POSTMORTEM EXAMINATION FOR DAVID WADE CORRECTIONAL CENTER
PERFORMED BY PARISH FORENSICS
108 Hardware Road, Broussard, LA 70518 Phone 337-504-2019 Fax 337-504-2808

POSTMORTEM EXAMINATION REPORT

Identification number:	002-24DWCC
Name, sex, age of the deceased:	Thomas Valverde, male, 56 years old
Date and time of exam:	1/2/2024 at 0900 hours
Forensic Pathologist:	Christopher Ramos, M.D.
Persons attending the exam:	None
Date pronounced dead:	12/31/2023
Parish:	David Wade Correctional Center

CAUSE OF DEATH: Atherosclerotic cardiovascular disease

MANNER OF DEATH: Natural

EXTERNAL EXAMINATION

The body is received contained within a zippered body bag. A tag attached to the remains bears the name "Thomas Valverde." There is no seal securing the zippers on the transport pouch. The body is that of a normally developed white male. The body is 72 inches long and weighs 245 pounds. There is no external evidence of decomposition. The body is cold and in full rigor. There is lividity over the posterior surfaces of the body, except in areas of pressure. The scalp hair is salt and pepper in color and has male pattern baldness. Facial hair consists of stubble. The irides appear brown. The conjunctivas are mildly congested. The nose is symmetrical. The ears are normal. The teeth are natural and in a fair state of repair. There is a missing upper incisor. The neck, chest, and back are symmetrical and normally formed. The breasts show no abnormalities. The abdomen is protruding. The extremities show no deformities or other abnormalities. The genitalia are those of a normal uncircumcised male. The anus is within normal limits. No significant scars are present. Tattoos are present on the neck, right arm, back, left upper extremity, left leg, and abdomen.

EVIDENCE OF RECENT THERAPY

Endotracheal tube in the oral cavity, IV catheter on the antecubital fossa bilaterally, intravenous catheter in the left inguinal area, ECG electrodes on the abdomen and

back, intravenous catheter in the left dorsal hand, a yellow-red abrasion on the central chest, and rib fractures on the left.

EVIDENCE OF INJURY
No significant external or internal injuries are noted.

INTERNAL EXAMINATION

Body cavities
The organs of the thoracic, abdominal, and pelvic cavities occupy their normal positions. The pleural and peritoneal surfaces are smooth, glistening, and free of adhesions. No effusions or ascites are noted. The thoracoabdominal diaphragm is unremarkable.

Brain
The brain weighs 1450 grams. The dura is smooth and glistening. The leptomeninges are thin and transparent. The brain is symmetrical and normally gyrated. There is no evidence of subfalcine, transtentorial, or cerebellar tonsillar herniation. The cerebral arterial circle is free of aneurysms and atherosclerosis. The cerebral cortex, underlying white matter, basal ganglia, ventricular system, cerebellum, and brainstem are unremarkable.

Oral cavity and neck
The tongue and palate are normally formed. The hyoid bone and thyroid cartilage are intact. The larynx and trachea are in the midline and are unremarkable. The neck musculature appears free of hemorrhages.

Heart
The heart weighs 620 grams and is normally configured. The coronary arteries are normally distributed. They show significant stenosis. The left main coronary artery displays over 90% luminal narrowing. The left anterior descending coronary artery displays over 90% luminal narrowing of the proximal segment. The left circumflex coronary artery displays a pinpoint lumen with severe atherosclerotic plaque. All the coronary arteries display severe calcification. The epicardium and endocardium are smooth and glistening. The cardiac chambers are unremarkable. The myocardium is red-brown and shows no discrete lesions. The left ventricle is 1.0 centimeters thick. The valves are normal.

The aorta displays moderate to severe atherosclerotic plaque. The venae cavae with their major tributaries are normally distributed and show no abnormalities.

Lungs
The right lung weighs 1125 grams and the left lung weighs 875 grams. The lungs are normally lobated, have smooth pleural surfaces, and are congested. No consolidation,

masses, or hemorrhage is seen. No pulmonary emboli are noted. No discrete lesions are noted in the bronchial tree.

