



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 24-1179-CJ

Version Type: AMENDED

Report Date: 8/12/2024 2:18 PM

Status: Submitted

Agency/Facility Information

Agency Name: Bell County Sheriff's Office

Agency Address: 104 S. Main

Agency City: Belton

Agency State: TX

Agency Zip: 76513

Director Information

Director Salutation: Sheriff

Director First Name: Eddy

Director Middle Name:

Director Last Name: Lange

Reporter Name: Stacey
McClinton

Reporter Email: stacey.mcclinton@bellcounty.texas.gov

Decedent Information

Identity of Deceased

First Name: Mary

Middle Name: Ann

Last Name: Mayfield

Suffix:

Date of Birth: 7/6/1987

Sex: Female

Race: Anglo or White

Age At Time Of Death: 37

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

Date/Time of Custody or
Incident: 7/8/2024 5:26 PM

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

Death Date and Time: 7/19/2024 4:44 PM

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: Natural

Medical Cause of Death:

Medical Cause of Death:

CAUSE OF DEATH: Anoxic/Ischemic Encephalopathy
DUE TO: Respiratory Induced Cardiac Arrest
DUE TO: Acute Pneumonia
DUE TO: Chronic Obstructive Pulmonary Disease
OTHER SIGNIFICANT CONDITIONS: Obesity
MANNER OF DEATH: Natural

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?: Pre-existing medical condition

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

Means of Death: Not applicable, cause of death was illness/natural cause

Location / Custody Information

Where did the event causing the death occur?

Street Address: 2405 Loop 121

City: Belton

County: Bell

Zip: 76513

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:

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):

Entry Date Time: 7/8/2023 5:26 PM

Where did the death occur?

Death Location: Elsewhere, specify

Death Location Elsewhere:

Baylor Scott & White Hospital

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:

Assault Bodily Injury

Offense 2:

Offense 3:

Were the Charges:: Filed

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

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?

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): 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:

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:

Mary Mayfield was housed in the infirmary due to medical needs. On Monday, 7/15/2024, at approximately 2226, Jailer Caprica Brooks entered the cell to provide cleaning supplies to the other inmates when she heard Mayfield snoring. Just before exiting the cell Mayfield stopped snoring but showed to still be asleep. Jailer Brooks exited the cell, not knowing there was anything different with her sleeping habits. A few minutes later, the inmates in the cell began banging on the door, stating Mayfield was not breathing. At approximately 2229, Jailer Brooks and medical staff entered the cell and found Mayfield lying chest-down on the bed with her head facing the back wall. Mayfield was assisted by medical staff when they instructed Jailer Brooks to call for a medical emergency. At approximately 2230, life-saving measures began, and CPR was started along with the use of an AED. At approximately 2238, EMS arrived and took over CPR and all other medical treatment. At approximately 1105, EMS was able to gain a weak pulse and transported Mayfield to Baylor Scott & White, where she later passed away on Friday, 7/19/2024, at 1644.