

Form NPS-4A  
(Addendum)DEATHS IN CUSTODY—2017  
STATE PRISON INMATE  
DEATH REPORTU.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

## FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

## Instructions for Completion

If no deaths occurred in 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: <https://bjsdcrp.rti.org>MAIL: RTI International, Attn: Data Capture  
Project Number: 0215015.001.100.102.100  
5265 Capital Boulevard  
Raleigh, NC 27690-1652E-MAIL: [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

FAX (TOLL-FREE): (866) 800-9179

*If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)*

## What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

## BURDEN STATEMENT

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# STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Coats

LAST

Lloyd

FIRST

R

MI

2. On what date did the inmate die?

0 4

MONTH

1 6

DAY

2 0 1 7

YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

AVOYELLES CORRECTIONAL CENTER

Facility City:

COTTONPORT

Facility State:

LA

4. What was the inmate's date of birth?

1 2

MONTH

2 9

DAY

1 9 5 7

YEAR

5. What was the inmate's sex?

☒ Male

☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

☐ Yes

☒ No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

☒ White

☐ Black or African American

☐ American Indian or Alaska Native

☐ Asian

☐ Native Hawaiian or Pacific Islander

☐ Some other race

↳ Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?

0 8

MONTH

1 1

DAY

2 0 1 4

YEAR

9. For what offense(s) was the inmate being held?

a. Forcible Rape

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

☐ Yes

☒ No

☐ Don't Know

11. Where did the inmate die?

☐ In a general housing unit in the facility or in a general housing unit on prison grounds

☐ In a segregation unit

☐ In a special medical unit/infirmery within your facility

☐ In a special mental health services unit within your facility

☒ In a medical center outside your facility

☐ In a mental health center outside your facility

☐ While in transit

☐ Elsewhere

↳ Please Specify:

2. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☐ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☒ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → Cancer

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

☐ In the prison facility or on the prison grounds

[PLEASE SPECIFY]

☐ In the inmate's cell/room

☐ In a temporary holding area/lockup

☐ In a common area within the facility (e.g., yard, library, cafeteria)

☐ In a special medical unit/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE PROVIDE A  
RESPONSE FOR  
EACH ITEM (a-f)

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☐ Pre-existing medical condition

☒ Deceased developed condition after admission

☐ Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)
**DEATHS IN CUSTODY—2017  
STATE PRISON INMATE  
DEATH REPORT**

 U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
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- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

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# STATE PRISON INMATE DEATH REPORT

## 1. What was the inmate's name?

Lacking Tyrone J  
LAST FIRST MI

## 2. On what date did the inmate die?

0 6 1 4 2 0 1 7  
MONTH DAY YEAR

## 3. What was the name and location of the correctional facility involved?

Facility Name:  
AVOYELLES CORRECTIONAL CENTER

Facility City: COTTONPORT Facility State: LA

## 4. What was the inmate's date of birth?

0 5 2 4 1 9 8 6  
MONTH DAY YEAR

## 5. What was the inmate's sex?

- ☒ Male  
☐ Female

## 6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

## 7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- ☐ White  
☒ Black or African American  
☐ American Indian or Alaska Native  
☐ Asian  
☐ Native Hawaiian or Pacific Islander  
☐ Some other race

→ Please Specify:

## 8. On what date was the inmate admitted to one of your correctional facilities?

0 6 1 6 2 0 1 6  
MONTH DAY YEAR

## 9. For what offense(s) was the inmate being held?

- a. Poss Schedule II  
b. Simple Arson  
c.  
d.  
e.

## 10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☒ No  
☐ Don't Know

## 11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☒ In a special medical unit/infirmary within your facility  
☐ In a special mental health services unit within your facility  
☐ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☒ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☐ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → Cardiac Arrest

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

☐ In the prison facility or on the prison grounds

[PLEASE SPECIFY]

☐ In the inmate's cell/room

☐ In a temporary holding area/lockup

☐ In a common area within the facility (e.g., yard, library, cafeteria)

☐ In a special medical unit/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PLEASE PROVIDE A  
RESPONSE FOR  
EACH ITEM (a-f)

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☐ Pre-existing medical condition

☐ Deceased developed condition after admission

☒ Could not be determined

Please add any additional notes regarding this death here:

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STATE PRISON INMATE  
DEATH REPORTU.S. DEPARTMENT OF JUSTICE  
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State	<input type="text"/>	Zip	<input type="text"/>
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- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
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- Under your jurisdiction but on AWOL or escape-status at the time of death

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# STATE PRISON INMATE DEATH REPORT

Are the results of a review of medical records?  
☒ YES  
☐ NO  
 Evaluating

1. What was the inmate's name?

Mays Donald D  
 LAST FIRST MI

2. On what date did the inmate die?

0 4 0 7 2 0 1 7  
 MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

AVOYELLES CORRECTIONAL CENTER

Facility City:

COTTONPORT

Facility State:

LA

4. What was the inmate's date of birth?

0 5 2 4 1 9 6 0  
 MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- ☐ White  
☒ Black or African American  
☐ American Indian or Alaska Native  
☐ Asian  
☐ Native Hawaiian or Pacific Islander  
☐ Some other race

→ Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?

0 5 0 3 2 0 0 6  
 MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

- a. Aggravated Battery  
 b. Sex Offender Register Violation  
 c.  
 d.  
 e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☐ In a special medical unit/infirmarv within your facility  
☐ In a special mental health services unit within your facility  
☒ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:

4. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☒ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☐ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → Sepsis Secondary to Pneumonia and Myoc

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

☐ In the prison facility or on the prison grounds

[PLEASE SPECIFY]

☐ In the inmate's cell/room

☐ In a temporary holding area/lockup

☐ In a common area within the facility (e.g., yard, library, cafeteria)

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☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

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☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

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☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE PROVIDE A  
RESPONSE FOR  
EACH ITEM (a-f)

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

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Tassin Larry J  
LAST FIRST MI

2. On what date did the inmate die?

0 1 2 5 2 0 1 7  
MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:  
AVOYELLES CORRECTIONAL CENTER  
Facility City:  
COTTONPORT Facility State:  
LA

4. What was the inmate's date of birth?

0 6 2 2 1 9 5 6  
MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- ☒ White  
☐ Black or African American  
☐ American Indian or Alaska Native  
☐ Asian  
☐ Native Hawaiian or Pacific Islander  
☐ Some other race

→ Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?

0 5 1 8 2 0 0 1  
MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

- a. First Degree Robbery  
b. Simple Burglary  
c.  
d.  
e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☒ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
☐ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:

2. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☐ YES → CONTINUE TO Q13

☐ Evaluation complete—results are pending

→ SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH

☒ No evaluation is planned → CONTINUE TO Q13

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → Alzheimers Dementia- High Blood Pressure

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

☐ In the prison facility or on the prison grounds

(PLEASE SPECIFY)

☐ In the inmate's cell/room

☐ In a temporary holding area/lockup

☐ In a common area within the facility (e.g., yard, library, cafeteria)

☐ In a special medical unit/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE PROVIDE A  
RESPONSE FOR  
EACH ITEM (a-f)

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☐ Pre-existing medical condition

☒ Deceased developed condition after admission

☐ Could not be determined

Please add any additional notes regarding this death here: