



# KEN PAXTON

## ATTORNEY GENERAL *of* TEXAS

### CUSTODIAL DEATH REPORT

## Agency Information

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CDR Number: 17-518-CJ

Version Type: AMENDED

Report Date: 11/6/2020 10:27  
AM

Status: Submitted

## Agency/Facility Information

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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

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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

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## Identity of Deceased

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First Name: Stormey

Middle Name: Marie

Last Name: Murphey

Suffix:

Date of Birth: 4/1/1987

Sex: Female

Race: Anglo or White

Age At Time Of Death: 30

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

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Date/Time of Custody or  
Incident: 8/13/2017 8:35 PM

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

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Death Date and Time: 8/15/2017 11:46  
AM

## Manner / Cause of Death

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

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Medical Examiner/Coroner  
Evaluation?: Yes, results are  
available

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

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Manner of Death: Suicide

## Medical Cause of Death:

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Medical Cause of Death:

Asphyxia by hanging

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

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Medical Treatment: No

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

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Who caused the death?: Decedent

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

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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?

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Pre existing medical condition?: Not Applicable; cause of death was accidental injury, intoxication, suicide or homicide

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

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Means of Death: Unknown

## Location / Custody Information

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Where did the event causing the death occur?

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Street Address: 127 N. Woodrow  
Lane

City: Denton

County: Denton

Zip: 76205

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

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Location Category: Law Enforcement  
Facility

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

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Type of Custody: County Jail

Specific type of custody/facility:

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Specific Type of Custody/Facility:

Hospital/Infirmary

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):

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Entry Date Time: 8/13/2017 8:35 PM

Where did the death occur?

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Death Location: Medical facility

## General Information

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

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Other Agencies Respond?: Yes

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

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Offense 1:

Assault Causes Bodily Injury

Offense 2:

Offense 3:

Were the Charges:: Not filed at time of death

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

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Type of Offense: Violent Crime  
Against Persons

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

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Decedent display/use of weapons: No

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

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Attempt to Injure Others?: No

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

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Appear intoxicated (alcohol or drugs): No

Make suicidal statements?: No

Exhibit any mental health problems?: Yes

Exhibit any medical problems?: Yes

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

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|                                           |    |                                           |    |
|-------------------------------------------|----|-------------------------------------------|----|
| 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?

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Under Restraint: No

## Summary of Incident

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

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### Summary:

On August 15, 2017, the decedent was housed in the Main Jail Infirmary. During the time check at 11:10 AM, the officer could only see the decedent's leg. The officer entered the cell to verify the decedent's wellbeing. Upon entering cell, the officer saw the decedent with a mattress cover wrapped around her neck. The mattress cover was also tied to a metal television stand to the right of the cell door. The officer and Jail Health staff removed the mattress cover and began trying to resuscitate the decedent who was unconscious and not breathing. The Denton Fire Department responded to the Denton County Jail at approximately 11:16 AM. Denton Fire Department personnel took over resuscitation efforts. At approximately 11:34 AM, the Denton Fire Department transported the decedent to Medical City of Denton. The decedent was pronounced dead at approximately 11:46 AM by Dr. James Doyle.