Record of Death

Provided by South Carolina Department of Corrections, March 8, 2023

Name: HIGGINS, MICHAEL RICHARD

SCDC#: 247499

Sex: M

Race/ethnicity: White, not of Hispanic origin

Age at death: 57

Date of commitment: 11/19/2009

Date of death: 07/29/2022

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: Prisma Health Richland
2. NAME OF DECEASED: Higgins, Michael SCDC# 247499
3. HOME ADDRESS: 4460 Broad River Rd. Columbia SC 29212
4. DESCRIPTION: DOB [redacted] HEIGHT 5'11" WEIGHT _____ HAIR _____
   EYES Green SEX M RACE W SOC SEC # _____
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: Acute Respiratory Failure
10. TIME AND DATE OF DEATH: 6:49 a.m. ____ p.m. 28 day July month 2022 year
11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Nurse Shari Robinson and Nurse Rolanda Owens
12. NAME OF CORONER WHO ORDERED AUTOPSY: Deputy Derrick Brantley
13. AUTOPSY PERFORMED BY: _____
14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: _____
    Ofc. Latrelle Byrd (Allied)/ Ofc. Robert Gomori (HST) Approx 6:49AM [redacted]
15. AT THE TIME OF DEATH: 9 (Actual Count) 18 (# of Officers on Duty)
16. WHEN INMATE WAS LAST SEEN ALIVE: Approx 6:48AM

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

Capt. F. Jones
TYPED OR PRINTED TITLE OF OFFICIAL

07/28/2022
DATE OF REPORT

SCDC 8-2 (Revised July 1, 2011)

Records for Production FOIA-0023-23 000041

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]
2. Name of Deceased: **Higgins, Michael** SCDC: **247499**
3. Home Address:

4. Description: Height: Weight: Hair:
   Eyes: 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: **Acute Respiratory Failure**
10. Time and date of death: **6:49am 7/28/2022**
11. Name of Doctor who pronounced the death: ***Nurse Shari Robinson and Nurse Rolanda Owens***
12. Name of Coroner: **Deputy Derrick Brantley**
13. Autopsy performed by:
14. Name of person(s) discovering deceased, time of discovery and location within facility : **Ofc. Latrelle Byrd (Allied)/ Ofc. Robert Gomori (HST) Approx: 6:49 am,** [redacted]
15. At the time of death **(Actual Inmate Count) 9 (Number of Officers on Duty) 18**
16. When was inmate last seen alive: Approx.; 6:48 am

RECEIVED
JUL 29 2022

NOTIFY BY TELEPHONE: Capt. Spikes (BRCI) , EAC- Sgt. Bethea , Chaplin Petre, David and Jeanne Cothran Bed Utilization

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

Lt. Tonya Sewell
TYPED OR PRINTED TITLE OF OFFICIAL

7/28/2022
DATE OF REPORT

SCDC 8-2 (REVISED MAY, 1997)