Record of Death

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

Name: MEDLOCK, MALCOLM

SCDC#: 323108

Sex: M

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

Date of birth: 6/1/1985

Date of commitment: 7/26/2007

Date of death: 10/14/2016

Cause of death: Natural 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 PS-10.05)

1. FACILITY: BRCI
2. NAME OF DECEASED: Medlock, Malcolm SCDC# 323108
3. HOME ADDRESS: [redacted]
4. DESCRIPTION: DOB [redacted] HEIGHT 5'11" WEIGHT 155 lbs HAIR BLACK
   EYES Brown SEX M RACE BLACK SOC SEC # _____
5. ARRESTING OFFENSE(S): Kidnapping
   12yrs SENTENCED ☑ PRETRIAL ☐
6. DATE AND TIME OF COMMITMENT: 11/12/016
7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: [redacted]
8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION [redacted]
9. CAUSE OF DEATH: Hypovolemic Shock
10. TIME AND DATE OF DEATH: ____ a.m. ____ p.m. 13 day 10 month 2016 year
11. NAME OF DOCTOR WHO PRONOUNCED DEATH: [redacted]
12. NAME OF CORONER WHO ORDERED AUTOPSY: Ann Joe
13. AUTOPSY PERFORMED BY: Janice Ross
14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: _____
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)