND THIS INFORMATION WAS ADVISED AHEAD TO MIAMI.

THE ARRIVAL OF THE PLANE WAS MET BY THIS WRITER AND FIRE RESCUE UNIT # 12 (LT. BILLER), MR. COSTELLO'S VITAL SIGNS WERE CHECKED BY LT. BILLER WHO OBSERVED THE ABSENCE OF EITHER A PULSE OR BREATHING.

MR. COSTELLO WAS OBSERVED IN A RECLINING POSITION IN THE AIRCRAFT SEAT. HE WAS COVERED WITH A PLAID AIRLINE BLANKET, NOTHING UNUSUAL WAS OBSERVED AT THIS TIME.

MS. CURRIGAN (FLIGHT ATTENDANT WORKING FIRST CLASS SECTION) STATES SHE LAST SPOKE WITH MR. COSTELLO AT APPROXIMATELY 1045 HRS (MIAMI TIME). THAT WAS THE LAST TIME ANY OF THE 1ST CLASS FLIGHT ATTENDANTS SPOKE WITH MR. COSTELLO. ALL 3 FLIGHT ATTENDANTS (MS. JOHNSON, MS. CURRIGAN, AND MS. ARNSTADT) STATE MR. COSTELLO NEVER COMPLAINED ABOUT ANYTHING FROM THE TIME HE BOARDED THE FLIGHT UNTIL HE WAS LAST NOTICED ALIVE AT APPROXIMATELY 1045 HRS.

MR. CLARKE (PASSENGER IN SEAT 2A) STATES HE DID NOT HAVE ANY CONVERSATION WITH MR. COSTELLO, HOWEVER, AT ONE POINT WHEN MR. CLARKE TRIED TO GO TO SLEEP, MR. COSTELLO WAS BREATHING AND SNIFFING SO LOUDLY THAT MR. CLARKE HAD TO USE

NARRATIVE CONTINUATION

Suspect Code	Code #	Offense Indicator	Residence Type	Citizenship	Drug Indication	Alcohol Indication				
S - Suspect A - Arrestee		1 #1 3 Both 2 #2	1 City 3 Florida 2 County 4 Out of State		1 Yes 8 Unknown 2 No	1 Yes 8 Unknown 2 No				
Drug Activity	S Sell	R. Smuggle	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown
N/A	B Buy	D. Deliver	E. Use			N. N/A	C. Cocaine	M. Marijuana	S. Synthetic	Z. Other
P Possess	T Traffic					A. Amphetamine	E. Heroin	O. Opium/Drv.		
Name of Parent or Custodian (Last, First, Middle)		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone			
<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other										
Notified By: (Name)		Date		Time		Juvenile Disposition		2. Turned Over to HRS/CYF 3. Incarcerated (County Jail)		
1. Handled/Processed Within Dept. and Released										
Released to: (Name)		Relationship		Date		Time				
Person/Unit Notified		Time		Reported Report Number(s)						
Officer(s) Reporting		ID Number		Routed To		Assigned To		Date		
R. PERILLOAN		1289172				A. L. JOY		08-26-95		
Officer Reviewing (If Applicable)		ID Number		Routed To		Assigned To		Date		
Sgt. [Signature]		3198						[Signature]		
Case Status	Clearance Type	3. Unfounded	A-Adult	Date Cleared	Job Number	Number Assigned				
6	1. Arrest 2. Exceptional 4. Open Pend.		J. Juvenile			00				
Exception Type	2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. W/W Refused to Cooperate		5. Prosecution Declined 6. Juvenile / No Custody		OSIS Number		Page	
1. Extradition Declined									Page 4 of 6	

NARRATIVE CONTINUATION

Case Related

Juvenile in Report

1. Original  
2. Supplement

METRO-DADE POLICE DEPARTMENT

Agency Report Number  
433269A

Date of Supplement

Original Date Reported

Original Primary Offense Description

Victim #1 Name

Original NCIC/UCR Code

Original OFF/INC Location

Primary Offense Changed To

A-Attempted  
C-Committed

New Statute Violation Number

New NCIC/UCR Code

EAR PLUS, MR CLARKE EVENTUALLY FELL ASLEEP AND WHEN HE AWAKE HE DID NOT OBSERVE MR. COSTELLO MAKING ANY NOISES MR. CLARKE COULD NOT ADVISE THE TIME HE FELL ASLEEP OR WOKE UP. BOTH MR DRIFFA'S (FATHER + SON PASSENGERS IN SEATS 3A AND 3B) STATE THEY HAD NO CONVERSATION WITH MR COSTELLO AND DID NOT OBSERVE ANYTHING UNUSUAL.

KAREN OF DEAD GATE CONTROL WAS NOTIFIED AT 1345 HRS BY UNIT A2200.

MR. LAWRENCE OF DEAD WAS NOTIFIED BY UNIT A102 AT 1345 HRS.

HOMICIDE UNIT 3146 RESPONDED TO THE AIRCRAFT, AT 1545 HRS, BLUE COPIES TO 3146. UNIT 3146 ALSO TOOK POSSESSION OF MR COSTELLO'S PROPERTY.

