KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-491-CJ	Version Type:	AMENDED
Report Date:	12/4/2023 8:24 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Montgomery County Sheriff's Office	Agency Address:	1 Criminal Justice Drive
Agency City:	Conroe	Agency State:	TX
Agency Zip:	77301		

Director Information

Director Salutation:	Sheriff	Director First Name:	Rand
Director Middle Name:			
Director Last Name:	Henderson		
Reporter Name:	Charlie Sullivent	Reporter Email:	charlie.sullivent@mctx.org

Decedent Information

Identity of Deceased

First Name: Kerry

Middle Name: Paul

Last Name: Young

Suffix:

Date of Birth: 9/26/1960 Sex: Male

Race: Anglo or White

Age At Time Of Death: 62

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

Date/Time of Custody or Incident: 4/18/2023 11:38 AM

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

Death Date and Time: 5/5/2023 2:33 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:

End stage liver disease / cirrhosis of unknown etiology

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:	504 Medical Center Blvd	City:	Conroe
County:	Montgomery	Zip:	77301

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

Location Category: Other, specify

Other Location Category:

Hospital ICU Room

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: 4/28/2023 10:32 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 Sexual Assault of a Child

Offense 2:

Continuous Sexual Abuse of a Child

Offense 3:

Were the Charges:: Convicted

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

Type of Offense: Crimes Against Child(ren)

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:	Handcuffs; Leg Shackles

Summary of Incident

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

Summary:

Inmate was booked into the county jail on 4/18/23 on a judgement of 20 years in TDCJ for Agg Sexual Assault of a Child. Inmate began to refuse taking his medication several days after admission. Inmate has pre-existing medical conditions to include cirrhosis of the liver and heart problems. Inmate was transported to Conroe Hospital on 04/28/23 with low blood pressure and being non-responsive. Inmate was placed on life support at that time. On 05/02/23, hospital contacted the Inmate's spouse and the decision was made to turn off life support on 05/05/23. Life support was terminated at 1230 pm on 05/05/23 and the inmate was pronounced deceased at 2:33pm on 05/05/23. Notifications were made and this investigation then begun.