Record of Death

Provided by LA Department of Public Safety and Corrections on 03/29/2022

2021

Offender Name: James Jones

DOC #: 130268

Age / Race: 60 / Black

Admit Date: 5/5/2010

Sentence: 15 yrs

Admit Date at Last Facility: 5/29/2019

Facility / Housing Unit: Local/ Claiborne DC / B3

Date of Death: 7/12/2021

Cause of Death: Large Saddle Pulmonary Embolism

Category of Death: Other- Pulmonary Thromboembolism

Expected / Unexpected: Unexpected

Autopsy Ordered: Yes

Location: Claiborne Memorial Hospital

[redacted] Mon, Dec 6, 12:04 PM (1 day ago)

to Roxanne

The death record for inmate James Jones. His date of death was 7/12/21.

Thank you!

[redacted]

•••

LCLE - DEATH IN CUSTODY REPORTING ACT

The Death in Custody Reporting Act of 2013 requires states that receive allocations under specified provisions of the Omnibus Crime Control and Safe Streets Act of 1968 to report certain information regarding the death of any person in law enforcement custody. This may include individuals who are detained, arrested, en route to incarceration, or incarcerated in state or local facilities or a boot camp prison.

Reporting deadlines are listed below. However, you may complete the form any time during the quarter in which a death occurred, instead of waiting until due date.

Program Reports Due	Reporting Period	Quarter
January 10	October 1 – December 31	1st
April 10	January 1 – March 31	2nd
July 10	April 1 – June 30	3rd
October 10	July 1 – September 30	4th

If you have any questions or issues completing this form, please contact **Linda Gautier** at 225.342.1703.

Agency Name *

Claiborne Parish Detention Center

Contact Name *

Roxanne (First)

Aubrey (Last)

Contact Phone Number *

(318)-927-4201

Contact Email *

roxanne.aubrey@claibornesheriff.org

Reporting Year *

2021

Select the Reporting Period *

- ○ 1st Quarter: October 1 - December 31
- ○ 2nd Quarter: January 1 - March 31
- ○ 3rd Quarter: April 1 - June 30
- ◉ 4th Quarter: July 1 - September 30

Decedent Information

Please provide the following decedent information. If you have multiple deaths in custody, you will report one at a time.

LCLE – DEATH IN CUSTODY REPORTING ACT

ame *

Middle Name

Last Name *

Jones

Gender *

- (•) 1. Male
- ( ) 2. Female
- ( ) 3. Other gender identity

Race (Select all that apply) *

- [ ] 1. American Indian or Alaska Native
- [ ] 2. Asian
- [x] 3. Black or African American
- [ ] 4. Native Hawaiian or Other Pacific Islander
- [ ] 5. White
- [ ] 6. Unknown

Ethnicity *

- ( ) 1. Hispanic, Latino, or Spanish Origin
- ( ) 2. Not of Hispanic, Latino, or Spanish Origin
- (•) 3. Unknown

Birth Year (YYYY) *

1961

If unknown, please enter "9999"

Date of Death *

07/12/2021

Time of Death *

15:00

Location of Death - Location Name (if not applicable, enter N/A) *

Claiborne Memorial Medical Center

This could be the name of a facility, place of business, or other designation for the location of death.

Location of Death - Street Address *

620 E College Street

Location of Death - City *

Homer

Location of Death - State *

LA

Zip Code *

71040



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If the event causing the death occurred in any of the following facilities, please indicate the appropriate facility below. If the event the death did not occur in one of the facilities listed below, please use the "None of the above" answer choice.

- ○ 1. Municipal or county jail
- ○ 2. State prison
- ○ 3. State-run boot camp prison
- ○ 4. Contracted boot camp prison
- ○ 5. Any state or local contract facility
- ○ 6. Other local or state correctional facility (to include any juvenile facilities)
- ◉ 7. None of the above

Please list the name of the department or agency that detained, arrested, or was in the process of arresting the deceased. *

Claiborne Parish Detention Center /Department Of Corrections

Please indicate the manner of death (Mark only one). *

- ○ A. Execution
- ○ B. Accident
- ○ C. Death attributed to use of force by a law enforcement or corrections officer
- ○ D. Homicide (e.g., an incident between two or more incarcerated individuals resulting in a death)
- ◉ E. Natural causes
- ○ F. Suicide
- ○ G. Unavailable, investigation pending
- ○ H. Other

Please provide a brief description of the circumstances leading to the death (e.g., details surrounding an event that may have led to the death, the number and affiliation of any parties involved in an incident, the location and characteristics of an incident, other context related to the death, etc.). *

On July 12th, 2021, offender James Jones DOC#130268 became ill on his bunk in the dorm. Jones complained that he could not breathe. Security had a wheelchair brought to the dorm and Jones was taken to Medical. While in Medical, Jones stated, "he needed to use the bathroom and he was wheeled into a holding cell where he was assisted in getting on the toilet. Jones was seen by Security slumping over to his right sitting on the toilet and Security went in to check on him, finding him unresponsive. Pafford Ambulance had arrived and transported Jones to Claiborne Memorial Medical Center. At approximately 1455, Dr. David Tyler pronounced Jones deceased. Jones body was transported

723 of 5000 max characters.