MR. COSTELLO'S BODY WAS REMOVED FROM THE AIRCRAFT BY PROFESSIONAL CORONER SERVICES.

Suspect Code B - Suspect A - Arrestee	Code #	Offense Indicator 1 #1 3 Both 2 #2	Residence Type 1 City 3 Florida 2 County 4 Out of State	Citizenship	Drug Indication 1 Yes 8 Unknown 2 No	Alcohol Indication 1 Yes 8 Unknown 2 No			
Drug Activity S Sell N N/A P Possess	H. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroine	H. Hallucinogen M. Marijuana O. Opium/Drv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Name of Parent or Custodian (Last, First, Middle)									
Address (Street, Apt. Number), (City) (State) (Zip)									
Residence Phone ( ) ( ) ( )									
Business Phone ( ) ( ) ( )									
Notified By: (Name) Date Time									
Juvenile Disposition 1. Handled/Processed Within Dept. and Released 2. Turned Over to HRS/CYF 3. Incarcerated (County Jail)									
Released to: (Name) Relationship Date Time									
Person/Unit Notified Time Routed Report Number(s)									
Officer(s) Reporting R. PENILMAN ID. Number(s)/Locator Code 1289172 Unit A2504 Date 8-26-95									
Officer Reassigning (if Applicable) S. J. YAN 3099 Routed To Referred To Assigned To By Date									
Coco Status Clearance Type 3. Unfounded A-Adult J-Juvenile Date Cleared Jail Number Number Arrested									
Exception Type 1. Extradition Declined 2. Arrest on Primary Offense Secondary Offense Without Prosecution 3. Death of Offender 4. V/W Refused to Cooperate 5. Prosecution Declined 6. Juvenile / No Custody CBTS Number Page 7 of 16									

NARRATIVE CONTINUATION

JUVENILE SUSPECT

ADMINISTRATIVE

PERSON(S) REPORT

Juvenile In Report  1. Original  2. Supplement

METRO-DADE POLICE DEPARTMENT

Agency Report Number 437269A

Date of Supplement: Original Date Reported: 08.26.95 Primary Offense Description: RELEASED PERSON Victim #1 Name: COSTELLO, JOHN

V/W Code: V-Victim, P-Proprietor, W-Witness, C-Reporting Person. Victim Type: 0-N/A, 1-Juvenile, 2-L.E. Officer, 3-Adult, 4-Business, 5-Government, 6-Church, 9-Other. Race: N-N/A, W-White, B-Black, I-American Indian, O-Oriental/Asian, U-Unknown. Sex: N-N/A, M-Male, F-Female, U-Unknown. Residence Type: 0-N/A, 1-City, 2-County, 3-Florida, 4-Out-of-State. Residence Status: 0-N/A, 1-Full Year, 2-Part Year, 3-Non-Resident. Extent of Injury: 0-None, 1-Minor, 2-Serious, 3-Fatal.

OFF/INC Indicator: 1-#1, 2-#2, 3-Both. V/W Code: 01 V. V. Type: 01-03. Name: CORRIGAN, BERNADETTE. Address: P.O. BOX 747-GATWICK AIRPORT W. SUSSEX MA. Other Contact Info: C/O BRITISH AIRWAYS. Synopsis of Involvement: FLIGHT ATTENDANT IN 1ST CLASS.

OFF/INC Indicator: 1-#1, 2-#2, 3-Both. V/W Code: 01 W. V. Type: 02-03. Name: ANASTASAKI, JULIE. Address: P.O. BOX 747-GATWICK AIRPORT W. SUSSEX MA. Other Contact Info: C/O BRITISH AIRWAYS. Synopsis of Involvement: FLIGHT ATTENDANT IN 1ST CLASS.

OFF/INC Indicator: 1-#1, 2-#2, 3-Both. Suspect Code: 01. Name: [Redacted]. Maiden Name: [Redacted]. Nickname/Street Name: [Redacted]. Place of Birth: [Redacted]. Last Known Address: [Redacted]. Occupation: [Redacted]. Employer/School: [Redacted]. Address: [Redacted]. Social Security Number: [Redacted]. Driver's License State/Number: [Redacted]. Immigration and Naturalization Number: [Redacted]. Other ID Number: [Redacted]. OBTS Number (Arrested): [Redacted]. FCIC/NCIC: [Redacted]. Clothing (Describe): [Redacted]. Scars/Marks/Tattoos (Location/Describe): [Redacted].

Race, Sex, Date of Birth or Age, Height, Weight, Eye Color, Hair Color, Hair Length, Hair Style, Complexion, Build, Facial Hair, Teeth, Speech/Voice, Special Identifiers.

OFF/INC Indicator: 1-#1, 2-#2, 3-Both. Suspect Code: 01. Name: [Redacted]. Maiden Name: [Redacted]. Nickname/Street Name: [Redacted]. Place of Birth: [Redacted]. Last Known Address: [Redacted]. Occupation: [Redacted]. Employer/School: [Redacted]. Address: [Redacted]. Social Security Number: [Redacted]. Driver's License State/Number: [Redacted]. Immigration and Naturalization Number: [Redacted]. Other ID Number: [Redacted]. OBTS Number (Arrested): [Redacted]. FCIC/NCIC: [Redacted]. Clothing (Describe): [Redacted]. Scars/Marks/Tattoos (Location/Describe): [Redacted].

Race, Sex, Date of Birth or Age, Height, Weight, Eye Color, Hair Color, Hair Length, Hair Style, Complexion, Build, Facial Hair, Teeth, Speech/Voice, Special Identifiers.

Incident Type: 1-Runaway, 2-Parental, 3-Involuntary, 4-Disabled, 5-Endangered, 6-Disaster Victim, 7-Voluntary Adult, 8-Unknown. Foul Play Suspected? 1-Yes, 2-No. Missing Before? 1-Yes, 2-No, 8-Unknown. Fingerprints Available? 1-Yes, 2-No, 8-Unknown. Photo Available? 1-Yes, 2-No, 8-Unknown. Dental Record Available? 1-Yes, 2-No, 8-Unknown. MCIC Form Provided? 1-Yes, 2-No. Date Last Seen, Time Last Seen, Location Last Seen (Address, City, St.), Accompanied By, Mental/Physical Condition, Medication Required/Type, Doctor/Dentist (Name, Phone Number), Property Carried, ID Type/Number, ID Type/Number, Probable Destination, Name/Address, Transportation Mode.

Recovery Information: 0-N/A, 1-Voluntary, 2-Located-Not Returned, 3-Hospitalized, 4-HRS Custody, 5-Law Enforcement Custody, 6-Returned to Parent, 7-Deceased, 9-Other. Officer(s) Reporting: R-POLINA, ID Number(s)/Locator Code: 1289/72, Unit: A 2704, Date: 8-28-95. Officer Receiving (If Applicable): SGT. JIM, ID Number: 3099, Routed To: [Redacted], Referred To: [Redacted], Assigned To: [Redacted], By: [Redacted], Date: [Redacted].

PERSON(S) REPORT

Juvenile In Report  1. Original  2. Supplement

Date of Supplement		<b>METRO-DADE POLICE DEPARTMENT</b>				Agency Report Number <b>133-26916</b>				
Original Date Reported <b>05.26.91</b>		Primary Offense Description <b>DECEASED PERSON</b>				Victim of Name <b>COSTELLO, JOHN</b>				
V/W Code V-Victim W-Witness C-Reporting Person	P-Proprietor Z-Other	Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	4. Business 5. Government 6. Church 9. Other	Race N-N/A W-White B-Black	I-American Indian O-Oriental/Asian U-Unknown	Sex N-N/A M-Male F-Female U-Unknown	Residence Type 0. N/A 1. City 2. County	3. Florida 4. Out-of-State	Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident	Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal
Injury Type 00. N/A 01. Gunshot 02. Stabbed	03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury	07. Loss of Teeth 08. Burns 09. Abrasions/Bruiases 99. Other	Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger	03. Spouse 04. Ex-Spouse 05. Co-Habitant	06. Parent 07. Brother/Sister 08. Child 09. Step-Parent	10. Step-Child 11. In-Law 12. Other Family 13. Student	14. Teacher 15. Child of Boy/Girl 16. Boy/Girl Friend	17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee	21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known	
OFF/INC Indicator 1. #1 2. #2	V/W Code 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	V. Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	Name (Last, First, Middle or Business) <b>CLARKE, ANDREW</b>				Residence Phone <b>012-52615592</b>			
Address (Street, Apt. Number) <b>46 HIGHLAND CHURCH CROZMAN</b>		City <b>HARRISBURG</b>		State <b>INDIANA</b>		Zip <b>46104</b>				
Other Contact Info. (Time Available, Interpreter, etc.) <b>None TEL #</b>		Synopsis of Involvement <b>PASSENGER IN SEAT 2 A</b>								
# Victim Type 1, 2, or 3	Race	Sex	Date of Birth or Age <b>09.22.61</b>	Res. Type <b>03</b>	Res. Status <b>00</b>	Extent of Injury <b>00</b>	Injury Type(s) <b>00</b>	Relationship <b>09</b>	Ethnicity	Will victim profor charges? Yes <input type="checkbox"/> No <input type="checkbox"/>
OFF/INC Indicator 1. #1 2. #2	V/W Code 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	V. Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	Name (Last, First, Middle or Business) <b>BLITTA, THOMAS</b>				Residence Phone <b>0114 929 9369</b>			
Address (Street, Apt. Number) <b>12 BOLLINGTON RILL DUNHAM</b>		City <b>INDIANA</b>		State <b>INDIANA</b>		Zip <b>46104</b>				
Other Contact Info. (Time Available, Interpreter, etc.) <b>None TEL #</b>		Synopsis of Involvement <b>PASSENGER IN SEAT 3 B</b>								
# Victim Type 1, 2, or 3	Race	Sex	Date of Birth or Age <b>01.22.49</b>	Res. Type <b>03</b>	Res. Status <b>00</b>	Extent of Injury <b>00</b>	Injury Type(s) <b>00</b>	Relationship <b>09</b>	Ethnicity	Will victim profor charges? Yes <input type="checkbox"/> No <input type="checkbox"/>
OFF/INC Indicator 1. #1 2. #2	Suspect Code A-Arrestee M-Missing	E-Escapes M-Missing	R-Recovered Missing	Z-Other	Code #	Juvenile	Name (Last, First, Middle)		Place of Birth	Residence Phone
Maiden Name		Nickname/Street Name				City		State		Zip
Last Known Address (Street, Apt. Number)		City				State		Zip		Business Phone
Occupation		Employer/School				Address		Social Security Number		
Driver's License State/Number		Immigration and Naturalization Number		Other ID. Number		OBTS Number (Arrested)		FCIC/NCIC		
Clothing (Describe)		Scars/Marks/Tattoos (Location/Describe)								
Race	Sex	Date of Birth or Age		Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style	
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers					
OFF/INC Indicator 1. #1 2. #2	Suspect Code S-Suspect A-Arrestee	E-Escapes M-Missing	R-Recovered Missing	Z-Other	Code #	Juvenile	Name (Last, First, Middle)		Place of Birth	Residence Phone
Maiden Name		Nickname/Street Name				City		State		Zip
Last Known Address (Street, Apt. Number)		City				State		Zip		Business Phone
Occupation		Employer/School				Address		Social Security Number		
Driver's License State/Number		Immigration and Naturalization Number		Other ID. Number		OBTS Number (Arrested)		FCIC/NCIC		
Clothing (Describe)		Scars/Marks/Tattoos (Location/Describe)								
Race	Sex	Date of Birth or Age		Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style	
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers					
Incident Type 1. Runaway 2. Parental 3. Involuntary 4. Disabled 5. Endangered	6. Disaster Victim 7. Voluntary Adult 8. Unknown	Foul Play Suspected? 1. Yes 2. No	Missing Before? 1. Yes 2. No 8. Unknown	Fingerprints Available? 1. Yes 2. No 8. Unknown	Photo Available? 1. Yes 2. No 8. Unknown	Dental Record Available? 1. Yes 2. No 8. Unknown	M/CIC Form Provided? 1. Yes 2. No			
Date Last Seen	Time Last Seen	Location Last Seen (Address, City, St.)				Accompanied By				
Mental/Physical Condition		Medication Required/Type				Doctor/Dentist (Name, Phone Number)				
Property Carried		ID Type/Number				ID Type/Number				
Probable Destination		Name/Address				Transportation Mode				
Recovery Information 0. N/A 1. Voluntary		2. Located- Not Returned		3. Hospitalized 4. HRS Custody		5. Law Enforcement Custody 8. Returned to Parent		7. Deceased 9. Other		
Officer(s) Reporting <b>R. P. ...</b>		ID. Number(s)/Locator Code <b>1281172</b>		Unit <b>A7507</b>		Date <b>5.26.91</b>		By <b>[Signature]</b>		
Officer Reviewing (If Applicable) <b>501-...</b>		ID. Number <b>3099</b>		Routed To		Referred To		Assigned To		

