

From: Lucy Kissel
To: ["DEA.FOIA@usdoj.gov"](mailto:DEA.FOIA@usdoj.gov)
Subject: FOIA request regarding Gabriel Nathaniel Rhones
Date: Saturday, June 29, 2019 8:00:00 PM
Attachments: [RhonesG Death Certificate.pdf](#)

To Whom It May Concern:

On October 22, 2018, my colleague Andrew Strenio sent a FOIA request to this address for records relating to Gabriel Nathaniel Rhones. We have not yet received a response. My colleague Maya George called your office at 202-307-7596 on May 13 and May 14 and left a voicemail regarding this request but did not hear back.

FOIA requires that agencies determine within twenty business days whether to comply with a request and immediately notify the requester of the determination. 5 U.S.C. § 552(a)(6)(A)(i). As we submitted our request more than eight months ago, I ask that you please confirm that you received the request and inform us of your determination at this time.

Additionally, please allow me to supplement the request with Mr. Rhones's death certificate, which I have attached.

Should you have any questions or concerns, please contact me using the information below. Thank you for your prompt attention to this matter.

Sincerely,

Lucy Kissel
Legal Fellow
Louisiana Capital Assistance Center
636 Baronne Street
New Orleans, LA 70113
(504) 558-9867
lkissel@thejusticecenter.org

STATE OF TEXAS

CERTIFICATION OF VITAL REC

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER 142-07-127546

1. FULL NAME OF DECEASED (Include Nick Name, Maiden Name) GABRIEL M PHONE
2. DATE OF DEATH (Actual or Presumed) 11/28/2007

3. SEX MALE 4. DATE OF BIRTH 30 5. AGE LAST BIRTHDAY (Years, Months, Days) 30 6. HEIGHT (Feet, Inches) 5 7. BIRTHPLACE (City & State of Birth) UNKNOWN

8. SOCIAL SECURITY NUMBER [REDACTED] 9. MARITAL STATUS AT TIME OF DEATH [] Married [] Widowed [] Divorced [] Never Married [] Unknown

10. RESIDENCE STREET ADDRESS 6100 KHALATH ROAD 11. CITY OR TOWN BEAUMONT 12. ZIP CODE 77705

13. COUNTY JEFFERSON 14. STATE TEXAS 15. BROTHERS NAME (Pena to First Marriage) UNKNOWN

16. PLACE OF DEATH (CHECK ONLY ONE) [] Home [] Hospice Facility [] Nursing Home [] Convalescent Home [] Other (Specify) CHRISTUS HOSPITAL - ST. ELIZABETH

17. COUNTY OF DEATH JEFFERSON 18. CITY/TOWN OR OTHER CITY/DISTRICT OR PRECINCT NO. BEAUMONT, 77701 19. FACILITY NAME (If not institution, give street address)

20. INFORMANT'S NAME & RELATIONSHIP TO DECEASED JOE SAPUTO - INVENTORY MANAGEMENT SPEC 21. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) P.O. BOX 26015, BEAUMONT, TX 77720

22. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON AUTHORIZED AS SUCH BARRY F. LACKEY, BY ELECTRONIC SIGNATURE - 10617

23. PLACE OF CREMATION (Name of cemetery, cemetery, other place) MAGNOLIA CEMETERY 24. NAME OF FUNERAL FACILITY BROUSSARD'S MORTUARY, INC. - BEAUMONT

25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 2604 MCFADDIN, BEAUMONT, TX 77701

26. DATE CERTIFIED (Month/Day/Year) 12/13/2007 27. LICENSE NUMBER 16-04 28. TITLE OF CERTIFIER JP

29. PRINTED NAME, ADDRESS OF CERTIFIER'S (Home and Business, City, State, Zip Code) RAY S. CHESNON, 1927 FM 355, BEAUMONT, TX 77705

30. PART 1 - ENTER THE NATURE OF INJURY, DISEASE, OR COMPLICATION, THAT DIRECTLY CAUSED THE DEATH. GIVE THE TERMINAL EVENT SUCH AS CHOKED TO DEATH BY ASPIRATION, APOXY, OR VENTRICULAR FIBILLATION AND NOT BEHIND THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.

31. DATE OF DEATH 11/28/2007 32. TIME OF DEATH 02:00 PM 33. PLACE OF BURIAL (e.g., Decedent's home, cemetery, funeral home, restaurant, woodlot, tree) FEDERAL CORRECTIONAL COMPLEX BEAUMONT

34. MANNER OF DEATH [] Natural [] Accidental [] Suicide [] Homicide [] Pending Investigation [] Could not be determined 35. USIC (ICD-10) CODE TO ADMIT [] Yes [] No 36. PLACE OF BURIAL (e.g., Decedent's home, cemetery, funeral home, restaurant, woodlot, tree) FEDERAL CORRECTIONAL COMPLEX BEAUMONT

37. INTERPOLATION INQUIRY [] Yes [] No 38. WERE REPORTS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [] Yes [] No

39. DATE RECEIVED OFFICIAL REGISTRATION 02-1799 40. DATE REGISTRATION 01/04/2008 41. REGISTRAR - CITY OF BEAUMONT, ELECTRONICALLY FILED

42. REGISTRAR - CITY OF BEAUMONT, ELECTRONICALLY FILED

43. REGISTRAR - CITY OF BEAUMONT, ELECTRONICALLY FILED

44. REGISTRAR - CITY OF BEAUMONT, ELECTRONICALLY FILED

45. REGISTRAR - CITY OF BEAUMONT, ELECTRONICALLY FILED

46. REGISTRAR - CITY OF BEAUMONT, ELECTRONICALLY FILED

47. REGISTRAR - CITY OF BEAUMONT, ELECTRONICALLY FILED

48. REGISTRAR - CITY OF BEAUMONT, ELECTRONICALLY FILED

49. REGISTRAR - CITY OF BEAUMONT, ELECTRONICALLY FILED

50. REGISTRAR - CITY OF BEAUMONT, ELECTRONICALLY FILED

51. REGISTRAR - CITY OF BEAUMONT, ELECTRONICALLY FILED

52. REGISTRAR - CITY OF BEAUMONT, ELECTRONICALLY FILED

53. REGISTRAR - CITY OF BEAUMONT, ELECTRONICALLY FILED

54. REGISTRAR - CITY OF BEAUMONT, ELECTRONICALLY FILED

55. REGISTRAR - CITY OF BEAUMONT, ELECTRONICALLY FILED

56. REGISTRAR - CITY OF BEAUMONT, ELECTRONICALLY FILED

This is a true and correct reproduction of the original record as recorded in this office, issued under authority of Section 191.051, Health and Safety Code.

ISSUED JAN 04 2008

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR

