Record of Death

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

Name: GLENN, ARVELL

SCDC#: 285206

Sex: M

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

Date of birth: 1/8/1984

Date of commitment: 3/23/2011

Date of death: 7/17/2016

Cause of death: Other Cause

Assigned institution: BROAD RIVER

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 RS-10.05)

1. FACILITY: [redacted] Hospital
2. NAME OF DECEASED: Glenn Arnold SCDC# [redacted]
3. HOME ADDRESS: [redacted]
4. DESCRIPTION: DOB [redacted] HEIGHT 5'9" WEIGHT 194lbs HAIR Black
   EYES Brown SEX Male RACE Black SOC SEC # [redacted]
5. ARRESTING OFFENSE(S): _____
   _____ 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: Anoxeus Brain Injury
10. TIME AND DATE OF DEATH: ____ a.m. 1700 p.m. 17 day July month 2016 year
11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Dr Danscher
12. NAME OF CORONER WHO ORDERED AUTOPSY: _____
13. AUTOPSY PERFORMED BY: _____
14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY:
    Lisa Meas RN
    _____
15. AT THE TIME OF DEATH: 10 (Actual Count) 20 (# of Officers on Duty)
16. WHEN INMATE WAS LAST SEEN ALIVE: 7/17/16 @ 16.59 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

SIGNATURE OF OFFICIAL MAKING REPORT

Yvonne Mund LPN
TYPED OR PRINTED TITLE OF OFFICIAL

7/18/16
DATE OF REPORT

SCDC 9-2 (Revised July 1, 2011)