# PERSON(S) REPORT

Juror to  In Report  1. Original   
2. Supplement

## METRO-DADE POLICE DEPARTMENT

Agency Report Number: 9-3-2019

Date of Supplement	<b>METRO-DADE POLICE DEPARTMENT</b>	Agency Report Number
Original Date Reported <u>03.26.19</u>	Primary Offense Description <u>DECEASED PERSON</u>	Victim of Name <u>CASTELLO, JOHN</u>

V/W Code V-Victim W-Witness C-Reporting Person	P-Proprietor 2-Other	Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	4. Business 5. Government 6. Church 9. Other	Race N-N/A W-White B-Black	I-American Indian O-Oriental/Asian U-Unknown	Sex N-N/A M-Male F-Female U-Unknown	Residence Type 0. N/A 1. City 2. County	3. Florida 4. Out-of-State	Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident	Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal
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Injury Type 00. N/A 01. Gunshot 02. Stabbed	03. Laceration 04. Unconscious 05. Poss. Broken Bones	07. Loss of Teeth 08. Burns 09. Abrasions/Bruises	Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger	06. Parent 07. Brother/Sister 08. Child 09. Step-Parent	10. Step-Child 11. In-Law 12. Other Family 13. Student	14. Teacher 15. Child of Boy/Girl 16. Boy/Girl Friend	17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee	21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known
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OFF/INC Indicator 1. #1 2. #2 3. Both	V/W Code <u>01</u>	V. Type <u>01</u>	Name (Last, First, Middle or Business) <u>MARIPPA, THOMAS SIMON</u>	Residence Phone <u>011 947 299369</u>
--	-----------------------	----------------------	--	--

Address (Street, Apt. Number) <u>12 BULLINGTON MILL DUNHAM MASSEY BURNINGHAM CHI SHIANE</u>	City	State	Zip
Other Contact Info. (Time Available, Interpreter, etc.) <u>11000 TLL #</u>			
Synopsis of Involvement <u>PASSENGER IN SPOT 3A</u>			

