KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	19-751-CJ	Version Type:	AMENDED
Report Date:	9/13/2019 2:07 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Dallas County Sheriff's Dept.	Agency Address:	133 N. Riverfront Blvd.
Agency City:	Dallas	Agency State:	TX
Agency Zip:	75207		

Director Information

Director Salutation:	Sheriff	Director First Name:	Marian
Director Middle Name:			
Director Last Name:	Brown		
Reporter Name:	Julie Jacob	Reporter Email:	jjacob@dallascounty.org

Decedent Information

Identity of Deceased

First Name: Lee

Middle Name: O

Last Name: Davis

Suffix:

Date of Birth: 11/29/1939

Sex: Male

Race: Black or African American

Age At Time Of Death: 79

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

Date/Time of Custody or Incident: 4/5/2019 2:52 AM

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

Death Date and Time: 7/26/2019 12:32 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:

The cause of death was listed as:

Complications of Epstein Barr viremia
Part II (Other Significant Contributing Factors): Hypertensive cardiovascular disease

The manner of death was declared natural per Examining Pathologist: Emily Ogden M.D.

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?:	Could not be determined

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:	111 W. Commerce Street	City:	Dallas
County:	Dallas	Zip:	75207

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:

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:

Aggravated Assault with a Deadly Weapon

Offense 2:

Prohibited Weapon

Offense 3:

Parole Violation

Were the Charges:: Convicted

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):	Unknown	Make suicidal statements?:	Yes
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?:	Unknown	Resist being handcuffed or arrested?:	Unknown
Physically attempt/assault officer(s):	No	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	Unknown	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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Leg Shackles

Summary of Incident

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

Summary:

On July 6th 2019, at approximately 4:14 p.m., Parkland Jail Health Nurse Practitioner A. Michaels determined that Dallas County Inmate Davis, Lee B/M 11/29/1939, (AKA Name: Davis, Leo) needed to be transported to Parkland Memorial Hospital for medical evaluation/treatment. Davis was transported by Acadian Ambulance - Unit#864 and admitted at Parkland Memorial Hospital.

On July 26th 2019, at approximately 8:30 a.m., Parkland Medical Staff determined to make Davis a Do-Not-Resuscitate patient. At approximately 12:32 p.m., Davis was pronounced deceased at Parkland Memorial Hospital by Dr. J. Jann.

At approximately 3:39 p.m., Det. J. Jacob #949 with the Dallas County Sheriff- Criminal Investigation Section contacted the Dallas County Medical Examiner's Office and spoke with Mediolegal Death Investigator R. Price. Price stated that she spoke with Parkland Medical Staff and was informed that Davis was admitted to the hospital for diarrhea and generalized weakness. She also mentioned that Davis was treated for high blood pressure, an enlarged prostate, benign tumor in leg, Epstein-Barr Virus (EPV) and was suspected of having hemophagocytic lympohistiocystosis (HLH).

On July 30th 2019, an external examination was performed by the Dallas County Medical Examiner's Office.

On August 14th 2019, a Cause of Death Report was received from the Southwestern Institute of Forensic Sciences at Dallas. According to the report, an external examination was performed and the cause of death was listed as:
Complications of Epstein Barr viremia
Part II (Other Significant Contributing Factors): Hypertensive cardiovascular disease
The manner of death was declared natural per Examining Pathologist: Emily Ogden M.D.

DSO Svc#19-072128
Dallas County Medical Examiner ISF#19-13744