Alimentary canal
The esophagus, stomach, small and large intestines show no discrete lesions. The stomach is empty. The appendix is present and unremarkable.

Pancreas
The pancreas has a tan-yellow lobulated parenchyma and, grossly, appears free of fibrosis, hemorrhage, or necrosis.

Hepatobiliary
The liver weighs 3475 grams. The hepatic capsule is smooth. The liver has unremarkable brown parenchyma without focal lesions. The gallbladder is filled with bile. No calculi are noted.

Genitourinary
The right kidney weighs 250 grams and the left kidney weighs 225 grams. They have normal cortices, medullae, calyces, and ureters. The urinary bladder and prostate gland are unremarkable. The testes are normally situated in the scrotum.

Endocrine
The thyroid gland is bilobed and has soft brown parenchyma. The adrenal glands are golden yellow.

Hematolymphoid
The spleen weighs 450 grams. It has a smooth capsule and unremarkable parenchyma. No abnormal lymph nodes are noted.

Musculoskeletal
The exposed musculature is unremarkable. The axial and appendicular skeletons show no abnormalities.

SPECIMENS
Formalin fixed tissues, vitreous humor, urine, and blood obtained.

TOXICOLOGY
See separate NMS toxicology report.

PROPERTY AND EVIDENCE
See separate "Chain of Custody" and "Personal effects" sheets.

AUTOPSY FINDINGS

1. Atherosclerotic cardiovascular disease.
    1.1. Coronary artery disease.
        1.1.1. Left main over 90%.
        1.1.2. Left anterior descending coronary artery over 90%.
        1.1.3. Left circumflex severe luminal narrowing with a pinpoint lumen.
        1.1.4. Severe calcification of coronary arteries.

OPINION

Based upon the autopsy findings and the history as available to me, it is my opinion that Thomas Valverde died as a result of atherosclerotic cardiovascular disease. For public health and vital statistics purposes, the manner of death is best classified as natural.



Christopher Ramos, M.D.
Forensic Pathologist
3/21/2024

NMS LABS

NMS Labs
200 Welsh Road, Horsham, PA 19044-2208
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

CONFIDENTIAL

Toxicology Report

Report Issued 01/24/2024 12:17

To: **10592**
Parish Forensics, LLC
Attn: Roy Provost
108 Hardware Road
Broussard, LA 70518

Patient Name	VALVERDE, THOMAS
Patient ID	002-24DWCC
Chain	24017326
DOB	07/13/1967
Sex	Male
Workorder	24017326

Positive Findings:

Analyte	Result	Units	Matrix Source
Amlodipine	**Presump Pos**	**ng/mL**	**001 - Iliac Blood**
Lidocaine	**Presump Pos**	**mcg/mL**	**001 - Iliac Blood**
Citalopram / Escitalopram	**190**	**ng/mL**	**001 - Iliac Blood**

See Detailed Findings section for additional information

Testing Requested:

Test	Test Name
8042B	Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Labeled As
001	Gray Stopper Glass Tube	9.75 mL	01/02/2024 09:00	Iliac Blood	002-24DWCC
002	Gray Stopper Glass Tube	9.75 mL	01/02/2024 09:00	Iliac Blood	002-24DWCC
003	Red Stopper Glass Tube	3.75 mL	01/02/2024 09:00	Vitreous Fluid	002-24DWCC
004	White Cap Plastic Container	24 mL	01/02/2024 09:00	Urine	002-24DWCC

001 BLOOD (TEST)

002 BLOOD

003 VITREOUS

004 URINE

All sample volumes/weights are approximations.
Specimens received on 01/12/2024.

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Amlodipine	Presump Pos	ng/mL	5.0	001 - Iliac Blood	LC/TOF-MS
This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.					
Lidocaine	Presump Pos	mcg/mL	0.20	001 - Iliac Blood	LC/TOF-MS
This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.					
Citalopram / Escitalopram	190	ng/mL	5.0	001 - Iliac Blood	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Citalopram / Escitalopram (Celexa® / Lexapro®) - Iliac Blood:

   Citalopram (Celexa) is a selective serotonin reuptake inhibitor (SSRI) that increases brain levels of serotonin, a chemical that is thought to be linked to mood, emotions, and mental state. The drug is indicated for use as an antidepressant. Citalopram is a racemic mixture of S- and R-enantiomers and the S-enantiomer is more potent than the R-enantiomer. Steady-state serum or plasma levels from patients on a daily regimen of 30 to 60 mg of citalopram range from 9-200 ng/mL.

