Record of Death

Provided by LA Department of Public Safety and Corrections (DPSC)*
on 04/24/2026

Name: Timmie Walker

DOC #: 115768

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

Gender: Male

Age / Birth Year: 58 / 1967

Date of Birth: 1/7/1967

First Admission Date to DOC: 9/23/1997

Sentence: Life

Facility: EHCC

Date of Death: 6/1/2025

Time of Death: 8:45

Manner of Death (DOC): Vascular- any type of bleed to include Gi, Strokes, brain

Expected / Unexpected: Expected

Autopsy Required: No

Circumstances of Death (LCLE): Heart - any type of heart related death including cardiopulmonary arrest

Coroner Report Information: Cardiac Arrest

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

- *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*

- *Cause of Death Project Coding: Medical*

** Additional source material includes, where relevant, publicly available data, press releasees, coroner's reports, media, and federal reporting.



OFFICE of the CORONER

IBERVILLE PARISH
PLAQUEMINE, LA 70764

James E. Grace, M.D.
Iberville Parish Coroner
P.O. Box 989
Phone: 225-687-8555
FAX: 225-687-8557

INVESTIGATOR'S REPORT

CASE # CI-25-103

DECEDENT Timmie Walker RACE B SEX M DOB 1/7/67

ADDRESS 6925 Hwy 74 St Gabriel LA 58/DA

MARITIAL STATUS / SOCIAL SECURITY # [redacted] PHONE # 319-4249

PLACE OF DEATH Hunt's DATE OF DEATH 6/1/25 TIME OF DEATH 8:45 AM

FOUND DEAD BY Rs Christiana IDENTIFIED BY Same

ADDRESS 6925 Hwy 74 S.G LA

PRONOUNCED BY DR PREJean AGENCY/HOSPITAL DOC PHONE # 319-4249

PHYSICIAN NAME Same PHONE / LAST SEEN

MEDICAL HISTORY/CIRCUMSTANCES [redacted] TX TRACHEAL Hemorrhage [redacted]

MANNER AND MECHANISM OF DEATH

HOMICIDE ____ ACCIDENTAL ____ SUICIDE ____ NATURAL / UNDETERMINED ____
UNDER INVESTIGATION ____

CAUSE OF DEATH CARDIAC ARREST, COPD, Chronic Heart Failure, [redacted]

NEXT OF KIN [redacted] RELATION [redacted] PHONE # [redacted]

ADDR [redacted]

FUNERAL HOME N/A PICKED UP BY Heath PHONE # ____

ADDRESS ____

INVESTIGATOR Robert Johnson INVESTIGATION / VIEWING ____ XRAY ____

AUTOPSY ____ BODYBAG ____ TRANSPORTATION ____

BILL Bill the Dept of Corrections