Record of Death

Provided by LA Department of Public Safety and Corrections on 03/29/2022

2021

Offender Name: Larry Richardson

DOC #: 156122

Age / Race: 60 / Black

Admit Date: 11/5/2019

Sentence: 8 years

Admit Date at Last Facility: 11/26/2019

Facility / Housing Unit: Local/ Richland Parish DC / Unit 1

Date of Death: 12/30/2021

Cause of Death: Pending

Category of Death: Pending

Expected / Unexpected: Expected

Autopsy Ordered: Yes

Location: Ochsner LSU Monroe

Form C-05-001-X
01 January 2009

Louisiana Department of Public Safety and Corrections
Standardized Death Report Format

Unit Name:Richland Parish Detention Center

DATE OF REPORT: 12/30/2021

TO: James M. Le Blanc
Secretary

FROM: KINDRA VAUGHN LPN/MEDICAL DIRECTOR
Unit Head or Designee

Title MEDICAL DIRECTOR

RE:

Offender's Name: LARRY RICHARDSON

Offender's DOC #_____

Age: 60

Manner of Death: (Please check one of the following boxes)

☒ Natural - Expected ☐ Natural - Unexpected ☐ Unnatural

Autopsy: Yes

Medical Diagnosis: ENCEPHALOPATHY ACUTE, SEPTIC SHOCK,HYPOGLYCEMIA, ACUTE HYPOXEMIC RESPIRATORY FAILURE, DECORTICATE POSTURING, MILD MALNUTRITION,WEIGHT LOSS, DIABETES MELLITUS TYPE 2 WITH COMA

NARRATIVE: ON DECEMBER 17, 2021 OFFENDER LARRY RICHARDSON WAS FOUND IN CELL UNRESPONSIVE. MEDICAL EVAL FOUND THAT HIS BLOOD SUGAR WAS 23. HE WAS GIVEN GLUTOSE 15. SENT TO UHC- ER IN MONROE, LA VIA NELA AMBULANCE TRANSPORT. LARRY 156122 REMAINS UNCONSCIOUS SINCE EVENT ON 12/17/2021. EEG COMPLETED ON 12/22/2021 SHOWS ABNORMAL EEG CONSISTENT WITH DIFFUSE NEURONAL DYSFUNCTION INDICATING ACUTE ENCEPHALOPATHY. NEUROLOGIC STATUS UNCHANGED GCS 5. FAMILY TRANSITION TO HOSPICE ON 12/24/2021. LARRY WAS EXTUBATED ON 12/24/2021. 12/28/2021 HE WAS MOVED FROM ICU TO A

REGULAR ROOM COMFORT CARE CONTINUED. ON 12/30/2021 AT APPROX 0537 LARRY RICHARDSON_____EXPIRED. AUTOPSY WILL BE OBTAIN. EOR K. VAUGHN LPN/MEDICAL DIRECTOR.

Form C-05-001-X-1
26 April 2018

Medical Summary Report for a Deceased Offender

(Must be submitted within 72 hours of death excluding weekends and holidays)

DATE: 12/30/2021

TO: DPS&C Medical/Mental Health Director

FROM: KINDRA VAUGHN LPN/MEDICAL DIRECTOR
Medical Director or Treating Physician

FACILITY: RICHLAND PARISH DETENTION CENTER

Name/DOC#: LARRY RICHARDSON

Age/DOB: [redacted] Date of Death: 12/30/2021

Place of Death: OCHSNER LSU MEDICAL CENTER MONROE,LA
(Facility) (Other)
(Attach ER, D/C summary, Hospital notes, etc.)

Medical Conditions: ENCEPHALOPATHY ACUTE, SEPTIC SHOCK,HYPOGLYCEMIA, ACUTE HYPOXEMIC RESPIRATORY FAILURE, DECORTICATE POSTURING, MILD MALNUTRITION,WEIGHT LOSS, DIABETES MELLITUS TYPE 2 WITH COMA

MAR: SEE ATTACHMENTS

Medical Summary:
ON DECEMBER 17, 2021 OFFENDER LARRY RICHARDSON [redacted] WAS FOUND IN CELL UNRESPONSIVE. MEDICAL EVAL FOUND THAT HIS BLOOD SUGAR WAS 23. HE WAS GIVEN GLUTOSE 15. SENT TO UHC- ER IN MONROE, LA VIA NELA AMBULANCE TRANSPORT. LARRY 156122 REMAINS UNCONSCIOUS SINCE EVENT ON 12/17/2021. EEG COMPLETED ON 12/22/2021 SHOWS ABNORMAL EEG CONSISTENT WITH DIFFUSE NEURONAL DYSFUNCTION INDICATING ACUTE ENCEPHALOPATHY. NEUROLOGIC STATUS UNCHANGED GCS 5. FAMILY TRANSITON TO HOSPICE ON 12/24/2021. EXTUBATED ON 12/24/2021 12/28/2021 COMFORT CARE CONTINUED MOVED TO REGULAR ROOM FROM ICU. 12/30/2021 AT APPROX 0537 LARRY RICHARDSON [redacted] EXPIRED. AUTOPSY WILL BE OBTAINED. EOR K.VAUGHN LPN/MEDICAL DIRECTOR

