Record of Death

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

Name: SMITH, ANN BAXLEY

SCDC#: 326549

Sex: F

Race/ethnicity: White, not of Hispanic origin

Age at death: 67

Date of commitment: 02/08/2008

Date of death: 09/20/2022

Cause of death: Natural Cause

Assigned institution: GRAHAM

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]
2. Name of Deceased: **Smith, Ann** SCDC: **326549**
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: **Lung Cancer**

10. Time and date of death: **8:05 pm 9/20/2022**
11. Name of Doctor who pronounced the death: ***Dr. John Lee***
12. Name of Coroner: **Crystal Prochaska**

13. Autopsy performed by: **N/A**

14. Name of person(s) discovering deceased, time of discovery and location within facility : **Cpl. Camerena (AST) Ofc. Baxter (Allied), Ofc. Hill (Allied), 8:05 pm, RM 1050**
15. At the time of death **(Actual Inmate Count) 14 (Number of Officers on Duty) 28**

16. When was inmate last seen alive: Approx.: **8:04 pm**

NOTIFY BY TELEPHONE: EAC- Sgt. Cotrell, Capt. Mack (CGGCI), Chaplain Truitt

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. Foster
TYPED OR PRINTED TITLE OF OFFICIAL

9/20/2022
DATE OF REPORT

SCDC 8-2 (REVISED MAY, 1995)

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 [redacted] Hospital
2. NAME OF DECEASED: Smith, Ann SCDC# 326549
3. HOME ADDRESS: 4450 Broad River Columbia SC
4. DESCRIPTION: DOB [redacted] HEIGHT 5FT WEIGHT 2IN HAIR Gray
   EYES HAZEL SEX Female RACE White SOC SEC #
5. ARRESTING OFFENSE(S): Voluntary Manslaughter
   SENTENCED ☑ PRETRIAL ☐
6. DATE AND TIME OF COMMITMENT: 01/31/2008
7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: Linda Knight
   [redacted]
8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION:
9. CAUSE OF DEATH: Lung Cancer
10. TIME AND DATE OF DEATH: ____ a.m. 8:05 p.m. Tuesday day September month 2022 year
11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Dr. John Lee
12. NAME OF CORONER WHO ORDERED AUTOPSY: Crystal Prochaska
13. AUTOPSY PERFORMED BY: N/A
14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY:
    Cpl. Camerena (AST), Ofc. Diana Baxter (Allied), Ofc. Hill (Allied) 8:05pm [redacted]
15. AT THE TIME OF DEATH: 14 (Actual Count) 28 (# of Officers on Duty)
16. WHEN INMATE WAS LAST SEEN ALIVE: Approximately 8:04pm

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

Capt. A Stevens
SIGNATURE OF OFFICIAL MAKING REPORT

Capt. A. Stevens
TYPED OR PRINTED TITLE OF OFFICIAL

09/27/2022
DATE OF REPORT

SCDC 8-2 (Revised July 1, 2011)

Records for Production FOIA-0023-23 000085