Record of Death

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

Name: Jonathan Stogner

DOC #: 420147

Race / Ethnicity: White / Not of Hispanic, Latino, or Spanish Origin

Gender: Male

Age: 43

Date of Birth: 10/6/1980

First Admission Date to DOC: 5/31/2023

Sentence: 15 years

Facility / Housing Unit: Local / / Dorm

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

Date of Death: 7/21/2024

Time of Death: 3:25:00 PM

Manner of Death (LCLE): Natural Causes

Manner of Death (DOC): Cancer

Expected / Unexpected: Expected

Autopsy Required: No

Admission Date to Last Facility: 6/3/2024

Name of Last Facility: Southwest CC

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*

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
STOGNER, JONATHAN PERRY WAYNE	10/06/1980	07/21/2024	03:25 AM
PLACE OF BIRTH - (CITY, STATE, COUNTRY)	SEX	SOCIAL SECURITY NUMBER	AGE
BOGALUSA, LA UNITED STATES	MALE	[redacted]	43 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]		EAST CARROLL	YES

PERSONAL

EVER IN U.S. ARMED FORCES?	OCCUPATION (Type of work most of life. NEVER use retired)	INDUSTRY (Kind of Business)
NO	HANDYMAN	MAINTENANCE

MARITAL STATUS	SURVIVING SPOUSE'S NAME (Name prior to first marriage) (LAST, FIRST, MIDDLE, SUFFIX)
DIVORCED	

FATHER'S/PARENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)	FATHER'S/PARENT'S PLACE OF BIRTH - (CITY, STATE, COUNTRY)
[redacted]	[redacted]
MOTHER'S/PARENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)	MOTHER'S/PARENT'S PLACE OF BIRTH - (CITY, STATE, COUNTRY)
[redacted]	BOGALUSA, LA UNITED STATES

INFORMANT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)	RELATIONSHIP TO DECEDENT
[redacted]	GRANDMOTHER

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

[redacted]

EDUCATION

HIGH SCHOOL GRADUATE, OR GED COMPLETED

HISPANIC ORIGIN?

NOT HISPANIC/HISPANIC/LATINO

DEATH INFO

	FACILITY NAME
	OCHSNER LSU HEALTH SHREVEPORT
FACILITY (If not in Facility give street address or location) - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)	PARISH
[redacted]WY. , SHREVEPORT, LA 71103 UNITED STATES	CADDO

DISPOSITION

METHOD	PLACE OF DISPOSITION
	BAGNELL AND SON
PLACE - (CITY, STATE, COUNTRY)	DATE OF DISPOSITION
[redacted]A UNITED STATES	07/24/2024

FUNERAL FACILITY

NAME	FUNERAL FACILITY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)	PARISH/COUNTY
[redacted]E MEMORIAL, LLC	610 AVENUE F , BOGALUSA, LA 70427 UNITED STATES	WASHINGTON

DIRECTOR

FUNERAL DIRECTOR - (LAST, FIRST, MIDDLE, SUFFIX)	LICENSE NUMBER	CORONER NOTIFIED?
[redacted]NDA	U1767	Y
FUNERAL DIRECTOR		DATE

MEDICAL INFO

	IF FEMALE?	DID TOBACCO USAGE CONTRIBUTE TO DEATH?
	Not pregnant within the past Year	Yes
	Pregnant at the time of death	No
	Not pregnant, but pregnant within 42 days of death	Probably
	Not pregnant, but pregnant 43 days to 1 year before death	X Unknown
Part	X Not applicable	
	Unknown	

CAUSE OF DEATH

		APPROXIMATE INTERVAL: Onset to Death
	a. LIVER CANCER	UNK
	b.	
	c.	
	d.	

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

AUTOPSY PERFORMED?	FINDINGS USED IN DETERMINING CAUSE?
	NOT APPLICABLE

INJURY INFORMATION

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

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

HOW INJURY OCCURRED

CERTIFIER

I ATTEST THAT I PRONOUNCED THIS 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

SIGNATURE OF CERTIFIER:	DATE

NAME OF CERTIFIER (LAST, FIRST, MIDDLE, SUFFIX)	CERTIFIER TITLE
	PRONOUNCING & CERTIFYING PHYSICIAN

ADDRESS OF CERTIFIER - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)
1 [illegible] PROVIDENCE, LA 71254 UNITED STATES

PERMIT	PARISH OF ISSUE	DATE OF ISSUE	FOR REGISTRAR ONLY - DATE FILED
	ORLEANS	07/22/2024	

REGISTRAR

SIGNATURE OF REGISTRAR

[redacted]

Caddo Parish

EXPIRED Katrina Wright Coroner

inmate from:

Riverbend Det Center

Jonathan Stogner

Terminal

Liver Cancer

Sheriff Dept

Brought to Oshner on 7/6/24 from LSU hospital

TOD: 3:25 am

DOD: 7/21/24

White male