# Victim Type 1, 2, or 3	Race <u>W</u>	Sex <u>M</u>	Date of Birth or Age <u>06.09.76</u>	Res. Type <u>01</u>	Res. Status <u>03</u>	Extent of Injury <u>00</u>	Injury Type(s) <u>00</u>	Relationship <u>01</u>	Ethnicity	Will victim profor charged? Yes <input type="checkbox"/> No <input type="checkbox"/>
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OFF/INC Indicator 1. #1 2. #2 3. Both	V/W Code	V. Type	Name (Last, First, Middle or Business)	Residence Phone
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Address (Street, Apt. Number)	City	State	Zip
Other Contact Info. (Time Available, Interpreter, etc.)			
Synopsis of Involvement			

# Victim Type 1, 2, or 3	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will victim profor charged? Yes <input type="checkbox"/> No <input type="checkbox"/>
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OFF/INC Indicator 1. #1 2. #2 3. Both	Suspect Code S-Suspect A-Arrestee	E-Escapee M-Missing	R-Recovered Missing	Z-Other	Code #	Juvenile	Name (Last, First, Middle)
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Maiden Name	Nickname/Street Name	Place of Birth	Residence Phone
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Last Known Address (Street, Apt. Number)	City	State	Zip	Business Phone
--	------	-------	-----	----------------

Occupation	Employer/School	Address	Social Security Number
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Driver's License State/Number	Immigration and Naturalization Number	Other ID. Number	OBTS Number (Arrested)	FCIC/NCIC
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Clothing (Describe)	Scars/Marks/Tattoos (Location/Describe)
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Race	Sex	Date of Birth or Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style
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Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers
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OFF/INC Indicator 1. #1 2. #2 3. Both	Suspect Code S-Suspect A-Arrestee	E-Escapee M-Missing	R-Recovered Missing	Z-Other	Code #	Juvenile	Name (Last, First, Middle)
--	---	------------------------	------------------------	---------	--------	----------	----------------------------

Maiden Name	Nickname/Street Name	Place of Birth	Residence Phone
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Last Known Address (Street, Apt. Number)	City	State	Zip	Business Phone
--	------	-------	-----	----------------

Occupation	Employer/School	Address	Social Security Number
------------	-----------------	---------	------------------------

Driver's License State/Number	Immigration and Naturalization Number	Other ID. Number	OBTS Number (Arrested)	FCIC/NCIC
-------------------------------	---------------------------------------	------------------	------------------------	-----------

Clothing (Describe)	Scars/Marks/Tattoos (Location/Describe)
---------------------	---

Race	Sex	Date of Birth or Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style
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Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers
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Incident Type 1. Runaway 2. Parental 3. Involuntary 4. Disabled 5. Endangered	6. Disaster Victim 7. Voluntary Adult 8. Unknown	Foul Play Suspected? 1. Yes 2. No	Missing Before? 1. Yes 2. No 8. Unknown	Fingerprints Available? 1. Yes 2. No 8. Unknown	Photo Available? 1. Yes 2. No 8. Unknown	Dental Record Available? 1. Yes 2. No 8. Unknown	MCC Form Provided? 1. Yes 2. No
--	--	---	--	--	---	---	---------------------------------------

Date Last Seen	Time Last Seen	Location Last Seen (Address, City, St.)	Accompanied By
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Mental/Physical Condition	Medication Required/Type	Doctor/Dentist (Name, Phone Number)
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Property Carried	ID Type/Number	ID Type/Number
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Probable Destination	Name/Address	Transportation Mode
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Recovery Information 0. N/A 1. Voluntary	2. Located - Not Returned	3. Hospitalized 4. HRS Custody	5. Law Enforcement Custody 6. Returned to Parent	7. Deceased 8. Other
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Officer(s) Reporting <u>R. PENILAW</u>	ID. Number(s)/Locator Code <u>1289172</u>	Unit <u>A-2504</u>	Date <u>3-26-19</u>
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Officer Reporting (If Applicable) <u>SO7-JAN 30 19</u>	ID. Number	Routed To	Referred To	Assigned To	By	Date <u>AW</u>
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Page	6	of	6
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METRO-DADE POLICE DEPT. NATURAL DEATH INVESTIGATION CONTINUATION/SUPPLEMENTARY  
 DADE COUNTY, FLORIDA 03-05-43

CASE NO. 433269-R  
 SOC. SEC. NO. \_\_\_\_\_

VICTIM'S NAME: JOHN DOMENICA CASTELLO  
 OCCUPATION: WRITER  
 AGE: 53  
 SEX: M  
 RACE: W  
 ADDRESS: 43 WENDON RD. NEWARK V. B.C. RESERVE, ENGLAND ON 44-1-635-4878  
 RES. PHONE: \_\_\_\_\_  
 VEHICLE (MAKE, YEAR, LIC. TAG): \_\_\_\_\_  
 VEH. STORED AT: \_\_\_\_\_

PLACE OF DEATH: F.T. 25C  
 IN THE PRESENCE OF (ADDRESS): \_\_\_\_\_  
 DEATH OCCURRED: UNK  
 BY WHOM (ADDRESS): IDENTIFIED BY (ADDRESS):  
 (08-26-55) (10-45 AM EST) (PERMIDETTE COCKE I CAN HOUSE) (BRITISH AIRWAY) (PAK POUET # 417AS88) (MUTO)  
 DATE & TIME VIEWED: 08-26-55 4:30 PM (EST) (AEECCART) (JETLINE)  
 WEATHER CONDITION: CUL  
 ADDRESS OF OCCURRENCE: MIA GATE A116