   Adverse effects due to acute overdosage with 600 mg or more of citalopram may include EKG abnormalities and seizures. In postmortem blood, concentrations in documented fatalities involving citalopram have ranged from 3400-11000 ng/mL.

   Escitalopram (Lexapro) is the S-enantiomer of racemic citalopram and it also is indicated for use in the treatment of depression. It binds with greater affinity to the serotonergic transporter than the R-enantiomer. Steady-state peak plasma levels from patients on regimen of 10 or 30 mg/day of escitalopram were reported as 21 and 64 ng/mL, respectively, and occur at approximately 4 hours post dose.

   This test is not chiral specific; therefore, citalopram and/or escitalopram may be present.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 24017326 was electronically signed on 01/24/2024 11:08 by:

William M. Schroeder, M.S., D-ABFT-FT
Forensic Toxicologist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Test 52482B - Citalopram Confirmation, Blood - Iliac Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

Analysis Summary and Reporting Limits:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Citalopram / Escitalopram	5.0 ng/mL		

Test 8042B - Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic) - Iliac Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Barbiturates	0.040 mcg/mL	Gabapentin	5.0 mcg/mL
Cannabinoids	10 ng/mL	Salicylates	120 mcg/mL

-Analysis by Headspace Gas Chromatography (GC) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	10 mg/dL

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of analyte classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified analyte class are included. Some specific analytes outside of these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs. Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotics, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnosedatives, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

DEPARTMENT OF
PUBLIC SAFETY AND CORRECTIONS

facsimile
TRANSMITTAL

Name:	**Keitha**
Organization:	**Claiborne Family Medical Clinic**
Fax:	(866) 927-6238
From:	**Betty Harris**
Date:	7-Jan-24
Subject:	Deceased Inmate Thomas Valverde
Pages:	77 including cover page

CONFIDENTIALLY NOTICE

THE DOCUMENTS ACCOMPANYING THIS FACSIMILE TRANSMISSION MAY CONTAIN CONFIDENTIAL INFORMATION WHICH IS LEGALLY PRIVILEGED. THE INFORMATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR THE TAKING OF ACTION IN RELIANCE ON THE CONTENTS OF THIS INFORMATION MAY VIOLATE THIS PRIVILEGE. IF YOU HAVE RECEIVED THIS INFORMATION IN ERROR, PLEASE IMMEDIATELY NOTIFY SENDER BY TELEPHONE.

David Wade Correctional Center
670 Bell Hill Road Homer, Louisiana 71040
AN EQUAL OPPORTUNITY EMPLOYER

Form AM-I-4-w-1
06 June 2021

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
CORRECTIONS SERVICES
UNUSUAL OCCURRENCE REPORT
(Category A, B, C Incidents)

INSTITUTION: David Wade Correctional Center

NAME	NUMBER	DORM OR CELLBLOCK	DATEOFINCIDENT	TIME OF INCIDENT
Thomas Valverde	703306	Ochsner/LSU Shreveport	31 December 2023	Approx. 0855

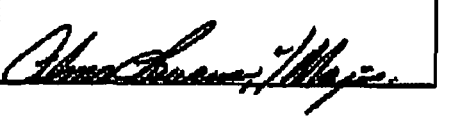
LOCATION OF INCIDENT	WITNESSES
Ochsner /LSU Shreveport	M/Sgt. Thelma Smith

