KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	21-1775-CJ	Version Type:	ORIGINAL VERSION
Report Date:	6/9/2023 4:09 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	McLennan County Sheriff's Dept.	Agency Address:	901 Washington
Agency City:	Waco	Agency State:	TX
Agency Zip:	76701		

Director Information

Director Salutation:	Sheriff	Director First Name:	Parnell
Director Middle Name:			
Director Last Name:	McNamara		
Reporter Name:	Jason Davis	Reporter Email:	jason.davis@co.mclennan.tx.us

Decedent Information

Identity of Deceased

First Name: Linda

Middle Name: Gail

Last Name: Horton

Suffix:

Date of Birth: 7/4/1959

Sex: Female

Race: Anglo or White

Age At Time Of Death: 61

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

Date/Time of Custody or Incident: 2/25/2021 10:26 AM

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

Death Date and Time: 5/9/2021 1:47 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:

Complications of acute bronchopneumonia associated with chronic obstructive pulmonary disease. Other significant contributing factors: Hypertensive and atherosclerotic cardiovascular 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:	1601 Medical Pkwy	City:	Waco
County:	McLennan	Zip:	76712

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:

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: 2/25/2021 10:26 AM

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:

Federal Detainer-Re-Entry Violation BOP

Offense 2:

Offense 3:

Were the Charges:: A probation/parole violation

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

Type of Offense: Other, specify

Type of Offense, Other:

Bank Robbery

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?:	No	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:	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 4/11/2021, Inmate Linda Horton was treated in the Medical Unit of the McLennan County Jail/Jack Harwell Detention Center Medical Unit for shortness of breath. Inmate Horton was transported to Providence Hospital after jail medical staff were unable to treat her medical issues at the facility. Inmate Horton's medical condition deteriorated and she was placed on life support in the Intensive Care Unit. Inmate Horton passed away under the care of a physician while in the hospital.