Submit

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Form C-05-001-X
14 May 2018

Louisiana Department of Public Safety and Corrections
Standardized Death Report Format

Unit Name: Claiborne Parish Detention Center

DATE OF REPORT: July 12th, 2021

TO: James M. Le Blanc
Secretary

FROM: Dusty Williams
Unit Head or Designee
Warden
Title

RE: James Jones
Offender's Name
130268
Offender's DOC #

Age: 60

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

☐ Expected X Unexpected

Autopsy: Pending

Medical Diagnosis: Being treated for high blood pressure

NARRATIVE:
On July 12th, 2021, offender James Jones DOC#130268 became ill on his bunk in the dorm. Jones complained that he could not breathe. Security had a whellchair brought to the dorm and Jones was taken to Medical. While in Medical, Jones stated he needed to use the bathroom and he was wheeled into a holding cell where he was assisted in getting on the toilet. Jones was seen by Security slumping over to his right sitting on the toilet and went in to check on him, finding him unresponsive. Pafford Ambulance had arrived and transported Jones to Claiborne Memorial Medical Center. At approximately 1455, Dr. David Tyler pronounced Jones deceased. Although it appeared Jones passed away from natural causes, Warden Dusty Wiliams requested an autopsy. Jones body was picked up by Smith's Medical Services to be transported to Little Rock, AR for the autopsy.

AUTOPSY REPORT

Case No: LA423-21 **Date of Examination:** July 13, 2021

Name: JONES, James

Age: 60 years **Race:** Black **Sex:** Male

Investigating Agency: Claiborne Parish Coroner's Office

FINDINGS

I. Large saddle pulmonary embolism with bilateral small peripheral emboli.
   A. Edema and brown induration of left lower leg.

II. Hypertensive arteriosclerotic cardiovascular disease.
   A. Cardiomegaly with left ventricular hypertrophy, 600 grams.
   B. Atherosclerosis of coronary arteries, aortic valve and abdominal aorta, mild.
   C. Nephrosclerosis with bilateral renal cortical cysts.

III. No evidence of trauma.

CAUSE OF DEATH: Pulmonary Embolism Due to Deep Vein Thrombosis.

CONTRIBUTORY FACTOR: Hypertensive Arteriosclerotic Cardiovascular Disease.

OPINION:

This 60-year-old, black male, James Jones, died of pulmonary embolism due to deep vein thrombosis with the contributory factor of hypertensive arteriosclerotic cardiovascular disease. Investigation of the circumstances of death revealed that the decedent was an inmate in the Claiborne Parish Detention Center when reportedly he was sitting on the commode and became unresponsive.

Autopsy demonstrated no evidence of trauma. There was severe brown induration and edema of the left lower leg. Internal examination showed a large pulmonary embolism with multiple small bilateral peripheral emboli (blood clots in the lungs) which originated mostly like from the deep veins of the left leg. Other evidence of disease included markedly enlarged heart, 600 grams, and scarring of the kidneys with cyst formation due to the effects of hypertension. There was mild atherosclerosis of coronary arteries, aortic valve and abdominal aorta.

Frank J. Peretti, M.D.
Forensic Pathologist

EXTERNAL EXAMINATION

The body was that of a well-developed, well-nourished, black male. The body weighed 200 pounds, measured 72 inches in length and appeared compatible with the stated age of 60 years. The body was cold. Rigor mortis was present and fixed to an equal degree in all extremities. Lividity was present and fixed on the posterior surface of the body except in areas exposed to pressure. Multiple tattoos were present on the upper extremities. The scalp hair was black. The deceased wore a mustache and goatee. The irides were brown. The corneae were cloudy. The sclerae and conjunctivae were diffusely congested with no petechial hemorrhages. The external nares and oral cavity contained bloody frothy secretions. The teeth were natural and in good condition. Examination of the neck revealed no evidence of injury. The chest was unremarkable. No evidence of injury of the ribs or the sternum was evident externally. The abdomen was flat with no scars or injuries noted. The external genitalia were that of a normal adult male. The lower extremities showed severe brown induration and edema of the left lower leg and foot. An 8 inch remote surgical scar was present on the lateral aspect of the left thigh. The ankles and feet were clean. No needle tracks or wrist scars were noted. The right hand was wrapped in an Ace bandage. Removal of the bandage showed a 1 1/4 inch healing abrasion. The posterior torso was unremarkable.

