Record of Death

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

Name: Matthew Cooper

DOC #: 424872

Age / Race / Ethnicity: 42 / White / Unknown

Gender: Male

First Admission Date to DOC: 6/21/2022

Admission Date to Last Facility: 6/21/2022

Sentence: 5 years

Facility / Housing Unit: DCI

Date of Death: 2/17/2024

Time of Death: 11:49:00 PM

Manner of Death (LCLE): Accident

Manner of Death (DOC): Overdose

Expected / Unexpected: Unexpected

Autopsy Required: Yes

Name of Last Facility: Tangipahoa PJ

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*

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

INVESTIGATOR'S REPORT **CASE NO:** 2024-060

Decedent Cooper (Last) Matthew (First) (MI) **Race** C **Sex** M **DOB** 11-19-81 **Age** 42

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

Marital Status S **SSN** [redacted] **Phone** _____

Place of Injury _____ **Date of Injury** _____ **Time of Injury** _____

Place of Death DCI **Date of Death** 2-17-24 **Time of Death** 0045

Found Dead By _____ **Identified By** _____

Address _____ (Street) (City) (State) (Zip)

Upon information and advice of: NP Jenny Watson

Pronounced By Dr Bret Lewis **Agency/Hospital** LRMC **Phone** _____

Physician Name _____ **Phone** _____ **Last Seen** _____

Medical History/Circumstances: Hep C Cirrhosis/Hepatic Encephalopathy - steatosis / Esophageal Disease

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

Cause of Death: Cardio Pulmonary Arrest

Next of Kin Margaret LeBlanc Mother [redacted]

Address _____

Funeral Home McKneely **Transported By** Mercy **Phone** _____

Address _____

Investigator JR ✓ Investigation ✓ Viewing ____ X-Ray ✓ Autopsy ____ Photos

Beginning Mileage _____ **Ending Mileage** _____

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