



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 24-1101-CJ

Version Type: AMENDED

Report Date: 7/30/2024 2:17 PM

Status: Submitted

Agency/Facility Information

Agency Name: Guadalupe County
Sheriff's Office

Agency Address: 2617 N. Guadalupe

Agency City: Seguin

Agency State: TX

Agency Zip: 78155

Director Information

Director Salutation: Sheriff

Director First Name: Arnold

Director Middle Name:

Director Last Name: Zwicke

Reporter Name: Robert
Hernandez

Reporter Email: rhernandez@co.guadalupe.tx.us

Decedent Information

Identity of Deceased

First Name: Margaret

Middle Name: Elizabeth

Last Name: Rooney

Suffix:

Date of Birth: 9/14/1979

Sex: Female

Race: Anglo or White

Age At Time Of Death: 44

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

Date/Time of Custody or
Incident: 7/11/2024 1:00 AM

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

Death Date and Time: 7/13/2024 7:29 AM

Manner / Cause of Death

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

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

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

Manner of Death: Accidental

Medical Cause of Death:

Medical Cause of Death:

Unknown waiting on autopsy/01/28/2025 Presumed ruptured cerebral artery aneurysm (berry aneurysm) Due to hypertensive cardiovascular disease and toxic effects of methamphetamine

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

Medical Treatment: Unknown

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

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)

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?: Could not be determined

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: 2617 N. Guadalupe
Street

City: Seguin

County: Guadalupe

Zip: 78655

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

Location Category: Law Enforcement
Facility

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: 7/11/2024 1:00 AM

Where did the death occur?

Death Location: Law enforcement
facility/booking
center

General Information

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

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?

Offense 1:

Poss CS PG1/1-B>=1G<4G

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)

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: No

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): Unknown

Make suicidal statements?: No

Exhibit any mental health problems?: Unknown

Exhibit any medical problems?: Unknown

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:

On July 13,2024 at 0706 Inmate Rooney Margaret DOB 09/14/1979 SID TX18763114 was housed in medical cell 12 when she was found unresponsive during shift change. A medical code was announced and medical staff along with the Special Emergency Response Team members arrived and CPR was started. EMS was notified at 0708 and arrived at 0714. EMS continued lifesaving procedures and at 0729 stated the inmate had passed away.