EVIDENCE OF MEDICAL ATTENTION:

Endotracheal tube was in place. Catheter was present in the right supraclavicular region. EKG electrodes were present on the front of the chest. Intravenous lines were present in the antecubital fossae and backs of the hands. A hospital identification bracelet encircled left wrist.

EVIDENCE OF INJURY:

None.

INTERNAL EXAMINATION

The subcutaneous fat layer measured up to 1 inch. No adhesions or abnormal collections of fluid were present in the body cavities. Petechiae were not present on the thoracic organs. All body organs were present in normal anatomic position and diffusely congested. There was no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces were smooth, glistening and unremarkable. The pericardial sac contained a few milliliters of fluid and there were no adhesions. The heart was markedly enlarged and globoid in configuration. The coronary arteries arose normally, followed the usual distribution and showed mild calcific atherosclerosis with no evidence of significant stenosis or acute thrombosis. The left ventricle was hypertrophic. The myocardium was dark red-brown, firm and unremarkable. There was mild atherosclerosis of the aortic valve and abdominal aorta.

The vena cava and its major tributaries returned to the heart in the usual distribution and were free of thrombi. The heart weighed 600 grams.

RESPIRATORY SYSTEM:

The pleural surfaces were smooth and glistening. The pulmonary arteries were normally developed. There was a large saddle embolism with multiple bilateral peripheral emboli. The pulmonary parenchyma was grayish-purple and diffusely congested. The right lung weighed 850 grams; the left 900 grams.

NECK:

Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, revealed no abnormalities or hemorrhage. The hyoid bone and larynx were intact. The epiglottis and vocal cords were unremarkable.

ALIMENTARY TRACT:

The tongue, esophagus, stomach, small and large bowel, rectum and anus showed no lesions or abnormalities. The stomach contained scant amount of green-brown liquid. The appendix was present.

LIVER AND BILIARY SYSTEM:

The hepatic parenchyma was maroon with no focal lesions. The gallbladder contained a few milliliters of bile. The liver weighed 1820 grams.

GENITOURINARY SYSTEM:

The cortical surfaces were red-brown and granular with multiple smooth-wall cysts filled with clear serous fluid. The calyces, pelves and ureters were unremarkable. The urinary bladder contained was contracted and empty. Prostate and testes were unremarkable. The right kidney weighed 200 grams; the left 210 grams.

RETICULOENDOTHELIAL SYSTEM:

The spleen had a smooth, intact capsule covering red-purple, parenchyma. The regional lymph nodes were not enlarged and appeared normal. The spleen weighed 300 grams.

ENDOCRINE AND EXOCRINE SYSTEMS:

The pituitary, thyroid, adrenal glands, and pancreas were free of obvious disease.

MUSCULOSKELETAL SYSTEM:

Muscles were red-brown and within normal development. No bone or joint abnormalities were noted. The cervical, thoracic, and lumbar spine showed no obvious old fractures or other abnormalities. Examination of the deep veins of the lower extremities detected no thrombi.

CENTRAL NERVOUS SYSTEM:

The scalp showed no edema or hemorrhage. The calvarium and base of the skull showed no fractures. The dura and falx cerebri were intact. There was no epidural, subdural or subarachnoid hemorrhage present. The leptomeninges were clear. The cerebral hemispheres were symmetric and diffusely congested. The cranial nerves were intact. The circle of Willis and related blood vessels were normal in caliber and distribution. Sections through the cerebral hemispheres, brain stem and cerebellum revealed no focal lesions. The brain weighed 1520 grams.

Booking ID: 2019050359

CPDC RELEASE SHEET



Full Name : JAMES JONES

Address :

DOB: 1/26/1961 **Age:** **Height:** 5'11"

Race : B **Sex:** M **Weight:** 244

SSN: 439197383 **OLN:**

Booking Date : 5/29/2019 2:12:40 PM

Booking Agency: CLAIBORNE PARISH SHERIFF'S OFFICE

Billing Agency: CPSO-M

RELEASE INFORMATION

Release Type : Deceased

Release Date: 7/12/2021 3:34:02 PM

Releasing Officer: DUSTY WILLIAMS

Release Notes: OFFENDER PASSED AWAY AT THE CLAIBORNE MEMORIAL HOSPITAL

CHARGES

Statute Descrption: INCEST-AGGRAVATED

Charge Category: FELONY **Sen BeginDate:** **Sen EndDate:**

Arresting Agency: CPSO-M **Warrant#:** **Bond Amount:** 0.00

Charge Notes:

Fee Amount: _____ **Total Bond Amount:** **$0.00**

BOND PAYMENTS

Total Bond Amount: **$0.00**

Bondsman Type	Bondsman	Bond Type	Amount Paid

Total Bond Payment:

PROPERTY

Item Name	Is Contraband	Property Type	Description