Jenkins, Joseph
337-25TEN, 09/10/2025

PARISH FORENSICS

To: _____

Fax #: _____

Preliminary Anatomic Diagnosis

Name of Deceased: _____

Date of Death: _____ Date of Autopsy: _____

Type of Autopsy: Full ___X___ External & Toxicology only _____

Preliminary Cause of Death: Hypertensive Atherosclerotic CVD

Manner of death: Natural ___X___ Accident _____ Suicide _____

Homicide _____ Undetermined _____ Pending _____

Pathologist: Christopher Ramos M.D.

OK to release body to Mortuary: Yes ___X___ No _____

Name and phone number of Mortuary: _____

Signed: _____

Coroner / Deputy Coroner / Parish / Date

NOTE: Please return this fax with the appropriate release information to Parish Forensics, LLC at 337-504-2808.

If we receive no response within 24 hours we will release the body the appropriate funeral home.

TENSAS PARISH CORONER
REPORT OF INVESTIGATION

Parish ☐
Newellton ☐
St. Joseph ☐
Waterproof ☒

Decedent: James (First Name) _____ (Middle Name) Jenkins (Last Name) Race: B Sex: M

Date of Birth: 9-25-63 Age: 61 SS# [redacted] M S D W Occupation: Prisoner

Home Address: _____ (Number & Street) Waterproof (City) LA (State) _____ (Zip Code)

Type of Death: ☐ Violent ☒ In Prison ☐ Cremation Certificate ☐ Casualty ☐ Suicide ☐ Natural ☐ Found Dead ☐ Suddenly when in apparent health ☐ Suspicious, unusual or unnatural

If Motor Vehicle Accident Check ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Unknown

Notification by: _____ Address: _____

Investigating Agency: _____

Date	Last Seen Alive	Injury or Illness	Death	Discovery	Coroner Notified	View of Body	Police Notified
	9-9-25		9-9-25	9-9-25	9-9-25		
Time			10:07 AM	8:47 AM	9:42		

	Location	In City Limits or Parish	Type of Premises
Injury or Onset of Illness	Detention Center	Waterproof, LA.	Prison
Death	"	"	"
Viewing of Body by Coroner			

Medical Attention and Hospital or Institutional Care

Name of Physician or Institution	Address	Diagnosis	Date

Home Health/ Hospice Care? ☐ Yes ☒ No Agency: _____

Was Decedent a Tobacco User? ☐ Yes ☐ No ☒ Unknown ☐ Smoker ____PPD ☐ Chew/Dip

Personal Property Found on/with Body

None

TENSAS PARISH CORONER
REPORT OF INVESTIGATION

Next of Kin		Phone:
Witness		Phone:
Funeral Home		Phone:

Toxicology Samples Drawn [X] Yes [ ] No Drawn by: _____
[X] Blood [X] Urine [ ] Vitreous [ ] Brain [ ] Liver [ ] Other: _____

Body Bag Used? [ ] Yes [X] No

Body Exam Sheet Attached [ ] Yes [ ] No Photos Attached [ ] Yes [X] No #: _____

Narrative Report: Joseph Jenkins is a prisoner in the Tensas Parish Detention Center, in Waterproof, LA. He was sitting on a Bench When witnesses saw him Fall off Bench to Floor. He was checked by staff and nurse of the Facility. They found no pulse and started CPR. EMS was called which transported to Trinity Medical Center. See ER. Report Attached!

COVID-19 TESTING: DATE _____ POSITIVE ___ NEGATIVE ___

Immediate Cause of Death	
Due To	
Due To	
Due To	
Underlying Conditions	
Manner of Death	[ ] Accident [ ] Suicide [ ] Homicide [ ] Natural [ ] Unknown [X] Pending

Autopsy Requested [X] Yes [ ] No
Autopsy Ordered [X] Yes [ ] No
By: David McEacharn Coroner
Pathologist: _____
Body Released to for holding: _____
Transportation for Autopsy: Parish Forenzics

I hereby declare that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance wiht6 Louisiana Law, and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

9-9-25
Date

TENSAS
Parish of Appointment

David McEacharn Coroner
Signature of Coroner/Investigator