KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	19-9-CJ	Version Type:	AMENDED
Report Date:	3/27/2019 4:49 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Jefferson County Sheriff's Dept.	Agency Address:	PO BOX 3522
Agency City:	Beaumont	Agency State:	TX
Agency Zip:	77704		

Director Information

Director Salutation:	Chief	Director First Name:	zena
Director Middle Name:			
Director Last Name:	Stephens		
Reporter Name:	Thomas Savoie	Reporter Email:	tsavoie@co.jefferson.tx.us

Decedent Information

Identity of Deceased

First Name: Robert

Middle Name: Douglas

Last Name: Menefee

Suffix:

Date of Birth: 12/29/1948 Sex: Male

Race: Anglo or White

Age At Time Of Death: 70

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

Date/Time of Custody or Incident: 12/24/2018 9:27 AM

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

Death Date and Time: 1/14/2019 12:55 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: Natural

Medical Cause of Death:

Medical Cause of Death:

Exsanguination due to acute gastrointestinal tract hemorrhage due to duodenal ulcer. Contributing factors include, hypertensive, atherosclerotic cardiovascular disease, and chronic obstructive pulmonary disease.

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:	3080 COLLEGE STREET	City:	BEAUMONT
County:	Jefferson	Zip:	77701

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

Location Category: Other, specify

Other Location Category:

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 - single 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:

Injury to Disabled Individual

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):	Unknown	Make suicidal statements?:	Unknown
Exhibit any mental health problems?:	Yes	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:

Male white Menefee, Robert Douglas #203213 began to experience medical issues at the Jefferson County Correctional Facility on Friday January 11, 2019. He was seen by the facilities medical department who deemed it necessary to transport him to Herman Memorial Baptist Hospital. Menefee was admitted to Baptist Hospital on the same day. While under the care of the hospital, Menefee died on Monday, January 14, 2019 at 055 hours due to an unknown medical condition. Once the autopsy report was received it was determined that Menefee died from a pre-existing medical condition. While being treated at the hospital he died from exsanguination due to a duodenal ulcer hemorrhage.