HISTORY (WHAT HAPPENED PRIOR TO DEATH):  
 THE DEPT IS ASKING FOR MOST INTERNATIONAL TRAVEL. THE VICTIM HAS ARRANGED ON BRITISH AIRWAYS FLT # 955 TRAVELLING FROM LONDON ENG. TO MIAMI FLA. THE VICTIM BOARDED THE FLIGHT AT GATWICK AIRPORT ON 8-26-55 & THE AIRCRAFT DEPARTED AT 11:00 AM LONDON TIME FOR A DUELLY FLIGHT TO MIAMI. THE VICTIM WAS DESCRIBED TO BE UNSTRAYED ON HIS FEET & SHORTLY AFTER HE BOARDED THE CRAFT & DURING THE FLIGHT APPROX 3 HOURS AFTER TO ARRIVAL AT MIA. THE VICTIM WAS DESCRIBED AS SEATED IN HIS SEAT DURING FOOD SERVICE. ACCORD TO THAT THE VICTIM WAS ASSESSED & HEARD TO BE BREATHING VELY LOW & THEN FOR APPROX 20-30 MINUTES DURING THE FLIGHT & THEN THE DECATING WAS NOT HEARD. THE FLIGHT ARRIVED AT MIA AT APPROX 1:45 (EST). VICTIM NOW ADVISED THAT THE VICTIM COMPANIES & STAFF AT AIRPORT & BELIEVED HE HAD GOT FOOD BEZONING APPROX 3 SECONDS AGO WHILE IN FRANCE.

GIOTHING WORN: BLUE JEANS-YELLOW T-SHIRT-BLUE & WHITE STRIPED SLIPPERS-BROWN SHOES-BROWN BELT-WHITE SOCKS  
 POSITION OF BODY: SKATED FACING SWIM  
 LOCATION: FIRST CLASS SECTON SEAT #17 FRONT ROW  
 LIVIDITY: YES  NO  CONSISTENT  
 RIGOR MORTIS: FULL  
 BODY HEAT: COOL  
 DECOMPOSITION: NONE  
 TRAUMA: NONE  
 HOSPITAL TAKEN TO: \_\_\_\_\_  
 TRANSPORTED BY: \_\_\_\_\_  
 DR. WHO ATTENDED: \_\_\_\_\_  
 MEDICATION TAKEN PRIOR TO DEATH: UNK

MEDICAL HISTORY: NONE  
 NOTE: McCURRIGAN HAS NURSES TRAINING & FOUND THE VICTIM TO HAVE NO PULSE - BODY WAS COOL  
 TO TAKE TOUCH THE VICTIM & HAD NO PULSE TO THE TOUCH AT TIME VICTIM WAS FOUND.

NEXT OF KIN: SUSAN CASTELLO  
 RELATION: SISTER  
 PHONE NO. 211-441-635-4878-5  
 ADDRESS: 43 WENDON RD NEWARK V. B.C. RESERVE ENG. 08-26-55 5:30 PM EST  
 M.E. WHO CONDUCTED AUTOPSY (DATE): M.E. FEENWICK MD 08/27/55  
 RESULTS: PNEUMONIA WITH BACTERIAL PNEUMONIA DUE TO ACQUIRED IMMUNE DEFICIENCY SYNDROME  
 PROPERTY DISPOSITION: SEE PROPERTY REPORTS  
 DISPATCHED BY, DATE & TIME: ST MATHIAS 08-26-55 3:04 PM  
 REPORTING OFFICER'S NAME: I. ROMAGNOLI  
 RADIO NO.: 346  
 DISTRICT: A  
 GRID: 1154  
 PREPARED BY (SIGN): [Signature]  
 APPROVED BY (DATE): [Signature]

6/30/97

Office of Medical Examiner  
1 Bob Hope Road  
Miami, Florida 33136

Please send me a copy of  
the Autopsy Report of Medical  
Examiner's Case # 95-11-01287

The decedent's name was:

John Edmond Costello - age 52  
He died on August 26, 1995

SEND TO:

David Henschell

POB 1253

Hollis, N. H. 03049

MAILED

7-9-97



DADE COUNTY MEDICAL EXAMINER DEPARTMENT  
 NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133  
 TELEPHONE (305) 545-2400  
 FAX (305) 545-2418

CASE INFORMATION

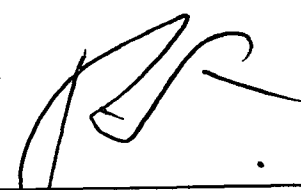
DATE \_\_\_\_\_ mo. \_\_\_\_\_ day \_\_\_\_\_ yr. \_\_\_\_\_ time \_\_\_\_\_ M.E. Case # \_\_\_\_\_

