KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	22-536-CJ	Version Type:	AMENDED
Report Date:	12/9/2022 10:34 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Grayson County Sheriff's Dept.	Agency Address:	200 S. Crockett
Agency City:	Sherman	Agency State:	TX
Agency Zip:	75090		

Director Information

Director Salutation:	Sheriff	Director First Name:	William
Director Middle Name:			
Director Last Name:	Bennie		
Reporter Name:	Brian Ford	Reporter Email:	fordb@co.grayson.tx.us

Decedent Information

Identity of Deceased

First Name: LORELEI

Middle Name: THEN

Last Name: PALMORE

Suffix:

Date of Birth: 10/17/1958 Sex: Female

Race: Anglo or White

Age At Time Of Death: 63

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

Date/Time of Custody or Incident: 4/20/2022 10:06 PM

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

Death Date and Time: 4/23/2022 12:30 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: Accidental

Medical Cause of Death:

Medical Cause of Death:

Upper gastrointestinal hemorrhage due to complications of cirrhosis due to chronic ethanolism and hepatitis C
Other contributing factors are pneumonia, toxic effects of methamphetamine and atherosclerotic cardio vascular disease and chronic obstructive pulmonary 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?: Decedent

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: Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address:	200 S. Crockett St	City:	Sherman
County:	Grayson	Zip:	75090

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:	4/20/2022 11:30 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?:	Yes

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:

PSS CS OG 1/1B>=1G<4G

Offense 2:

UNL POSS FIREARM BY FELON

Offense 3:

Were the Charges:: Not filed at time of death

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

Type of Offense: 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): Unknown

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

Resist being handcuffed or

standoff?:	No	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:

I/M Palmore was arrested by Tioga Police Department on 4/20/2022 at 9:48PM. She showed no signs or symptoms of distress. She completed her medical intake with Jail Medical staff and was housed 4/21/2022 at approximately 3pm. On 4/22/2022 at approximately 2:45am medical staff went to her housing unit to check on her at the request of the other inmates in the housing unit. I/M Palmore told medical that she was withdrawing from meth and was advised by medical staff to rest. On 4/22/2022 at approximately 5:15AM medical was called to her housing unit due to her vomiting's blood. She was unresponsive to medical staff. Other inmates in the housing unit told officers and medical staff that she told them she (Palmore) had swallowed drugs before being arrested. She was taken via ambulance to Wilson N Jones hospital. Officer Charlotte Finke was the officer assigned to this inmate. Officer Finke was with her from her leaving the jail to go to the hospital until she was released from jail custody at 1330 on 4/22/2022. On 4/23/2022 at approximately 1230 Cpl. Max Moore received a phone call from a male who described himself as a family member of I/M Palmore. He was inquiring about her personal property. Cpl. Moore explained that her personal items were taken to the hospital, due to her no longer being in our custody. The family member informed Cpl. Moore that I/M Palmore passed away the night before (Friday night - Saturday morning).