Record of Death

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

Name: ALLEN, JACK LELAND

SCDC#: 83422

Sex: M

Race/ethnicity: White, not of Hispanic origin

Age at death: 81

Date of commitment: 09/23/1976

Date of death: 03/20/2022

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 Reception & Evaluation Center
2. NAME OF DECEASED: Allen, Jack Leland SCDC# 83422
3. HOME ADDRESS: _____
4. DESCRIPTION: DOB [redacted] HEIGHT 5'10" WEIGHT 205 HAIR Brown
   EYES Hazel SEX Male RACE White SOC SEC # [redacted]
5. ARRESTING OFFENSE(S): Murder before 1977, June
   SENTENCED ☑ PRETRIAL ☐
6. DATE AND TIME OF COMMITMENT: September 27, 1974
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: Septic Toxic Shack
10. TIME AND DATE OF DEATH: 1:57 a.m. _____ p.m. 20th day March month 2022 year
11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Dr. James Jiang
12. NAME OF CORONER WHO ORDERED AUTOPSY: N/A
13. AUTOPSY PERFORMED BY: N/A
14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: Officer Wadley (HST), Soloman (Allied) @ 1:57am [redacted]
15. AT THE TIME OF DEATH: 1719 (Actual Count) 16 (# of Officers on Duty)
16. WHEN INMATE WAS LAST SEEN ALIVE: Approximately 1:55am

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

Lieutenant Simon Figueroa
TYPED OR PRINTED TITLE OF OFFICIAL

March 20,2022
DATE OF REPORT

SCDC 8-2 (Revised July 1, 2011)

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: Allen,Jack SCDC: **83422**
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: **Septic Toxic Shock**

10. Time and date of death: **157am 3/20/2022**
11. Name of Doctor who pronounced the death: Dr. James Jiang
12. Name of Coroner:N/A

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

14. Name of person(s) discovering deceased, time of discovery and location within facility:
    Officer Wadley(HST) Soloman (Allied) 157-am [redacted]
15. At the time of death **(Actual Inmate Count) 14 (Number of Officers on Duty) 28**

16. When was inmate last seen alive: **approximately 155 a.m.**

NOTIFY BY TELEPHONE: **Kreci-LT.Hancock, Chaplin Hendrick EAC- Sgt.Gamable**
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

3/15/2022
DATE OF REPORT

SCDC 8-2 (REVISED MAY, 1997)