LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST	FIRST	MI
Mealey	Narada	C

2. On what date did the inmate die?

MONTH	DAY	YEAR
11	02	2017

3. What was the name and location of the correctional facility involved?

Facility Name: Orleans Justice Center

Facility City: New Orleans

Facility State: LA

4. What was the inmate's date of birth?

MONTH	DAY	YEAR
06	26	1985

5. What was the inmate's sex?

- ☑ Male
- ☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes
- ☑ No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- ☐ White
- ☑ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Some other race

↳ *Please Specify:*

8. On what date was the inmate admitted to a facility under your jurisdiction?

MONTH	DAY	YEAR
10	27	2017

9. Was the inmate being confined in your jail facility on behalf of any of the following?

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–c)

	YES	NO	DON'T KNOW
a. U.S. Immigration and Customs Enforcement	☐	☑	☐
b. U.S. Marshals Service	☐	☑	☐
c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction	☐	☑	☐

10. For what offense(s) was the inmate being held?

a. Warrant - Drug Violation

b. Warrant - Traffic Violation

c.

d.

e.

11. What was the inmate's legal status at time of death? *(For inmates with more than one status, report the status associated with the most serious offense.)*

- ☐ Convicted—new court commitment
- ☐ Convicted—returned probation/parole violator
- ☑ Unconvicted
- ☐ Other

↳ *Please Specify:*

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ☐ Yes
- ☑ No
- ☐ Don't Know

«AGENCY ID»

13. Where did the inmate die?

- ☐ In a general housing unit within the jail facility or in a general housing unit on jail grounds
- ☐ In a segregation unit
- ☐ In a special medical unit/infirmary within the jail facility
- ☐ In a special mental health services unit within the jail facility
- ☑ In a medical center outside the jail facility
- ☐ In a mental health center outside the jail facility
- ☐ While in transit
- ☐ Elsewhere

→ *Please Specify:*

14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

- ☑ YES → ***CONTINUE TO Q15***
- ☐ Evaluation complete—results are pending

  → ***SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH***
- ☐ No evaluation is planned → ***CONTINUE TO Q15***

15. What was the cause of death? * *Please SPECIFY cause of death—it is critical information* *****

- ☑ Illness—Exclude AIDS-related deaths [*Specify*] → Perforated Gastric Ulcer
- ☐ Acquired Immune Deficiency Syndrome (AIDS)
- ☐ Accidental alcohol/drug intoxication [*Describe*] →
- ☐ Accidental injury to self [*Describe*] →
- ☐ Accidental injury by other (e.g., vehicular accidents during transport) [*Describe*] →
- ☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [*Describe*] →
- ☐ Homicide [*Describe*] →
- ☐ Other cause(s) [*Specify*] →

16. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?

- ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- ☐ In the jail facility or on the jail grounds

  [PLEASE SPECIFY] →
  - ☐ In the inmate's cell/room
  - ☐ In a temporary holding area/lockup
  - ☐ In a common area within the facility (e.g., yard, library, cafeteria)
  - ☐ In a segregation unit
  - ☐ In a special medical unit/infirmary
  - ☐ In a special mental health services unit
  - ☐ Elsewhere within the jail facility

    → *Please Specify:*
- ☐ Outside the jail facility (e.g., while on work release or on work detail)
- ☐ Elsewhere

  → *Please Specify:*

17. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

- ☐ Morning (6 am to Noon)
- ☐ Afternoon (Noon to 6 pm)
- ☐ Evening (6 pm to Midnight)
- ☐ Overnight (Midnight to 6 am)

18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluation by physician/medical staff	☑	☐	☐
b. Diagnostic tests (e.g., X-rays, MRI)	☐	☐	☑
c. Medications	☑	☐	☐
d. Treatment/care other than medications	☑	☐	☐
e. Surgery	☐	☐	☑
f. Confinement in special medical unit.	☐	☑	☐

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)

19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? *(If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")*

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

- ☑ Pre-existing medical condition
- ☐ Deceased developed condition after admission
- ☐ Could not be determined

Please add any additional notes regarding this death here:

OFFICE OF THE CORONER
ORLEANS PARISH
DWIGHT MCKENNA
3001 Earhart Blvd. , New Orleans, LA 70125

504-658-9660 Fax: 504-658-9674

DWIGHT L. MCKENNA, M.D.

CORONER'S REPORT

(pursuant to R.S. 44:19 (E)(3))

I, Dwight McKenna, CORONER FOR THE PARISH OF ORLEANS, certify the following report of death:

REPORTED NAME OF DECEASED:	Mealey, Narada
ADDRESS:	2716 Destrahan Harvey , LA 70058
SEX:	Male
DATE AT BIRTH:	Jun 26, 1985
AGE AT DEATH:	32 years 4 months 7 days
RACE:	African American / Black
DATE AND TIME OF DEATH:	Nov 02, 2017 at 13:48
PLACE OF DEATH:	University Medical Center 2000 Canal St New Orleans LA, 70112
DATE AND TIME OF AUTOPSY:	Nov 03, 2017 at 13:00
CAUSE(S) OF DEATH:	complications of perforated pyloric ulcer
MANNER OF DEATH:	Natural

DWIGHT MCKENNA
CORONER, ORLEANS PARISH

DATE: **November 20, 2024**

R.S. 44:19 (E)(3)

(3) A coroner's report is a document that includes the name of the decedent, address, sex, date of birth, age, and race of the decedent, date and time of death, place of death, date and time of autopsy, when applicable, and the cause and manner of death, including any scientifically contributing factors. The coroner's report is a public record, and the coroner or his designee shall release this report to the news media, any other person, the Department of Children and Family Services, when appropriate, the spouse, parent, sibling, child, grandchild, niece, nephew, aunt, or uncle of the decedent, or to the person with the right to control and authorize the interment of the decedent as provided in R.S. 8:655(A). However, nothing in this Paragraph shall authorize the release of the information set forth in this Paragraph prior to notification of the next of kin of the deceased unless no next of kin can be determined or, despite reasonable efforts by the coroner's office, no next of kin can be located. The provisions of this Paragraph shall not require the release of information in non-coroner cases, nor shall it prohibit the coroner from releasing information pursuant to R.S. 13:5713 or Children's Code Article 609 to the Department of Children and Family Services.