Form AM-I-4-x-1 12
September 2021

Medical Summary Report for a Deceased Offender

(Must be submitted within 72 hours of death excluding weekends and holidays)

DATE: January 31, 2022

TO: DPS&C Medical/Mental Health Director

FROM: Huey H. Moak M.D.
Medical Director or Treating Physician

FACILITY: Concordia Correctional Facility Housing Unit: J

Name/DOC#: Brian Holman # 406900

Age/DOB: 44 1/11/1978 Date of Death: 1/31/2022

Place of Death: Trinity Medical Center (Facility) _____ (Other)

(Attach ER, D/C summary, Hospital notes, etc.)

Medical Conditions: Hx. of Soft Tissue Mass Nose + Upper Back sent to Dermatology Hx of Peripheral Edema, Increase veins both legs Hx of HTN-Poor control

MAR: Lasix 40mg ÷ po. BID, Lisinopril 30mg PO. q day KCL 20 MEQ ÷ po. q day. Prilosec 20mg ÷ P.O q day

Medical Summary: Received call from Lt. Spillman that offender Holman had fell off bench and was responding poorly advised him to call ambulance & send to Trinity ER for Eval. it was noted that only ambulance was in Natchez. Advised Lt. to transport via van to ER. After life saving measures in ER offender was pronounced dead at Trinity Medical Center (Hospital reports attached) Phillips

Autopsy: ☐ No ☐ Yes Not available at this time

Manner of Death:
- ☐ Expected
- ☑ Unexpected
- ☐ Suicide
- ☐ Accident
- ☐ Homicide

Physician Signature — Date: 2-1-22 — Time

Medical Director's Signature — Date — Time

Comments: Reviewed by Tim Houghton Chief Investigator Concordia Coroner's Office. 02/03/2022

Record of Death

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

2022

Name: Brian Holman

DOC #: 406900

Age / Race: 44 / White

Gender: Male

First Admission Date to DOC: 11/17/2010

Sentence: 14 years

Facility / Housing Unit: Local - Concordia Parish / J Dorm

Date of Death: 1/31/2022

Time of Death: 3:07:00 AM

Manner of Death: Other- Pulmonary Thromboembolism

Expected / Unexpected: Unexpected

Autopsy Required: Yes

Location: Local - Concordia Parish

Form AM-I-4-x 12 September 2021

Louisiana Department of Public Safety and Corrections
Standardized Death Report Format

Unit Name:

DATE OF REPORT:

TO: James M. Le Blanc
Secretary

FROM:
Unit Head or Designee

Title

RE:
Offender's Name Brian Holman

Offender's DOC # 406900

Housing Unit J

Age: 44

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

☐ Expected ☑ Unexpected

Autopsy: pending

Medical Diagnosis: HTN, Peripheral Edema, Varicose Veins

NARRATIVE: both legs H+of Soft Tissue mass Nose + Upper Back