Record of Death

Provided by LA Department of Public Safety and Corrections (DPSC)
on 01/09/2025

Name: Byron Babineaux

DOC #: 514628

Race / Ethnicity: Black or African American / Not of Hispanic, Latino, or Spanish Origin

Gender: Male

Age: 39

Date of Birth: 7/10/1984

First Admission Date to DOC: 3/2/2020

Sentence: 8 years

Facility / Housing Unit: Local / Riverbend Detention Center (Male) / J-Dorm

Date of Death: 3/13/2024

Time of Death: 12:30:00 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

Admission Date to Last Facility: 3/2/2020

Name of Last Facility: N/A

Physical Location: In a general housing unit in the facility or on prison ground

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Incarceration Transparency Project Notes (not included in DPSC Record):

- Local facility name confirmed by telephone with Riverbend Detention Center 2/20/25

- *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*

PRINT or TYPE, black ink mandatory

STATE OF LOUISIANA

CERTIFICATE OF DEATH

DECEDENT

DECEDENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)	DATE OF BIRTH	DATE OF DEATH	TIME OF DEATH
BABINEAUX, BYRON JUDE	07/10/1984	03/13/2024	12:30 AM
PLACE OF BIRTH - (CITY, STATE, COUNTRY)	**SEX**	**SOCIAL SECURITY NUMBER**	**AGE**
LAFAYETTE, LA UNITED STATES	MALE	UNKNOWN	39 YEARS
DECEDENT'S ALIAS NAME(S) - (LAST, FIRST, MIDDLE, SUFFIX):			
RESIDENCE OF DECEDENT - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)		**PARISH/COUNTY**	**WITHIN CITY LIMITS**
[redacted]		ACADIA	YES

PERSONAL

EVER IN U.S. ARMED FORCES?	OCCUPATION (Type of work most of life. NEVER use retired)	INDUSTRY (Kind of Business)
NO	CONCRETE FINISHER	CONSTRUCTION
MARITAL STATUS	**SURVIVING SPOUSE'S NAME (Name prior to first marriage) (LAST, FIRST, MIDDLE, SUFFIX)**	
NEVER MARRIED		
FATHER'S/PARENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)	**FATHER'S/PARENT'S PLACE OF BIRTH - (CITY, STATE, COUNTRY)**	
[redacted]	RAYNE, LA UNITED STATES	
MOTHER'S/PARENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)	**MOTHER'S/PARENT'S PLACE OF BIRTH - (CITY, STATE, COUNTRY)**	
[redacted]	RAYNE, LA UNITED STATES	
INFORMANT NAME - (LAST, FIRST, MIDDLE, SUFFIX)		**RELATIONSHIP TO DECEDENT**
[redacted]		MOTHER

INFORMANT'S ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)

[redacted]

EDUCATION

9TH THROUGH 12TH, NO DIPLOMA

OF HISPANIC ORIGIN?

NO, NOT SPANISH/HISPANIC/LATINO

RACE:

BLACK OR AFRICAN AMERICAN

DEATH INFO

PLACE OF DEATH	FACILITY NAME	
EMERGENCY ROOM/OUTPATIENT	EAST CARROLL PARISH HOSPITAL	
FACILITY ADDRESS (If not in Facility give street address or location) - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)		**PARISH**
336 N. HOOD ST., LAKE PROVIDENCE, LA 71254 UNITED STATES		EAST CARROLL

DISPOSITION

METHOD OF DISPOSITION	PLACE OF DISPOSITION	
BURIAL	OUR MOTHER OF MERCY CEMETERY	
PLACE OF DISPOSITION - (CITY, STATE, COUNTRY)		**DATE OF DISPOSITION**
RAYNE, LA UNITED STATES		03/22/2024

FUNERAL FACILITY

FUNERAL FACILITY NAME	FUNERAL FACILITY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)	PARISH/COUNTY
SYRIE FUNERAL HOME, INC	1417 E. SIMCOE ST., LAFAYETTE, LA 70501 UNITED STATES	LAFAYETTE

