KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-1585-CJ	Version Type:	AMENDED
Report Date:	12/4/2023 11:14 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	San Patricio County Sheriff's Dept.	Agency Address:	PO BOX 1382
Agency City:	Sinton	Agency State:	TX
Agency Zip:	78387		

Director Information

Director Salutation:	Sheriff	Director First Name:	Oscar
Director Middle Name:			
Director Last Name:	Rivera		
Reporter Name:	Cesar Brosig	Reporter Email:	cbrosig@sanpatriciocountytx.gov

Decedent Information

Identity of Deceased

First Name: Roger

Middle Name: William

Last Name: Moore

Suffix:

Date of Birth: 5/3/1941 Sex: Male

Race: Anglo or White

Age At Time Of Death: 82

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

Date/Time of Custody or Incident: 6/10/2021 7:45 PM

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

Death Date and Time: 11/23/2023 9:20 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:

Terminal hospitalization for altered mental status. Placed in Hospice care. Opinion of M.E. was that he died of complications of dementia with cardiovascular disease status post coronary artery bypass graft. Chronic obstructive pulmonary disease, hypertension, coronary artery disease, hyperlipidemia, and atrial fibrillation are considered contributory.

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: 3213 Holly Rd
City: Corpus Christi
County: Nueces
Zip: 78415

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

Location Category: Other, specify

Other Location Category:

Angel Brite Hospice 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:

N/A

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: 6/10/2021 7:35 PM

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 Date/Family/Household with weapon first degree felony

Offense 2:

Burglary of a Habitation intend other felony first degree felony

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: Yes, mark all that apply

Decedent Display or Use Weapon Details: Discharged firearm

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?:	Unknown	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):	Unknown	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:	No

Summary of Incident

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

Summary:

Mr. Moore had several health issues. Mr. Moore was placed in hospice care at Angel Brite Hospice in Corpus Christi Texas without needing the presence of a guard. Our agency was contacted by the hospice center who advised us of Mr. Moores passing. Mr. Moores body was taken to the Nueces County Medical Examiners Office for evaluation.

Deputy Medical Examiner Diane-Ngan H. Trang MD report approved by Chief Medical Examiner Rajesh P. Kannan MD. Conclusion: It is our opinion, based on the available investigative information and postmortem examination findings, that Roger W. Moore, an 82 year old male, died as the result of complications of dementia with cardiovascular disease status post coronary artery bypass graft. Chronic obstructive pulmonary disease, hypertension, coronary artery disease, hyperlipidemia and atrial fibrillation are considered contributory. Texas Ranger Samuel "Cody" Lankford has closed his investigation as a natural cause death after conferring with Nueces County District Attorney Jimmy Granberry who was satisfied with the investigation into the death. This case will be closed on our end as well.