DECEASED NAME (IF KNOWN) \_\_\_\_\_

DAY-TIMERS RE-ORDER No. 54320 - Printed in USA

TELEPHONE MESSAGE FOR RF  
 M David Henschel of (cousin)  
 Telephoned     Visited Your Office    Date / Time 7/2 @ 8:13A  
 Return Call \_\_\_\_\_     Will Call Again \_\_\_\_\_  
 MESSAGE 95-2287  
 Callers Telephone No. 405-9398    Area Code 603    Extension \_\_\_\_\_  
 Call Taken By Karen     See Me For More Details \_\_\_\_\_

*Refer call 7/3/92 9:14  
 left message*

  
 \_\_\_\_\_  
 SIGNATURE

THE DADE COUNTY MEDICAL EXAMINER DEPARTMENT, Miami, Florida

Name...COSTELLO,.John.Edward....August.27,1995...11:00.am.....Case No. 95-2287

CAUSE OF DEATH:

Pneumocystis Carinii Pneumonia

DUE TO:

Acquired Immune Deficiency Syndrome



Ray Fernandez, M.D.  
Associate Medical Examiner

Date 1/18/96

RF:rf

METROPOLITAN DADE COUNTY  
MEDICAL EXAMINER DEPARTMENT  
Number One on Bob Hope Road  
Miami, Florida 33136-1133

TOXICOLOGY REPORT

COSTELLO, JOHN EDMON

M.E. CASE NO.: 95-2287

<u>SUBSTANCE</u>	<u>SPECIMEN</u>	<u>RESULT</u>
VOLATILES	BLOOD	UNDETECTED
DRUGS	URINE	UNDETECTED

  
Ray Fernandez, M.D.  
Associate Medical Examiner

Date 9/23/95

*RLB*

**THE DADE COUNTY MEDICAL EXAMINER DEPARTMENT, Miami, Florida**

**Name...COSTELLO, John Edward....August.27,1995...11:00.am.....Case No. 95-2287**

**EXTERNAL EXAMINATION:**

The body is that of a 5 foot 11 inch, 169 pound, well developed, well nourished adult white male appearing about the stated age of 52 years. The scalp is covered by short light brown hair. The orbital sclerae are clear. The orbital and palpebral conjunctivae are free of petechiae. The ears are unremarkable. The nose is patent and free of septal perforations. The lips are free of lacerations or contusions. The oral cavity contains native teeth in a good state of repair.

The chest is symmetric and has a normal configuration. The breasts and external genitalia are those of an adult male and are free of trauma. The abdomen is flat and soft with no abdominal organs or masses palpable.

There is dependent lividity over the upper and lower portions of the back and posterior surfaces of the legs.

The anterior surface of the left thigh has a dark brown nevus which is 1/4 inch in greatest dimension. The skin of the anterior surface of the right chest has a dark brown nevus which is 1/4 inch in greatest dimension. No tattoos are identified.

**INTERNAL EXAMINATION:**

The serosal cavities are free of fluids or adhesions. The serosal cavities have an odor reminiscent of ethanol containing fluid.

The soft tissues and musculature underlying the scalp are not hemorrhagic. Inspection of the skull after stripping the dura fails to reveal any fractures. The 1610 gram brain is well formed.

The soft tissues and musculature of the neck are not hemorrhagic. The hyoid bone and thyroid cartilage are intact. The tracheobronchial tree is patent and is lined by an intact pink-tan mucosa.

The 550 gram heart has an abundant amount of subepicardial fat. The main coronary ostia and coronary vessels have minimal arteriosclerotic disease and are widely patent. The heart chambers are not dilated and the ventricular walls are not hypertrophic. The mural endocardium, papillary muscles and valves are unremarkable. The myocardium is firm and uniformly red-brown. The aorta and its major branches have minimal arteriosclerotic disease, are intact, and without areas of dilatation. The superior vena cava, inferior vena cava, portal vein, and pulmonary artery are all free of blood clot.

The right and left lungs are 1870 and 1610 grams respectively. The pleural surfaces are smooth, thin, and glistening. The pulmonary parenchyma is markedly firm, moist, and with extensive areas of red-yellow consolidation with pus-like fluid exuding from the transected surfaces.

THE DADE COUNTY MEDICAL EXAMINER DEPARTMENT, Miami, Florida

Name...COSTELLO, John Edward....August.27,1995...11:00.am.....Case No. 95-2287

The 2560 gram liver has a smooth intact capsule. The liver parenchyma is firm, tan-brown, with a normal lobular pattern. The mucosal and serosal surfaces of the gallbladder are unremarkable. The gallbladder contains a small amount of golden viscid bile and is free of gallstones.

The 340 gram spleen has a smooth, gray, intact capsule. The splenic parenchyma is dark red and soft with prominent lymphoid follicles. In addition, the lymph nodes of the mediastinum are enlarged and uniformly dark red-tan.


The right and left kidneys are 210 and 240 grams respectively. The renal cortical surfaces are smooth. The renal parenchyma is dark red-brown with normal corticomedullary demarcation. The renal pelves, ureters, and bladder are unremarkable. The bladder contains approximately 210 milliliters of clear yellow urine. The testes are descended in the scrotal sac and are unremarkable externally and on sectioning.

The serosal and mucosal surfaces of the esophagus, stomach, small and large bowel are unremarkable. The stomach contains an extensive amount of pale gray fluid. The appendix is present.

