Record of Death

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

Name: CRAFT, ANTHONY BOYD

SCDC#: 233638

Sex: M

Race/ethnicity: White, not of Hispanic origin

Age at death: 60

Date of commitment: 01/06/2022

Date of death: 01/26/2022

Cause of death: Natural Cause

Assigned institution: KIRKLAND

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: Kirkland R&E Center
2. NAME OF DECEASED: Craft,Anthony SCDC# 233638
3. HOME ADDRESS: [redacted]
4. DESCRIPTION: DOB [redacted] HEIGHT 6 FT 00 IN WEIGHT 234 HAIR BROWN
   EYES GREEN SEX Male RACE White SOC SEC # [redacted]
5. ARRESTING OFFENSE(S): SHOPLIFTING
   SENTENCED ☑ PRETRIAL ☐
6. DATE AND TIME OF COMMITMENT: 07/21/21
7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: [redacted]
8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION: Fair
9. CAUSE OF DEATH: MULTIPLE ORGAN FAILURE
10. TIME AND DATE OF DEATH: ____ a.m. 1 p.m. 26 day 01 month 2022 year
11. NAME OF DOCTOR WHO PRONOUNCED DEATH: DR. SAHAJ VALLABH
12. NAME OF CORONER WHO ORDERED AUTOPSY: RICHLAND COUNTY CORNER
13. AUTOPSY PERFORMED BY: NEWBERRY PATH.
14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: CPL. ROBERT HECTOR, 01PM,
15. AT THE TIME OF DEATH: 14 (Actual Count) 28 (# of Officers on Duty)
16. WHEN INMATE WAS LAST SEEN ALIVE: APPROXIMATELY 12:59 PM

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

T. Grant
SIGNATURE OF OFFICIAL MAKING REPORT

CAPTAIN
TYPED OR PRINTED TITLE OF OFFICIAL

01/26/2022
DATE OF REPORT

SCDC 8-2 (Revised July 1, 2011)

Records for Production FOIA-0023-23 000016

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] **Hospital** [redacted]
2. Name of Deceased: **Craft, Anthony** SCDC: **233638**
3. Home Address:

4. Description: Height: Weight: Hair:
   Eyes: Sex: Male Race: White 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: **Multiple organ failure**
10. Time and date of death: **1:00 pm 1/26/2022**
11. Name of Doctor who pronounced the death: **Dr. Sahaj Vallabh**
12. Name of Coroner:
13. Autopsy performed by: **N/A**
14. Name of person(s) discovering deceased, time of discovery and location within facility:
    Cpl. Robert Hector 1:00pm
15. At the time of death **(Actual Inmate Count) 14 (Number of Officers on Duty) 28**
16. When was inmate last seen alive: **approximately 12:59 pm**

NOTIFY BY TELEPHONE: Kirkland Capt. Pressley and Chaplin Latta/ Lt. Pollard EAC/ Kori Pocock SCDC 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

_____
TYPED OR PRINTED TITLE OF OFFICIAL

1/26/2022
DATE OF REPORT

SCDC 8-2 (REVISED MAY, 1997)