Record of Death

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

Name: SLAYTON, GLINDA SUE

SCDC#: 230785

Sex: F

Race/ethnicity: White, not of Hispanic origin

Date of birth: 8/29/1958

Date of commitment: 8/7/1996

Date of death: 6/20/2020

Cause of death: Natural Cause

Assigned institution: GRAHAM

Death location: OUTSIDE MEDICAL

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: Camille Graham

2. NAME OF DECEASED: Glinda Slayton SCDC# 230785

3. HOME ADDRESS: [redacted]

4. DESCRIPTION: DOB [redacted] HEIGHT 5'4 WEIGHT 186 HAIR Brown - light
EYES Brown SEX Female RACE White SOC SEC # [redacted]

5. ARRESTING OFFENSE(S): Fraud. Insuff Funds Check
SENTENCED ☑ PRETRIAL ☐

6. DATE AND TIME OF COMMITMENT:

7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED:

8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION:

9. CAUSE OF DEATH: Sepsis

10. TIME AND DATE OF DEATH: ____ a.m. 1:05 p.m. 20 day June month 2020 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:
Death occurred at [redacted]

15. AT THE TIME OF DEATH: 17-[redacted] (Actual Count) 34 (# of Officers on Duty)

16. WHEN INMATE WAS LAST SEEN ALIVE: 1:00 PM

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

Lisa R. Ingram
SIGNATURE OF OFFICIAL MAKING REPORT

Warden
TYPED OR PRINTED TITLE OF OFFICIAL

7/2/2020
DATE OF REPORT

SCDC 8-2 (Revised July 1, 2011)

Records for Production FOIA-0115-22 Group 9 000018