The thyroid gland, pancreatic gland, and adrenal glands are all unremarkable externally and on sectioning.

**AUTOPSY FINDINGS:**

1. Bronchopneumonia, bilateral
2. Odor reminiscent of ethanol containing fluid

  
Ray Fernandez, M.D.  
Associate Medical Examiner

RF:rf

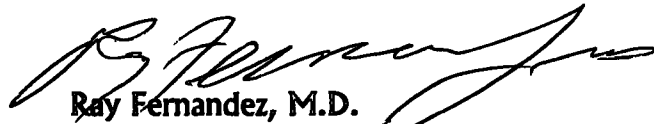
THE DADE COUNTY MEDICAL EXAMINER DEPARTMENT, Miami, Florida

Name.....COSTELLO, John.....Case No. 95-2287

MICROSCOPIC EXAMINATION

**BRAIN:**

Sections of cerebrum, cerebellum and brainstem reveal autolysis.



Ray Fernandez, M.D.  
Associate Medical Examiner

Date

7/23/91

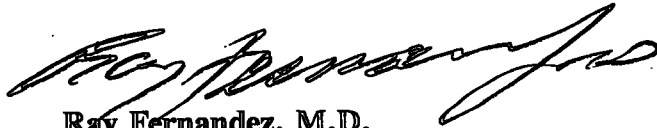
RF:cm

THE DADE COUNTY MEDICAL EXAMINER DEPARTMENT, Miami, Florida

Name.....COSTELLO, John Edmond.....CaseNo. 95-2287

MICROSCOPIC EXAMINATION

LUNG: Inflammatory intra-alveolar proteinaceous casts.  
SILVER STAIN OF LUNG: Positive for Pneumocystic Carinii pneumonia.  
HEART: No significant histopathologic changes.  
LIVER: Fatty change.  
KIDNEY: Autolysis.  
AFB STAIN OF LUNG: Negative.



Ray Fernandez, M.D.  
Associate Medical Examiner

Date 11/29/95

RF:jb

THE DADE COUNTY MEDICAL EXAMINER DEPARTMENT, Miami, Florida

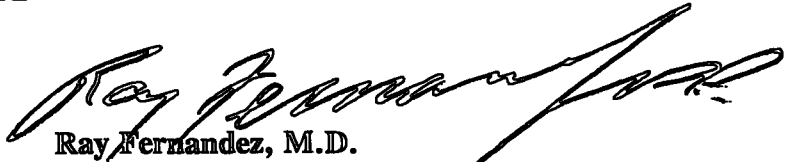
Name...COSTELLO, John.E.....Case No. 95-2287

NEUROPATHOLOGY CONFERENCE

The weight of the brain after fixation is 1770 grams. The cerebral hemispheres are symmetrical. There is marked diffuse flattening of gyri and narrowing of sulci. The leptomeninges are thin, translucent, and congested. The surface of the brain is free of contusion foci. There is mild cerebellar tonsillar prominence. The arteries of the circle of Willis are thin walled. Olfactory bulbs and tracts, optic nerves and chiasm, and the remainder of the cranial nerve roots are grossly unremarkable. Coronal sections of the cerebral hemispheres show good cortical definition throughout. There is no gross evidence of cortical softening, thinning, and/or scarring anywhere. Basal ganglia, thalami and mamillary bodies are preserved. Amygdala and hippocampal unci are bilaterally symmetrical and grossly not unusual. The cerebral ventricles are slightly compressed. There is no midline shift. The hemispheric white matter appears grossly unremarkable. There is no myelin pallor. Sections of the rostral brain stem show bilateral symmetry. The right dorsolateral portion shows slight duskiness. Sylvian aqueduct and fourth ventricle are of the usual size with normal patency. Additional sections through pons, cerebellum, and upper medulla are grossly unremarkable.

IMPRESSION:

1. Cerebral swelling, massive, with ventricular compression
2. Leptomeningeal congestion

  
Ray Fernandez, M.D.  
Associate Medical Examiner

EG/RF:rf

95-2287

DOUGLAS W. JOHNSON  
16421 SE 42<sup>ND</sup> PLACE  
ISSAQUAH, WA 98027-9007  
USA  
Fax: (206) 448-9674  
e-mail: irig@worldnet.att.net

3 May 1999

Forensic Records Bureau  
Dade County Medical Examiner Department  
One Bob Hope Road  
Miami, FL 33136

by fax: (305) 545-2426

Subject: Request for Coroner's Report

Dear Sir or Madam:

Please send to the above mailing address one copy of your report on the August 26, 1995 death of Mr. John Edward Costello. I understand there is no charge for this service.

With thanks,

  
Douglas W. Johnson

FAXED  
5-3-99

TRANSMISSION VERIFICATION REPORT

TIME: 05/03/1999 16:13

NAME: MED EXAM RECORDS

FAX : 305-545-2426

TEL : 305-545-2424

DATE, TIME	05/03 16:09
FAX NO./NAME	6127812064489674
DURATION	00:03:19
PAGE(S)	08
RESULT	OK
MODE	STANDARD