Record of Death

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

Name: GILLIARD, PHILLIP M.

SCDC#: 298362

Sex: M

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

Date of birth: 4/28/1962

Date of commitment: 12/9/2003

Date of death: 7/16/2021

Cause of death: Natural Cause

Assigned institution: BROAD RIVER

Death location: OUTSIDE MEDICAL

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

DEATH OF ANY INMATE IN JAIL OR PRISION

(Section 24-9-35 and 17-7-10)
(Standards 1047 and 1049, Minimum Standards for Local Detention Facilities in South Carolina)

1. Facility [redacted]**lospital**
2. Name of Deceased: **Gilliard, Phillip** SCDC: **298362**
3. Home Address:

4. Description: Height: Weight: Hair:
   Eyes: Brown Sex: Race: SSN:
5. Arresting Offense(s):

6. Date and time of commitment:
7. Name and address of relative(s) notified:
8. Record of deceased inmate's physical condition upon admission:
9. Cause of Death: **Cardiac Arrest**
10. Time and date of death: Approx: **21:28 16 July 2021**
11. Name of Doctor who pronounced the death: Dr. Thompson / Dr. Jiang
12. Name of Coroner: George Poul.n
13. Autopsy performed by:
14. Name of person(s) discovering deceased, time of discovery and location within facility:
    Nurse Taylor Howell / Cpl. Olson(CBT) / Ofc. Holmes(Allied)[redacted]
15. At the time of death **(Actual Inmate Count) 7 (Number of Officers on Duty) 16**
16. When was inmate last seen alive: 21:27

NOTIFY BY TELEPHONE: BRCI Lt. Gilliard@21:40 ; EAC Sgt. Walker@2131; Chaplain Cannon@21:56

MAIL OR DELIVER REPORT TO:

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF DETENTION AND CORRECTIONAL INSPECTIONS
Post Office Box 21787
Columbia SC 29221

SIGNATURE OF OFFICIAL MAKING REPORT

Sgt. Christopher Rabon
TYPED OR PRINTED TITLE OF OFFICIAL

7/16/2021
DATE OF REPORT

SCDC 8-2 (REVISED MAY, 1997)

Records for Production FOIA-0115-22 Group 12 000043