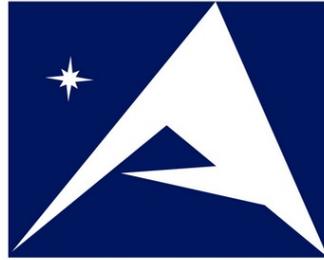


**Alcor A-2699**

**Case Report**

**ALCOR**



LIFE EXTENSION FOUNDATION  
*The World's Leader in Cryonics*

[www.alcor.org](http://www.alcor.org)

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### 1. Overview

This case report discusses the events surrounding a newly signed-up member, who at the youthful age of 29, made a choice to end his life on November 22<sup>nd</sup>, 2013.

### 2. Personnel

Max More, Ph.D., Alcor CEO; Aaron Drake, NREMT-P, NAEMSE, Alcor Medical Response Director; Hugh Hixon, Jr., MS, Alcor Research Fellow; Mike Perry, Ph.D., Care Services Manager; Leo Pruett, Esq., Carmichael & Powell, P.C.; Sid Horowitz, Esq., Carmichael & Powell, P.C.; and Clifford Wolff, Esq., Wolff Law Firm.

### 3. Timeline of Events

In September 2013, a young man living in the State of Washington started the process to become an Alcor member. He applied and was approved for an insurance policy to cover the costs of his cryopreservation. In late October, the individual's membership was approved. Per the member's request, he stated that he would be visiting Alcor in November and would personally pick up his Medic-Alert tags that Alcor issues to its members that contain specific emergency information.

On November 20<sup>th</sup>, the individual arrived in Scottsdale and made arrangements to visit Alcor. He took a facility tour, picked up his Medic-Alert tags and paid for some extra storage boxes as he claimed he wished to keep his collectables when he was cryopreserved. He was very pleasant and the staff enjoyed his visit.

Two days later, Alcor received a call from a detective with the Scottsdale Police department. They reported that a 29 year-old man, visiting from out of state, was found deceased within his secured hotel room by housekeeping staff. His death had been pronounced at the scene. The police initially found no ID for the individual; only the Alcor business card that was in his pocket. The detective asked if anyone at Alcor could provide information on his whereabouts or business dealings in the days preceding the incident.

After reviewing the sequence of events of his involvement with Alcor, we alerted the detective of the decedent's directives to be cryopreserved with the hopes that some efforts could be made toward this end, but we were directed to call the Maricopa Medical Examiner's office with specifics.

Calls were immediately made to the medical examiner's office but since the decedent had not yet been entered into the system, no initial progress was made. Copies of the documents stating the individual's directives were faxed into the ME's office to be coupled with the decedent's file.

By the morning of the 24<sup>th</sup>, we received an acknowledgment from a supervisor at the ME's office that they had received our documents and would pass them on to the Examiner who had been assigned the case. The plan was to discuss all of the cases at 7:00 am the next morning before proceeding with autopsies. Coincidentally, the supervisor was familiar with Alcor, having taken a tour of our facility a few years ago, so he understood what our objectives were. We further expressed our sincere desire for them to consider using a CT scan to serve as a non-invasive tool to help them accomplish their requirements, while minimizing the damage to the body and brain. The supervisor reported that the ME's office was not very familiar with how these directives would apply to this situation and they would have their legal department look into the situation.

It was at this point that Alcor decided to obtain legal representation to help support our desire to expedite the process while minimizing damage. Max More contacted Clifford Wolff, Esq., who had filed similar motion papers on a previous patient in Florida, and Leo Pruett, Esq., and Sid Horowitz, Esq., as local legal representation for Alcor. The three attorneys worked together to prepare the documents before the autopsy was to be performed.

On the next morning, November 25<sup>th</sup>, the Maricopa Medical Examiner performed a full autopsy of A-2699, approximately 90 minutes before the legal paperwork was delivered to their office. The ME's office stated it would probably take months to determine a cause of death, but any

samples they would need for further analysis had already been taken and they would not need the body again. They stated that their legal department would review his documents to determine to whom they should release the body to, Alcor or the family, and make a decision and contact us later that afternoon.

We later received notice that we had been granted the body and could pick it up as early as the next morning. We filled out and faxed back a release form and then contacted our local mortuary representative to arrange for pick-up as early as possible with delivery to Alcor.

#### **4. Long-term storage options**

Since the results of the autopsy would not be made available to Alcor for several months, options needed to be considered in the event the ME's office decision was the manner of death was ruled a suicide. If this were the case, the suicide would be in violation of the terms of the life insurance policy and no payment would be made to Alcor. (In this case, as is typical, insurance companies do not honor a claim following a suicide occurring within two years of acquiring the policy.)

Without funds to pay for long term storage, Alcor would not be able to absorb the costs associated with storing the body indefinitely and it would have to be removed from storage and cremated. A charitable option would be to reduce his storage costs by preserving only his brain.

When the body arrived, it was discovered that no attempt to minimize the invasiveness of the autopsy had been made. The most important organ within the body, the brain, had been removed, sectioned into numerous pieces, placed into a visceral bag with the other sectioned organs, and inserted into the abdominal cavity before the chest was sewn shut.

It was decided that the brain would have to be removed from the body cavity prior to cryopreservation. The decision was made for Hugh Hixon, Jr. and Aaron Drake to search through the visceral bag and retrieve any brain pieces that could be identified. (Mike Perry also assisted with the operation.) The brain pieces were placed in a fixative bath and stored at refrigerated, above-freezing temperature, prior to beginning the cooldown process.

#### **5. Autopsy results**

Alcor received the official autopsy report in March 2014. The report stated that the exam consisted of 1) a general external examination of the head, neck, and musculoskeletal systems, 2) a standard Y-shaped thoracoabdominal incision that allowed for internal examination of the cardiovascular, respiratory, digestive, genitourinary, hematopoietic, and endocrine systems, 3) a full internal examination of the skull, brain and nervous system, and 4) a toxicology screen.

The internal and external physical exams confirmed the theory held by investigators that there were no signs of physical trauma to the body. The toxicology screen provided evidence that death occurred from pulmonary and cerebral congestion, caused by an acute intoxication (overdose) of a common antihistamine, benadryl. The Maricopa Medical Examiner determined the manner of death to be suicide.

The determination of suicide by the ME meant that the member's funding, life insurance (taken out very recently), was no longer valid and that the patient was now unfunded. The decision was then made to implement the previously-discussed charitable option by removing the body from long term storage while keeping the brain fragments.

The body was removed from liquid nitrogen on May 1<sup>st</sup>, 2014 and retrieved by our local mortuary for cremation, with the ashes later delivered to the family. The brain of A-2699 remains in long-term storage at Alcor.

--End of report--