Record of Death

Provided by LA Department of Public Safety and Corrections (DPSC)
on 11/16/2024

Name: Paul Abrams

DOC #: 219613

Age / Race / Ethnicity: 56 / Black or African American / Unknown

Gender: Male

First Admission Date to DOC: 7/30/1991

Admission Date to Last Facility: 6/11/2012

Sentence: Life

Facility / Housing Unit: DCI

Date of Death: 6/5/2023

Time of Death: 12:01:00 PM

Manner of Death (LCLE): Natural Causes

Manner of Death (DOC): Heart -any type of heart related death including cardiopulmonary arrest

Expected / Unexpected: Unexpected

Autopsy Required: Yes

Name of Last Facility: Elayn Hunt Correctional Center

Incarceration Transparency Project Notes (not included in DPSC Record):

- *Name of Last Facility = facility prior to facility at time of death*
- *State Facility Codes:*
  - *ALC: Allen Correctional Center*
  - *EHCC: Elayn Hunt Correctional Center*
  - *LCIW: Louisiana Correctional Institute for Women*
  - *LSP: Louisiana State Penitentiary*
  - *DCI: Dixon Correctional Institute*
  - *DWCC: David Wade Correctional Center*
  - *RCC: B.B. Rayburn Correctional Center*
  - *RLCC: Raymond Laborde Correctional Center*

Record of Death

Provided by LA Department of Public Safety and Corrections on 10/04/2023

2023

Name: Paul Abrams

DOC #: 219613

Age / Race: 56 / Black or African American

Gender: Male

First Admission Date to DOC: 7/30/1991

Sentence: Life

Facility / Housing Unit: DCI / Cell Block

Date of Death: 6/5/2023

Time of Death: 12:01:00 PM

Manner of Death: Heart -any type of heart related death including cardiopulmonary arrest

Expected / Unexpected: Unexpected

Autopsy Required: Yes

Location: DCI

DOC

OFFICE OF THE CORONER Parish of East Feliciana
Ernest Gene Thompson Jr., M.D., CORONER

INVESTIGATOR'S REPORT **CASE NO:** 2023-124

Decedent Abrams (Last) Paul (First) (MI) **Race** B **Sex** M **DOB** 5-4-67 **Age** 56

Address 5568 Hwy 68 (Street) Jackson (City) La (State) 70748 (Zip)

Marital Status ____ **SSN** ____ **Phone** ____

Place of Injury ____ **Date of Injury** ____ **Time of Injury** ____

Place of Death DCI Infirmary **Date of Death** 6-5-23 **Time of Death** 12:01 pm

Found Dead By ____ **Identified By** ____

Address ____ (Street) (City) (State) (Zip)

Upon information and advice of: Karla Bringedah

Pronounced By ____ **Agency/Hospital** ____ **Phone** 634-1200

Physician Name Bruce Lewis (Acadian) **Phone** 721-1607 **Last Seen** ____

Medical History/Circumstances: Hep C, HBP, Complaining of nausea

Manner and Mechanism of Death:
____ Homicide ____ Accidental ____ Suicide ____ Natural ____ Undetermined ____ Investigating

Cause of Death: Cardiac arrest

Next of Kin Emesa ABrams-mother / Sam Abrams father - 985-735-5109

Address 1103 Ann st. Bogalusa La 70427 **Phone #** 985-735-0028

Funeral Home ____ **Transported By** ____ **Phone** ____

Address ____

Investigator Julie Buhler ✓ Investigation ✓ Viewing ____ X-Ray ✓ Autopsy ____ Photos

Beginning Mileage ____ **Ending Mileage** ____

Organ Donor LOPA Contacted: Date ____ **Time** ____ **In Cooler: Date** ____ **Time** ____