KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-709-CJ	Version Type:	AMENDED
Report Date:	1/12/2024 2:44 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Houston County Sheriff's Dept.	Agency Address:	700 South 4th St.
Agency City:	Crockett	Agency State:	TX
Agency Zip:	75835		

Director Information

Director Salutation:	Sheriff	Director First Name:	Randy
Director Middle Name:			
Director Last Name:	Hargrove		
Reporter Name:	Randy Hargrove	Reporter Email:	rhargrove@co.houston.tx.us

Decedent Information

Identity of Deceased

First Name: Steven

Middle Name: Lee

Last Name: Beard

Suffix:

Date of Birth: 10/25/1979 Sex: Male

Race: Anglo or White

Age At Time Of Death: 43

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

Date/Time of Custody or Incident: 10/10/2022 11:31 PM

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

Death Date and Time: 6/11/2023 8:54 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:

Autposy pending.
The Autopsy indicated that the (cause of death) was, Hypertensive atherosclerotic cardiovascular disease and the (manner) was Natural.

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment:	Unknown

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:	700 A SOUTH FOURTH	City:	Crockett
County:	Houston	Zip:	75835

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:

Jail - multiple occupancy 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:	10/10/2022 11:31 PM

Where did the death occur?

Death Location:	Elsewhere, specify

Death Location Elsewhere:

Cell A-2 of the Houston County Jail

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:

PC 22.04 Injury Child/Elderly/Disabled W/Int bodily Inj

Offense 2:

Healthy & Safety Code 481.115b Poss CS PG 1<1G

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: Violent Crime Against Persons; Alcohol / drug offense

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:	No

Summary of Incident

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

Summary:

The deceased made several referenced to his cell mate throughout the date of his death that he was short of breath and feeling nautious. The decedent had been to see the jail nurse at 0800 hours on the date of his death for pain and swelling in his right foot. Throughout this date, the decedent did not eat his meals but gave the food to his cell mate instead. Shortly before 2000 hours on this date, the decent awoke from sleep, said he was feeling nautious and went to the bathroom because of feeling sick. He attempted to return to his sleeping bunk and passed out, falling to the floor. His cell mate called for help and jail personnel responded and summoned medical attention from EMS personnel. Following an extensive effort using medical intervention (CPR), the decedent show no signs of life and the intervention was terminated at 2054 hours on June 11, 2023.