Record of Death

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

Name: FEASTER JR., QUINTON H

SCDC#: 279613

Sex: M

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

Date of birth: 12/15/1978

Date of commitment: 11/24/2015

Date of death: 8/7/2016

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: Leaster Jr, Quinton SCDC# 279613
3. HOME ADDRESS [redacted]
4. DESCRIPTION: DOB [redacted] HEIGHT 6'2" WEIGHT 190lbs HAIR BLACK
   EYES Brown SEX M. RACE BLACK SOC SEC # _____
5. ARRESTING OFFENSE(S): Common law robbery
   9yrs 10mos 20days. SENTENCED ☑ PRETRIAL ☐
6. DATE AND TIME OF COMMITMENT: 10/11/15
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: Cardiomegaly
10. TIME AND DATE OF DEATH: ____ a.m. ____ p.m. 7 day 8 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)