Autopsy: ☐ No ☒ Yes

Manner of Death:
☒ Expected ☐ Unexpected
☐ Suicide
☐ Accident
☐ Homicide

Physician Signature	Date	Time
K. Vaughn MD/ Medical Director	12/30/2021	10:40pm
HDQ Medical Director's Signature	Date	Time

Comments: _____

CAUSE OF DEATH: Metabolic Encephalopathy due to Hypoglycemia due to Diabetes Mellitus Type II, Coma.

CONTRIBUTORY FACTOR: Pneumonia.

OPINION:

This 60-year-old, black male, Larry Richardson, died of metabolic encephalopathy due to hypoglycemia due to diabetes mellitus Type II, coma with contributory factor of pneumonia. Investigation of the circumstances of death revealed that the decedent was an inmate at the Richland Detention Center where he was noted to be severely hypoglycemic. He was transported to LSU Medical Center where he was noted to have a metabolic encephalopathy due to the Type II diabetes mellitus, coma. There was no evidence of foul play reported. Autopsy demonstrated findings consistent with the clinical diagnosis. In addition, the right lung showed bronchopneumonia.

Frank J. Peretti, M.D.
Forensic Pathologist

EXTERNAL EXAMINATION

The body was that of a well-developed, well-nourished, cachectic-appearing black male. The body was clad in a hospital gown and disposable undergarments. The body weighed 98 pounds, measured 72 inches in length and appeared compatible with the stated age of 60 years. The body was cold. Rigor mortis was present and fixed to an equal degree in all extremities. Lividity was present and fixed on the posterior surface of the body except in areas exposed to pressure. The scalp hair was black. The deceased wore a mustache and beard. The irides were brown. The corneae were cloudy. The sclerae and conjunctivae showed no petechial hemorrhages. Bilateral arcus senilis was present. The external nares and oral cavity contained dry mucoid secretions. The teeth were natural and in good condition. Examination of the neck revealed no evidence of injury. The chest was unremarkable. No evidence of injury of the ribs or the sternum was evident externally. The abdomen was flat with no scars or injuries noted. The external genitalia were that of a normal adult male. The lower extremities showed a few irregular scars. The ankles and feet were clean. A tattoo was present on the left arm. No needle tracks or wrist scars were noted. The posterior torso was unremarkable.

EVIDENCE OF MEDICAL ATTENTION:

A catheter was present on the right arm. A hospital identification bracelet encircled the left wrist. A gauze covered a 4 inch area of superficial skin breakdown of the right buttock. A needle puncture site was present on the lateral left hand. Pressure gauze was present on the heels.

EVIDENCE OF INJURY:

None.

INTERNAL EXAMINATION

The subcutaneous fat layer measured up to 1/4 inch. No adhesions or abnormal collections of fluid were present in the body cavities. Petechiae were not present. All body organs were present in normal anatomic position. There was no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces were smooth, glistening and unremarkable. The pericardial sac contained a few milliliters of fluid and there were no adhesions. The heart was normal in size, shape and configuration. The coronary arteries arose normally, followed the usual distribution and were widely patent, without evidence of significant atherosclerosis or thrombosis. The chambers and valves exhibited the usual size-position relationship and were unremarkable. The myocardium was dark red-brown, firm and unremarkable. The atrial and ventricular septa were intact. The aorta and its major branches arose normally, followed the usual course and were widely patent, free of significant atherosclerosis and other abnormality. The vena cava and its major tributaries returned to the heart in the usual distribution and were free of thrombi. The heart weighed 390 grams.

RESPIRATORY SYSTEM:

The pleural surfaces were smooth and glistening. The pulmonary arteries were normally developed, patent and without thrombus or embolus. The upper and lower airways contained yellow mucoid secretions. The pulmonary parenchyma in the lower lobes was consolidated bilaterally. Sectioning demonstrated yellow-green exudate. The right lung weighed 800 grams; the left 720 grams.

NECK:

Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, revealed no abnormalities or hemorrhage. The hyoid bone and larynx were intact. The epiglottis and vocal cords were unremarkable.

ALIMENTARY TRACT:

The tongue, esophagus, stomach, small and large bowel, rectum and anus showed no lesions or abnormalities. The stomach contained 25 mL of dark brown liquid. The appendix was present.

LIVER AND BILIARY SYSTEM:

The hepatic parenchyma was maroon with no focal lesions. The gallbladder was surgically absent. The liver weighed 1520 grams.

GENITOURINARY SYSTEM:

The cortical surfaces were red-brown and granular. The calyces, pelves and ureters were unremarkable. The urinary bladder contained 25 mL of urine. Prostate and testes were unremarkable. The right kidney weighed 120 grams; the left 130 grams.

