Hardy rural elder survives mystery morgue ordeal



Staff and police summoned to a private mortuary in Libode in the Eastern Cape got the fright of their lives when they heard the stored naked 'corpse' of an elderly man, refrigerated 19 hours earlier, complaining of cold and shouting for help.

The case was described by Dr Chris Iheanacho, who later admitted the healthy newly risen Mr Sisitshini Magoqwana to St Barnabas District Hospital, as 'the strangest I've ever encountered'. A very calm Magoqwana walked from the ambulance that brought him from the mortuary, and upon medical examination, was found to be clinically stable. The robustly built Mr Magoqwana is reportedly an asthmatic but was 'asymptomatic on admission'. Dr Iheanacho said his chest was clear and heart strong and there were no observable signs of alcohol or drug consumption. The grave-Houdini, estimated by doctors as being in his 'early to mid-60s', was admitted overnight for observation and discharged the next day.

Mr Ayanda Maqolo, Director of Maqolo's Funeral Services, told *Izindaba* that relatives found Mr Magoqwana lying inert and unconscious outside his home in Mangcwanguleni 'location' around 19h00 one Saturday a few weeks ago. He had reportedly suffered an asthma attack. The funeral parlour received a phone call from a family member around 21h00, asking them to come to collect the body. 'When we got there the family was already together, singing and keening around the bed. My driver first checked to see if he was dead because the family had already certified [sic] him as such. There was no pulse, so

he loaded him in.' The driver transported the not-so-dead Mr Magoqwana about 80 km over hilly terrain on muddy roads to the funeral home where the 'body' was stored on a sliding compartment tray alongside others in a fridge set at the standard mortuary temperature of 4°C.

Ghostly voice – mortuary staff call police

Mr Maqolo said that at 17h30 the following day, as he was preparing to leave work, his night-watchman and night driver came running to report a voice coming from inside the mortuary room, 'shouting to be let out and complaining of the cold'. Hesitant to confront the phenomenon, he called police who arrived about 10 minutes later to take statements from the staff trio before tentatively switching on the overhead and fridge lights and listening out for 'the voice'. Sure enough, a muffled but loud voice 'shouted out that he needs help, that he's feeling cold'. Drawing strength from numbers, the group eased open the morgue door, located the approximate drawer and pulled it open. 'I was so scared even to open it. It has never happened before. I thought it was a ghost,' Maqolo said. When they eventually opened it, Magoqwana begged, 'please take me out of this place, it's so cold'. The elderly man got up unassisted and started walking. They put a blanket around the shivering man and lit a paraffin stove to warm him while police took his statement. Maqolo said he suggested to the police that they call an ambulance whose paramedics checked Mr Magoqwana's blood pressure

before taking him to the nearby St Barnabas Hospital. Maqolo immediately informed the family about what had happened. When they arrived at the mortuary, among them policemen and teachers, 'they were so shocked ... some of them were even laughing'. He added that the family had already planned the funeral and set a date.

Dr Iheanacho quipped half-seriously that Mr Magoqwana was 'very lucky they didn't inject formalin'. He confirmed that relatives reported the patient as having a history of asthma but said he could detect no clinical signs of it. They had also told him that Magoqwana fell unconscious after an asthma attack. Asked how this could have been interpreted as death, Iheanacho said: 'This is mysterious to me as there would have been some visible shortness of breath. I don't think he could have presented as dead. What's even stranger is that the mortuary people confirmed him dead ... they should be more experienced, but instead they made things worse. Our hospital is less then 10 km on a gravel road from the patient's home, they should have brought him here first.' A woman answered a cell phone number supplied by the funeral parlour for the 'KwaLubuzo' homestead where Mr Magoqwana reportedly lives but after listening carefully to the Izindaba query, she put the phone down and then switched it off after repeated calls.

Expert baffled

Professor Eric Bateman, Director of the University of Cape Town's renowned Lung Institute, said the explanation proffered for believing the man to be dead 'makes no sense from a specific asthma perspective. If you're dying from an asthma attack you asphyxiate, you run out of oxygen and a few minutes later your heart stops. People pass out for all kinds of reasons and sometimes they go into deep hibernation (as in falling through ice into freezing water). Unless you snap frozen while you're having your attack,



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it would be very difficult for your brain to survive. I don't have a medical explanation and would hate to guess on the basis of what I've been told.' He said it was 'improbable' that Mr Magoqwana suffered asthmatic hypoxic arrest because 'it's unlikely he'd recover so much later if there was no cardiac or pulmonary function'.

Eastern Cape Health Department spokesperson Sizwe Kupelo confirmed that an ambulance was rushed to the funeral parlour to take Magoqwana to St Barnabas Hospital. Kupelo said people should not presume a person to be dead unless he was certified dead by a professional. 'If a person dies at home, family members must at least call the police,' he said.

The incident is not as rare as it might sound. Reuters reports similar events as including a Venezuelan man declared dead on 17 September 2007 after a highway accident. Carlos Camejo (33) woke up in the morgue in excruciating pain as pathologists began their autopsy. A local newspaper, dated August 2008, showed him sporting a surgical facial scar and holding a document ordering the autopsy. In India, Anandpur Sahib (19), caught up in a stampede that killed 146 religious pilgrims among thousands paying homage at a local shrine, was loaded unconscious onto a truck assigned to the dead and delivered to the local mortuary. He woke up with no lasting physical injuries, but suffering nightmares of the stampede and lying with cold corpses.

The fear of being buried alive peaked during the cholera epidemics of the 18th and 19th centuries and led to the invention of many safety devices which could be incorporated into coffins. Most consisted

of some type of device for communication to the outside world such as a cord attached to a bell that the interred person could ring should he revive after the burial. The first recorded safety coffin was constructed on the orders of Duke Ferdinand of Brunswick before his death in 1792. He had a window installed to allow light in, an air tube to provide a supply of fresh air, and instead of having the lid nailed down he had a lock fitted. In a special pocket of his shroud he had two keys, one for the coffin lid and a second for the tomb door.¹

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1. http://en.wikipedia.org/wiki/Safety_coffin