

Record of Death

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

Name: STROMAN, SAMUEL

SCDC#: 72790

Sex: M

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

Date of birth: 6/28/1944

Date of commitment: 4/30/2019

Date of death: 2/10/2020

Cause of death: Natural Cause

Assigned institution: LEE

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:** Lee Correctional Institution

2. **NAME OF DECEASED:** Samuel Stroman SCDC# 072790

3. **HOME ADDRESS:** ██████████

4. **DESCRIPTION:** DOB ██████████ HEIGHT 5' 09" WEIGHT 165 lbs. HAIR Black
EYES Brown SEX Male RACE Black SOC SEC # ██████████

5. **ARRESTING OFFENSE(S):** Homicide - NEC

SENTENCED PRETRIAL

6. **DATE AND TIME OF COMMITMENT:** 04/30/2019

7. **NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED:** Gerlene Stroman & Robert Stroman
██████████

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

9. **CAUSE OF DEATH:** Inmate Stroman was diagnosed with cancer..

10. **TIME AND DATE OF DEATH:** 2:34 a.m. p.m. 10 day February month 2020 year

11. **NAME OF DOCTOR WHO PRONOUNCED DEATH:** Medical staff at ██████████ Hospital

12. **NAME OF CORONER WHO ORDERED AUTOPSY:** Lee County Coroner, Larry Logan

13. **AUTOPSY PERFORMED BY:** Newberry Pathology, 185 Executive Drive, Newberry, SC 29108.

14. **NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY:**
Nurse Wanda Allen, at Lee Correctional Institution's Infirmary at approximately 1:15 am.

15. **AT THE TIME OF DEATH:** 1,234 15
(Actual Count) (# of Officers on Duty)

16. **WHEN INMATE WAS LAST SEEN ALIVE:** Before 2:34 am, on February 10, 2020

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

Kenneth J. Nelsen, Warden
TYPED OR PRINTED TITLE OF OFFICIAL

02/13/2020

DATE OF REPORT