DIRECTOR

NAME OF FUNERAL DIRECTOR - (LAST, FIRST, MIDDLE, SUFFIX)	LICENSE NUMBER	CORONER NOTIFIED?
SONNIER II, EUGENE J	E2253	Y
SIGNATURE OF FUNERAL DIRECTOR		**DATE**



MEDICAL INFO

MANNER OF DEATH	IF FEMALE?	DID TOBACCO USAGE CONTRIBUTE TO DEATH?
X Natural	Not pregnant within the past Year	Yes
Accident	Pregnant at the time of death	No
Homicide	Not pregnant, but pregnant within 42 days of death	Probably
Suicide	Not pregnant, but pregnant 43 days to 1 year before death	X Unknown
Pending Investigation	X Not applicable	
Could not be determined	Unknown	

CAUSE OF DEATH

PART I. Enter the chain of events -- diseases, injuries, or complications -- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.

		APPROXIMATE INTERVAL: Onset to Death
IMMEDIATE CAUSE - (Final disease or condition resulting in death)	a. SUDDEN CARDIAC DEATH	UNK
Sequentially list conditions, if any, leading to the cause listed on line a.	b. ATHEROSCLEROTIC HEART DISEASE	UNK
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	c.	
	d.	

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

WAS AN AUTOPSY PERFORMED?	FINDINGS USED IN DETERMINING CAUSE?
YES	YES

INJURY INFORMATION

DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK	IF TRANSPORTATION INJURY, SPECIFY:

LOCATION OF INJURY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)	PARISH/COUNTY

DESCRIBE HOW INJURY OCCURED:

CERTIFIER

I CERTIFY THIS 'CORONER CASE' BASED ON MY EXAMINATION OR INVESTIGATION AND, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

SIGNATURE OF CERTIFIER:	DATE

CERTIFIER NAME - (LAST, FIRST, MIDDLE, SUFFIX)	CERTIFIER TITLE
HOLT, LISA C	CORONER

CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)

718 PEANUT RD. , LAKE PROVIDENCE, LA 71254 UNITED STATES

BURIAL TRANSIT PERMIT	PARISH OF ISSUE	DATE OF ISSUE	FOR REGISTRAR ONLY - DATE FILED
575572	ORLEANS	03/21/2024	

REGISTRAR

SIGNATURE OF REGISTRAR:



prisoner @ RiverBend Detention Center

DEATH INVESTIGATION

DECEDENT NAME Bryon Babineaux

ADDRESS: 9450 Hwy 65 South
LK Providence, LA 70754

DOD 3-13-24 DEATH LOCATION ECPH - ER

TOD 12:30 am

SS# [redacted]

DOB 7-10-84 AGE 39 Black male

NEXT OF KIN:

RELATIONSHIP:

ADDRESS:

PHONE NUMBER:

FAMILY DOCTOR: PHONE NO.

CAUSE OF DEATH Heart failure ?

Tag # 0048218

AUTOPSY? ✓ CREAMATION?

FUNERAL HOME: Harris Funeral to hold for autopsy.

PHONE NO.

Prison transport - chest pains collapsed in lobby - ER worked for awhile - history of clots & high blood pressure - stopped taking meds 4 yrs. ago.

East Carroll Parish Hospital

Please review and update the information below to the best of your ability.

Patient Registration

CURRENT PATIENT INFORMATION

Patient ID: **20629**
Last Name: **BABENEANX**
First Name: **BRYON**
Middle Name:
Address: **9450 HWY 65 S/C/O RIVERBEND DET CTR**
City: **LAKE PROVIDENCE** State: **LA**
Zip:**71254**
Home Phone: [redacted]
Work Phone:
Mobile Phone:
Sex: **M**
Date of Birth: **07/10/1984 39yo**
Social Security No. [redacted]
Patient email:
Required by government mandate [although you may refuse]
Language: **English**
Race:**Black or African American**
Ethnicity: **Not Hispanic or Latino**
Marital Status:

Hospital Visit Information

Visit ID: **118659**
Check In Date: **03/12/2024 23:20**
Discharge Date: **03/13/202400:30**
Admission Type: **Emergency**
Discharge Status: **Expired**

