KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	17-383-CJ	Version Type:	ORIGINAL VERSION
Report Date:	7/28/2017 9:26 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Denton County Sheriff's Office.	Agency Address:	127 N. Woodrow Ln. Suite 300
Agency City:	Denton	Agency State:	TX
Agency Zip:	76205		

Director Information

Director Salutation:	Sheriff	Director First Name:	Tracy
Director Middle Name:			
Director Last Name:	Murphree		
Reporter Name:	Michael Tutt	Reporter Email:	michael.tutt@dentoncounty.gov

Decedent Information

Identity of Deceased

First Name: Kenneth

Middle Name: Ray

Last Name: Myers

Suffix:

Date of Birth: 7/22/1952 Sex: Male

Race: Anglo or White

Age At Time Of Death: 64

Date/Time of Custody (arrest, incarceration) (mm/dd/yyyy hh:mm AM/PM):

Date/Time of Custody or Incident: 5/26/2017 12:28 AM

Date/Time of Death (mm/dd/yyyy hh:mm AM/PM):

Death Date and Time: 6/3/2017 3:26 AM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Evaluation?: No, evaluation not planned

What was the manner of death? (select only one)

Manner of Death: Could not be determined

Medical Cause of Death:

Medical Cause of Death:

Ischemic intestine
Septic Shock
Sever lactic acidosis
Acute kidney failure
Acute respiratory failure

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment: Yes

If death was an accident, homicide or suicide, who caused the death?

Who caused the death?: Not applicable

If a weapon caused the death, what type of weapon caused the death? (Hold CTRL to select all that apply)

Type of weapon that caused death?: Not Applicable

Was the cause of death the result of a pre-existing medical condition or did the decedent develop the condition after admission?

Pre existing medical condition?: Deceased developed condition after admission

If death was an accident, homicide or suicide, what was the means of death?

Means of Death: Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address: 3000 I-35

City: Denton

County: Denton

Zip: 76201

What location category best describes where the event causing the death occurred?

Location Category: Other, specify

Other Location Category:

Texas Health Presbyterian Hospital

What type of custody/facility was the Decedent in at the time of death:

Type of Custody: County Jail

Specific type of custody/facility:

Specific Type of Custody/Facility:

Jail - multiple occupancy cell

What was the time and date of the deceased's entry into the law enforcement facility where the death occurred (mm/dd/yyyy hh:mm AM/PM):

Entry Date Time:

Entry Date Time N/A: ☑

Where did the death occur?

Death Location: Medical facility

General Information

Did any other law enforcement agencies respond to calls for service related to this incident?

Other Agencies Respond?: No

What were the most serious offense(s) with which the deceased was (or would have been) charged with at the time of death?

Offense 1:

Lesser Included Possession of Controlled Substance (35990014)

Offense 2:

Offense 3:

Were the Charges:: Convicted

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense: Alcohol / drug offense

At any time during the incident and/or entry into the law enforcement facility, did the decedent display or use a weapon?

Decedent display/use of weapons: Unknown

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Attempt to Injure Others?: No

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Appear intoxicated (alcohol or drugs):	No	Make suicidal statements?:	No
Exhibit any mental health problems?:	No	Exhibit any medical problems?:	No

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Barricade self or initiate standoff?:	No	Resist being handcuffed or arrested?:	No
Physically attempt/assault officer(s):	No	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	No	Escape or attempt to escape/flee custody:	No
Attempt gain possession officer's weapon:	No		

Was the deceased under restraint in the time leading up to the death or the events causing the death?

Under Restraint:	No

Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

The deceased person is listed as Kenneth Ray Myers, date or birth 07/22/1952. Mr. Myers, a 64 year old white male, was diagnosed with sepsis due to ischemic bowel due to a bowel obstruction. There was no history of trauma or recent drug use per reporting nurse. Mr. Myers was a Denton County Jail inmate with a past medical history of alcohol and methamphetamine use, no current use due to incarceration per the reporting nurse. Mr. Myers complained of abdominal pain for two days and was transported to ER where he was found to have a bowel obstruction. Mr. Myers underwent surgery and was found to have an ischemic bowel. Several feet of bowel were removed but the decedent never fully recovered. The decedent became unstable and septic. There was no misadventure during surgery and there was no trauma caused by the bowel obstruction.