RETICULOENDOTHELIAL SYSTEM:

The spleen had a smooth, intact capsule covering red-purple, parenchyma. The regional lymph nodes were not enlarged and appeared normal. The spleen weighed 80 grams.

ENDOCRINE AND EXOCRINE SYSTEMS:

The pituitary, thyroid, adrenal glands, and pancreas were free of obvious disease.

MUSCULOSKELETAL SYSTEM:

Muscles were red-brown and within normal development. No bone or joint abnormalities were noted. The cervical, thoracic, and lumbar spine showed no obvious old fractures or other abnormalities.

CENTRAL NERVOUS SYSTEM:

The scalp showed no edema or hemorrhage. The calvarium and base of the skull showed no fractures. The dura and falx cerebri were intact. There was no epidural, subdural or subarachnoid hemorrhage present. The leptomeninges were clear. The cerebral hemispheres were symmetric and soft with encephalomalacia. The cranial nerves were intact. The circle of Willis and related blood vessels were normal in caliber and distribution. Sections through the cerebral hemispheres, brain stem and cerebellum revealed no focal lesions. The brain weighed 1320 grams.

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Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

CONFIDENTIAL

Toxicology Report

Report Issued 02/18/2022 21:01

To: 10885
Dr. Frank Peretti
8710 Faulkner Lake Road

North Little Rock, AR 72117

Patient Name	RICHARDSON, LARRY
Patient ID	LA846-21
Chain	30278979
Age Not Given	**DOB** Not Given
Gender	Not Given
Workorder	22005412

Positive Findings:

Compound	Result	Units	Matrix Source
Acetone	6.9	mg/dL	001 - Heart Blood
Morphine - Free	8.5	ng/mL	001 - Heart Blood
Acetone	11	mg/dL	003 - Vitreous Fluid

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
8042B	Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Labeled As
001	Gray Top Tube	9.25 mL	12/31/2021	Heart Blood	30278979
002	Gray Top Tube	8.5 mL	12/31/2021	Heart Blood	30278979
003	Red Top Tube	2.75 mL	12/31/2021	Vitreous Fluid	30278979
004	White Plastic Container	10 mL	12/31/2021	Urine	30278979

All sample volumes/weights are approximations.

Specimens received on 01/04/2022.

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Acetone	6.9	mg/dL	5.0	001 - Heart Blood	Headspace GC
Morphine - Free	8.5	ng/mL	5.0	001 - Heart Blood	LC-MS/MS
Acetone	Confirmed	mg/dL	5.0	001 - Heart Blood	Headspace GC
Acetone	11	mg/dL	5.0	003 - Vitreous Fluid	Headspace GC

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Acetone - Vitreous Fluid:

   Acetone is a solvent used for chemicals, paints, etc. It is also a product of diabetic- and fasting-induced ketoacidosis as well as a metabolite following isopropanol ingestion. In high concentrations, acetone can have CNS-depressing effects. Symptoms include lethargy, ataxia, headache, nausea and lightheadedness. Stupor and coma appear in severe cases. Acetone produced in the body as a result of uncontrolled diabetes can also be converted to isopropanol. Further testing for betahydroxybutyric acid is recommended to specifically diagnose ketoacidosis.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 22005412 was electronically signed on 02/18/2022 20:29 by:

Jolene J. Bierly

Jolene J. Bierly, M.S.F.S., D-ABFT-FT
Forensic Toxicologist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 50016B - Opiates - Free (Unconjugated) Confirmation, Blood - Heart Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
6-Monoacetylmorphine - Free	1.0 ng/mL	Hydromorphone - Free	1.0 ng/mL
Codeine - Free	5.0 ng/mL	Morphine - Free	5.0 ng/mL
Dihydrocodeine / Hydrocodol - Free	5.0 ng/mL	Oxycodone - Free	5.0 ng/mL
Hydrocodone - Free	5.0 ng/mL	Oxymorphone - Free	1.0 ng/mL

Acode 52248B - Alcohols and Acetone Confirmation, Blood - Heart Blood

-Analysis by Headspace Gas Chromatography (GC) for:

Analysis Summary and Reporting Limits:

Compound	Rpt. Limit	Compound	Rpt. Limit
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

Acode 53249FL - Alcohols and Acetone Confirmation, Vitreous Fluid (Forensic) - Vitreous Fluid

-Analysis by Headspace Gas Chromatography (GC) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

Acode 8042B - Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic) - Heart Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Barbiturates	0.040 mcg/mL	Gabapentin	5.0 mcg/mL
Cannabinoids	10 ng/mL	Salicylates	120 mcg/mL

-Analysis by Headspace Gas Chromatography (GC) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of analyte classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified analyte class are included. Some specific analytes outside of these classes are also included. For a detailed list of all analytes and reporting limits included in this screen, please contact NMS Labs. Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnosedatives, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.