Record of Death

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

Name: Travis King Jr

DOC #: 745955

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

Gender: Male

Age: 24

Date of Birth: 5/19/1999

First Admission Date to DOC: 10/2/2023

Sentence: 4 years, 11 months, 17 days

Facility / Housing Unit: Local / Riverbend Detention Center (Male); / Seg. #20, there for observation not discipline

Physical Location: In Restrictive Housing Unit

Date of Death: 5/7/2024

Time of Death: 4:00:00 PM

Manner of Death (LCLE): Natural Causes

Manner of Death (DOC): Other-Undetermined based off the determination of the autopsy report

Expected / Unexpected: Unexpected

Autopsy Required: Yes

Admission Date to Last Facility: 10/13/2023

Name of Last Facility: Calcasieu CC

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
KING JR , TRAVIS DEMOND	05/19/1999	05/06/2024	03:59 PM
PLACE OF BIRTH - (CITY, STATE, COUNTRY)	SEX	SOCIAL SECURITY NUMBER	AGE
LAKE CHARLES, LA UNITED STATES	MALE	[redacted]	25 YEARS
DECEDENT'S ALIAS NAME(S) - (LAST, FIRST, MIDDLE, SUFFIX):			
RESIDENCE OF DECEDENT - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) [redacted]		PARISH/COUNTY	WITHIN CITY LIMITS
		CALCASIEU	YES

PERSONAL

EVER IN U.S. ARMED FORCES?	OCCUPATION (Type of work most of life. NEVER use retired)	INDUSTRY (Kind of Business)
NO	LABORER	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) [redacted]	FATHER'S/PARENT'S PLACE OF BIRTH - (CITY, STATE, COUNTRY) ORANGE, TX UNITED STATES
MOTHER'S/PARENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) [redacted]	MOTHER'S/PARENT'S PLACE OF BIRTH - (CITY, STATE, COUNTRY) LAKE CHARLES, 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
OTHER RIVERBEND DETENTION CENTER	

FACILITY ADDRESS (If not in Facility give street address or location) - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)	PARISH
9450 US 65 , LAKE PROVIDENCE, LA 71254 UNITED STATES	EAST CARROLL

DISPOSITION

METHOD OF DISPOSITION	PLACE OF DISPOSITION
CREMATION	PERKINS CEMETERY

PLACE OF DISPOSITION - (CITY, STATE, COUNTRY)	DATE OF DISPOSITION
WESTLAKE, LA UNITED STATES	05/19/2024

FUNERAL FACILITY

FUNERAL FACILITY NAME	FUNERAL FACILITY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)	PARISH/COUNTY
JAMES FUNERAL HOME	1801 MOELING ST. , LAKE CHARLES, LA 70601 UNITED STATES	CALCASIEU

DIRECTOR

NAME OF FUNERAL DIRECTOR - (LAST, FIRST, MIDDLE, SUFFIX)	LICENSE NUMBER	CORONER NOTIFIED?
KING, RHONDA	E2116	Y
SIGNATURE OF FUNERAL DIRECTOR ▶		DATE

0003027357-1

MEDICAL INFO

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

INJURY INFORMATION

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

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
LA UNITED STATES	

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
582314	ORLEANS	05/09/2024	

REGISTRAR

SIGNATURE OF REGISTRAR



Forensic Autopsy and Consulting Services, Inc.
8710 Faulkner Lake Road
North Little Rock, Arkansas 72117
(501) 313-2674
Email: fjperettimd@gmail.com

CASE: 2024-0292

PARISH: East Carroll

DOB 5.15.99

AUTOPSY REPORT

NAME OF DECEDENT: Travis King

RACE: Black **SEX:** Male **AGE:** 24 years

DATE OF EXAMINATION: May 9, 2024

FORENSIC PATHOLOGIST: Frank J. Peretti, MD

undetermined 1559

FINDINGS

I. Seizure disorder, clinical.
   A. Superficial bite/clench marks of tongue.

II. Diffuse visceral congestion.

III. Arteriosclerotic cardiovascular disease.
   A. Mild atheromatous changes of coronary arteries.

IV. Healing abrasions, left middle finger.

CAUSE OF DEATH: Seizure Disorder.

MANNER OF DEATH: Accident.

SUMMARY AND INTERPRETATION:

Investigation of the circumstances of death revealed that the decedent was an inmate at the Riverbend Detention Center at the time of his demise. He was found dead alone in his cell where there was no evidence of foul play reported. Reportedly, he developed a seizure disorder after being kicked in the head by a horse.

Autopsy demonstrated no evidence of trauma or significant natural disease. Superficial bite marks were present on the tongue.

Toxicology detected no illicit drugs or synthetic cannabinoids. Vitreous chemistries were noncontributory. No seizure medications were detected.

The facts stated herein are correct to the best of my knowledge and belief.

Frank J. Peretti, MD
Forensic Pathologist

6-14-24
Date

The remainder of this autopsy report is on file with the Incarceration Transparency project, but is not included here as it is not relevant to proof or cause of death.