Primary Insurance Information

Insurance Plan Name: ***SELF PAY***
Last Name:
First Name:
Middle Name:
Insurance ID/Cert #:
Group/Policy #:
Date of Birth: Sex (please circle): **M or F**
Employer Name:
Patient's relationship to policy holder:

Guarantor Information (to whom statements are sent)

Name: **DET CENTER RIVERBEND**
Address: **9450 HWY 65 S/C/O RIVERBEND DET CTR LAKE PROVIDENCE, LA 71254**
Date of Birth:
Social Security No.:
Phone: ( ) _____ - _____

Emergency Contact Information

Name:
Relationship:
Phone:

Employer information

Employer:
Address:
Phone:

Admitting Provider: **CLAWSON, MARK EDWARD**
Attending Provider: **MClawson**
Referring Provider:
Operating Provider:
Level of Care:

Secondary Insurance Information

Insurance Plan Name:
Last Name:
First Name:
Middle Name:
Insurance ID/Cert #:
Group/Policy #:
Date of Birth: Sex (please circle): **M or F**
Employer Name:
Patient's relationship to policy holder:

PAG

OFFENDERS/OUTPATIENT VISIT QUESTIONAIRE
EAST CARROLL PARISH HOSPITAL ER

3-12-24

DATE:

PRISONER CODE: _____
(See Below)
1- Not a Prisoner
(2) State Prisoner Housed in a Parish Prison
3- Parish Prisoner Not Convicted

Babineaux

INMATE'S NAME: Byron Babineaux DOB: 7-10-84
RACE B SEX M MARITAL STATUS: single
SOCIAL SECURITY# [redacted] PLACE OF BIRTH: Rayne

ALLERGIES: NKDA

CHIEF COMPLAINTS: C/O chest pain - pain does not radiate anywhere - hasn't seen a Doctor in 4 years

VITALS: PULSE: 76 TEMP: 97.6 B/P: 165/107 RESP: 18
96% O2 sat

MEDICINE: 0

TREATMENT: ASA 81 mg, Nitrostat 1/150 SL Maalox 30cc PO

DETENTION: RIVERBEND DETENTION CENTER PH 2
ADDRESS: 9450 HIWAY 65 SOUTH
CITY: LAKE PROVIDENCE STATE: LA ZIP CODE: 71254
CORRECTIONAL FACILILTY TELEPHONE # 318-559-5980 FAX 318-559-5983

PERSON FILLING OUT PAPERWORK OR Lesa Middlebrooks

JOHN BELL EDWARDS
Governor

JAMES M. LE BLANC
Secretary

State of Louisiana
Department of Public Safety and Corrections

Offender Status Verification Form for Hospital Admissions

This form is to be completed by the officer transporting/accompanying the offender at this time of hospital admission (Inpatient/observation).

Upon completion and signature, this form will serve as proof that the offender was indeed in the custody of a law enforcement agency when he/she was admitted to the health care facility. ** DOC-HQ MUST BE NOTIFIED IMMEDIATELTY IF THIS OFFENDER IS RELEASED FROM CUSTODY AT ANY TIME DURING THIS HOSPITAL ADMISSION. (If released, submit a new/updated form with release date/time.)

Please fax this form to (225)342-2622 upon admission.

For any questions call (225)342-8712

Date of Admission: 3-12-24 Health Care Facility Name: East Carroll ER

Patient Name: Byron Robinson Social Security Number: [redacted]

Date of Birth: 7-10-84

*DOC Number: 514628 *SID Number: [redacted]

*AFIS Booking ATN Number:

*At least one of the above numbers must be entered to verify offender status.

***Booked in jail (Booking Date: 1-1-24 Time: 750pm)

Please check one of the following boxes:

- ☐ Arrestee not booked
- ☐ Pre-trial
- ☐ ELMS Forensic patient
- ☐ ELMS Civil patient
- ☐ Federal offender
- ☐ Other:
- ☐ Released from custody (Release Date: Time:)
- ☐ Youth offender
- ☑ DOC offender
- ☐ Immigration Customs Enforcement (ICE)/Detainee

List any insurance / health care coverage:

Name of Agency transporting offender: Lasalle

Address of housing facility: 9450 Hwy 65 South

Comments: C/O chest pain

Print Name / Title

Signature

Revised 1/12/16