Record of Death

Provided by South Carolina Department of Corrections, February 1, 2022

Name: SUMMERSETT, JAMES A.

SCDC#: 216032

Sex: M

Race/ethnicity: Black or African American, not of Hispanic origin

Date of birth: 11/11/1971

Date of commitment: 1/27/2010

Date of death: 3/8/2017

Cause of death: Natural Cause

Assigned institution: PERRY

Death location: PERRY

DIVISION OF COMPLIANCE, STANDARDS, AND INSPECTIONS
SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
REPORT OF INMATE DEATH

(Sections 24-9-35 and 17-7-10, South Carolina Code of Laws)
(Standards 1047 and 1049, Minimum Standards for Local Detention Facilities in South Carolina)
(SCDC Policies Procedures HS-18.04 and PS-10.05)

1. FACILITY: Perry CI
2. NAME OF DECEASED: James Arthur Summerset Jr. SCDC# 216032
3. HOME ADDRESS: [redacted]
4. DESCRIPTION: DOB [redacted] HEIGHT 5' 6" WEIGHT 195 lb HAIR Black
   EYES Brown SEX M RACE Black SOC SEC # [redacted]
5. ARRESTING OFFENSE(S): Volunteer Manslaughter
   SENTENCED ☑ PRETRIAL ☐
6. DATE AND TIME OF COMMITMENT: 04 28 2002
7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: [redacted]
8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION: _____
9. CAUSE OF DEATH: Natural Cause
10. TIME AND DATE OF DEATH: 02:49 a.m. ____ p.m. 08 day 03 month 2017 year
11. NAME OF DOCTOR WHO PRONOUNCED DEATH: _____
12. NAME OF CORONER WHO ORDERED AUTOPSY: _____
13. AUTOPSY PERFORMED BY: _____
14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: [redacted] Hospital
15. AT THE TIME OF DEATH: _____ (Actual Count) _____ (# of Officers on Duty)
16. WHEN INMATE WAS LAST SEEN ALIVE: _____

NOTIFY BY TELEPHONE AT: (803) 896-8502

MAIL OR DELIVER REPORT TO:

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF COMPLIANCE, STANDARDS, AND INSPECTIONS
POST OFFICE BOX 21787
COLUMBIA, SOUTH CAROLINA 29221

SIGNATURE OF OFFICIAL MAKING REPORT

TYPED OR PRINTED TITLE OF OFFICIAL

DATE OF REPORT

SCDC 8-2 (Revised July 1, 2011)