TYPE OF INCIDENT - CHECK APPROPRIATE BOXES

Category A Incidents:
- ☐ Escape
- ☐ Escape from inside a secure facility
- ☐ Escape from outside a secure facility
- ☐ Death other than from natural causes/illness
- ☐ Accident
- ☐ Violence
- ☐ Suicide
- ☐ Suspicious or unknown cause
- ☐ Execution
- ☐ Assault resulting in life threatening injury
- ☐ Offender on staff
- ☐ Offender on offender
- ☐ Staff on offender
- ☐ Staff injured in the line of duty resulting in life-threatening injury (excluding assaults)
- ☐ Other
- ☐ Significant property damage
- ☐ Significant disruption to unit operations/loss of control (e.g. hostage situation, work stoppage of ten or more [offenders or staff], riot, natural disaster, necessity of tact team/outside assistance, lockdown of all or part of the facility)
- ☐ Large scale evacuation of all or significant part of the facility
- ☐ Any other significant/high profile incident as determined by the Unit Head

Category B Incidents:
- ☐ Attempted escape
- ☐ Apprehension of escapee
- ☒ Death from natural causes/illness
- ☐ Gunshot, Class I
- ☐ Assault resulting in significant injury
  - ☐ Offender on staff
  - ☐ Offender on offender
- ☐ Staff injured in the line of duty resulting in significant injury (excluding assaults)
- ☐ Suicide attempts
- ☐ Hunger strike
- ☐ Individual hunger strike
- ☐ Organized hunger strike
- ☐ Employee arrest (arrested or charged with criminal behavior, other than traffic offense)
- ☐ Job-related employee arrests
- ☐ Not job-related employee arrests
- ☐ Other
- ☐ Minor disruptions to unit operations (e.g. lockdown of a group of offenders, significant water outages, small fires, limited property damage)
- ☐ Small-scale evacuations (e.g. evacuations from a housing unit, gym, kitchen, school, office building, etc.)
- ☐ Any other small-scale/minor incident as determined by the Unit Head. If, due to the nature of the incident, it cannot be immediately determined if the incident is a Category A or B incident, it should be reported as a Category A incident.

Category C Incidents:
- ☐ Violation of Rule No. 21, Sex Offenses
- ☐ 21.A Nonconsensual sexual act (offender-on-offender)
- ☐ 21.B Abusive sexual act (offender-on-offender)
- ☐ 21.C Sexual misconduct (offender-on-offender)
- ☐ 21.D Sexual misconduct (offender-on-staff or offender-on-non incarcerated person)
- ☐ 21.E Obscenity
- ☐ 21.F Other prohibited sexual behavior (offender-on-offender, offender-on-staff, or offender-on-non-incarcerated person)
- ☐ 21.G Overt display of affection
- ☐ 21.H Failure to report any improper advances made by an employee on an offender
- ☐ Gunshot (Class II)
- ☐ Assault resulting in minor injury or no injury
- ☐ Fight (offender-on-offender)
- ☐ Throwing of substance (offender-on-offender)
- ☐ Throwing of substance (offender-on-staff)
- ☐ Other assault (offender-on-offender)
- ☐ Other assault (offender-on-staff)
- ☐ Weapon (offender-on-offender)
- ☐ Weapon (offender-on-staff)
- ☐ Suicide Gesture
- ☐ Hunger strike (both individual and organized)
- ☐ Use of Force
- ☐ Immediate use of force
- ☐ Planned use of force
- ☐ Cell extractions
- ☐ Taser®
- ☐ Chemical agents
- ☐ Naloxone Administration (Staff)
- ☐ Naloxone Administration (Offender)



Form AM-I-4-w-1
06 June 2021
Page Two

DESCRIPTION OF INCIDENT (ATTACH ADDITIONAL INFORMATION IF NEEDED)
On the above date and approximate time, I, Major Alma Burns was notified by M/Sgt. Thelma Smith (who was assigned to sit down duty at Ochsner Health LSU Shreveport) that inmate Thomas Valverde #703305 had passed away. The time of death for inmate Valverde was 0944. Dr. Penneywell at Ochsner LSU Shreveport pronounced inmate Valverde deceased. Duty Officer – Warden Ryan Kimball, Warden Dauzat, Warden Baird, Warden Nail, Colonel Malcolm, and Lt. Col. Bradford were notified. Coroner Dr. Haynes was notified, and Warden Dauzat requested for an autopsy. Inmate Valverde was 56 years of age. This is for your information.

Alma Burns, C/Major
REPORTING OFFICER (PRINT)

REPORTING OFFICER (SIGNATURE)

31 December 2023
DATE COMPLETED

1830
TIME COMPLETED

Form AM-I-4-w-1
06 June 2021

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
CORRECTIONS SERVICES
UNUSUAL OCCURRENCE REPORT
(Category A, B, C Incidents)

INSTITUTION: DWCC

NAME	NUMBER	DORM OR CELLBLOCK	DATE OF INCIDENT	TIME OF INCIDENT
Thomas Da Verde	703305	H5	31/Dec/2023	0944

LOCATION OF INCIDENT	WITNESSES
LSU Medical Center/Shreveport, LA	

TYPE OF INCIDENT - CHECK APPROPRIATE BOXES

Category A Incidents:
- ☐ Escape
- ☐ Escape from inside a secure facility
- ☐ Escape from outside a secure facility
- ☐ Death other than from natural causes/illness
- ☐ Accident
- ☐ Violence
- ☐ Suicide
- ☐ Suspicious or unknown cause
- ☐ Execution
- ☐ Assault resulting in life threatening injury
- ☐ Offender on staff
- ☐ Offender on offender
- ☐ Staff on offender
- ☐ Staff injured in the line of duty resulting in life-threatening injury (excluding assaults)
- ☐ Other
- ☐ Significant property damage
- ☐ Significant disruption to unit operations/loss of control (e.g. hostage situation, work stoppage of ten or more [offenders or staff], riot, natural disaster, necessityof tact team/outside assistance, lockdown of all or part of the facility)
- ☐ Large scale evacuation of all or significant part of the facility
- ☐ Any other significant/high profile incident as determined by the UnitHead

Category B Incidents:
- ☐ Attempted escape
- ☐ Apprehension of escapee
- ☒ Death fromnatural causes/illness
- ☐ Gunshot, Class I
- ☐ Assault resulting in significant injury
- ☐ Offender on staff
- ☐ Offender on offender
- ☐ Staff injured in the line of duty resulting in significant injury (excluding assaults)
- ☐ Suicide attempts
- ☐ Hunger strike
- ☐ Individual hunger strike
- ☐ Organized hunger strike
- ☐ Employee arrest (arrested or charged with criminal behavior, other than traffic offense)
- ☐ Job-related employee arrests
- ☐ Not job-related employee arrests
- ☐ Other
- ☐ Minor disruptions to unit operations (e.g. lockdown of a group of offenders, significant water outages, small fires, limited propertydamage)
- ☐ Small-scale evacuations (e.g. evacuations from a housing unit, gym, kitchen, school, office building, etc.)
- ☐ Any other small-scale/minor incident as determined by the Unit Head. If, due to the nature of the incident, it cannot be immediately determined if the incident is a Category A or B incident, it should be reported as aCategory A incident.

Category C Incidents:
- ☐ Violation of Rule No. 21, Sex Offenses
- ☐ 21.A Nonconsensual sexual act (offender-on-offender)
- ☐ 21.B Abusive sexual act (offender-on-offender)
- ☐ 21.C Sexual misconduct (offender-on-offender)
- ☐ 21.D Sexual misconduct (offender-on-staff or offender-on-non incarcerated person)
- ☐ 21.E Obscenity
- ☐ 21.F Other prohibited sexual behavior (offender-on-offender, offender-on-staff, or offender-on-non-incarcerated person)
- ☐ 21.G Overt display of affection
- ☐ 21.H Failure to report any improper advances made by an employee on an offender
- ☐ Gunshot (Class II)
- ☐ Assault resulting in minor injury or no injury
- ☐ Fight(offender-on-offender)
- ☐ Throwing of substance (offender-on-offender)
- ☐ Throwing of substance (offender-on-staff)
- ☐ Other assault (offender-on-offender)
- ☐ Other assault (offender-on-staff)
- ☐ Weaponoffender-on-offender)
- ☐ Weapon(offender-on-staff)
- ☐ Suicide Gesture
- ☐ Hunger strike (both individual and organized)
- ☐ Use of Force
- ☐ Immediate use of force
- ☐ Planned use of force
- ☐ Cell extractions
- ☐ Taser®
- ☐ Chemical agents
- ☐ Naloxone Administration (Staff)
- ☐ Naloxone Administration (Offender)

Form AM-I-4-w-1
06 June 2021
Page Two

DESCRIPTION OF INCIDENT: ATTACH ADDITIONAL INFORMATION IF NEEDED

on 31/Dec/2023 offender Thomas Va Verde Doc# 703305 was taken from room J7-23 at 0630 to third floor operating room. The procedure was prescheduled for 0700 on 31/Dec/2023.

