Record of Death

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

Name: WALKER, WILLIAM

SCDC#: 121492

Sex: M

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

Date of birth: 6/18/1943

Date of commitment: 5/18/1984

Date of death: 12/21/2017

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-13.01 and PS 10.05)

1. FACILITY: BRCI
2. NAME OF DECEASED: Walker, William SCDC: 121492
3. HOME ADDRESS: [redacted]
4. DESCRIPTION: DOB [redacted] HEIGHT 6'3" WEIGHT 180lbs HAIR Black
EYES Brown SEX M RACE Black SOC SEC # _____
5. ARRESTING OFFENSE(S): Criminal Sex. Conduct 1st degree
90 yrs SENTENCED ☑ PRETRIAL ☐
6. DATE AND TIME OF COMMITMENT: 1/30/84
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: Multi organ failure
10. TIME AND DATE OF DEATH: ____ a.m. ____ p.m. 20 day 12 month 2017 year
11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Palmetto Health Richland
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]
SIGNATURE OF OFFICIAL MAKING REPORT

Warden
TYPED OR PRINTED TITLE OF OFFICIAL

5/8/2019
DATE OF REPORT

SCDC 8-2 (Revised July 1, 2011)