KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-145-CJ	Version Type:	ORIGINAL VERSION
Report Date:	2/24/2025 1:00 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Nueces County Sheriff's Office	Agency Address:	PO BOX 1940
Agency City:	Corpus Christi	Agency State:	TX
Agency Zip:	78403		

Director Information

Director Salutation:	Sheriff	Director First Name:	John
Director Middle Name:			
Director Last Name:	Hooper		
Reporter Name:	Milton Rivera	Reporter Email:	milton.rivera@nuecescountytx.gov

Decedent Information

Identity of Deceased

First Name: Matthew

Middle Name:

Last Name: Barnett

Suffix:

Date of Birth: 8/25/1986 Sex: Male

Race: Anglo or White

Age At Time Of Death: 38

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

Date/Time of Custody or Incident: 10/15/2024 6:03 PM

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

Death Date and Time: 2/12/2025 7:11 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 pending

What was the manner of death? (select only one)

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

Upper gastrointestinal bleed

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:	600 Elizabeth St	City:	Corpus Christi
County:	Nueces	Zip:	78401

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

Location Category: Other, specify

Other Location Category:

Christus Spohn 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: 10/15/2024 6:03 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:

Criminal Mischief (FS)

Offense 2:

Out of County warrant hold for Ector County

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: Other, specify

Type of Offense, Other:

In custody for Criminal Mischief locally and warrants from Ector County aggravated assault.

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?:	Yes	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:

On 2/12/2025 at approximately 5:06 P.M., Inmate Barnett, a 38-year-old white male with pre-existing medical conditions of upper gastric bleeding, was located at the Nueces County Jail in unit 2P Cell#8 when he was found vomiting blood by unit officer Anthony Gisi while making his cell checks.
EMS transported inmate Barnett, who was conscious, to Christus Spohn Hospital around 5:28 P.M. Inmate Barnett flatlined around 6:45 P.M. under nurse care and received CPR and life-reviving procedures unsuccessfully. He was pronounced deceased at 7:11 P.M. by Dr. P. Damboise that same evening.
Inmate Barnett had received prior medical treatment at Christus Spohn Hospital on 12/12/2024 for the illness while in our custody and was prescribed 13 different medications for his condition before his death.