Nurse called me at 0948 and stated to me that Mr. Va Verde is deceased. She also said he went into tachycardia. And at 0852 they started C.P.R. and at 0944 he was pronounced deceased.

Major Burns was immediately notified.

Perodically I checked to see if the Corner had arrived. I was not allowed to go to the morgue because school was closed and I could not go in there by myself.

M/Sgt. T. Smith

M/Sgt. Thelma Smith
REPORTING OFFICER (PRINT)

03/Dec/2024
DATE COMPLETED

M/Sgt. Thelma Smith
REPORTING OFFICER (SIGNATURE)

03/Dec/2024 /1030
TIME COMPLETED

Form AM-I-4-x

24 September 2023

Louisiana Department of Public Safety and Corrections

Standardized Death Report Format

Unit Name: DWCC

DATE OF REPORT: 01/03/2024

TO: James M. Le Blanc
Secretary

FROM: James Burgos
Asst. Warden

RE: Thomas Valerde
Inmate's Name

703305
Inmate's DOC #

H5A (Infirmary)
Housing Unit

Age: 56

Manner of Death: (Please check one of the following boxes)

☐ Expected ☒ Unexpected

Autopsy: Waived

Medical Diagnosis: Coronary Artery Disease

NARRATIVE:

Inmate Valverde was a 56-year-old W/M. On September 15, 2015, he pled guilty to the offenses of Second Degree Rape and Sexual Battery in Jefferson Parish and subsequently sentenced to 40 years Hard Labor within the Louisiana Department of Corrections.

On October 5, 2015, Inmate Valverde transferred to David Wade Correctional Center from the Hunt Reception and Diagnostic Center.

On October 19, 2023, an Initial Cardiology Consultation was completed by Oshner-LSU Medical Center, Shreveport, LA. Inmate Valverde's initial diagnosis consisted of Coronary Artery Disease, NSTEMI (partial blockage of one of the coronary arteries), Hypertension, Diabetes and Hyperlipidemia.

On December 28, 2023, Inmate Valverde developed left side chest pains while working as an orderly in the North Infirmary. Inmate Valverde received medical treatment/protocol associated with the aforementioned Dx's.

On December 29, 2023, orders were initiated to transport Inmate Valverde to the ER, Oshner-LSU Medical Center via ambulance for treatment of Unstable Angina (Insufficient flow of blood and oxygen to the heart) with Abnormal EKG indicating Cardiac Ischemia (reduced ability to pump blood). On December 31, 2023, procedural left femoral arterial line placement was initiated. After successful placement of the Intra-Aortic-Balloon Pump (IABP) catheter, Inmate Valverde became unresponsive to the IABP and all medical interventions. The procedure to surgical bypass was deemed futile and the case was aborted. Inmate Valverde was pronounced dead by Dr. David Pennywell, Oshner-LSU Medical Center at 0944 hrs.

On January 3, 2024, the Records Office notified one of the three registered victims (K.A.) via telephone of Inmate Valverde's death. On January 3, 2024, written correspondence was mailed to the victims last known address with notification of inmate's death. Next of kin notified, sister, Venus Winter, indicated the family would claim the body.

Record of Death

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

Name: Thomas Valverde

DOC #: 703305

Age / Race / Ethnicity: 56 / White / Not of Hispanic, Latino, or Spanish Origin

Gender: Male

First Admission Date to DOC: 9/15/2015

Admission Date to Last Facility: 10/5/2015

Sentence: 40 years

Facility / Housing Unit: DWCC

Date of Death: 12/31/2023

Time of Death: 9:44:00 AM

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: EHCC

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*