KEN PAXTON
ATTORNEY GENERAL of TEXAS

**CUSTODIAL DEATH REPORT**

# Agency Information

| | | | |
|---|---|---|---|
| CDR Number: | 23-935-CJ | Version Type: | ORIGINAL VERSION |
| Report Date: | 7/31/2023 2:13 PM | Status: | Submitted |

## Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Cameron County Sheriff's Dept. | Agency Address: | 7300 Old Alice Rd |
| Agency City: | Olmito | Agency State: | TX |
| Agency Zip: | 78575 | | |

## Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Sheriff | Director First Name: | Eric |
| Director Middle Name: | | | |
| Director Last Name: | Garza | | |
| Reporter Name: | Juan Barron | Reporter Email: | juan.barron@co.cameron.tx.us |

# Decedent Information

### Identity of Deceased

First Name: Sylvia

Middle Name:

Last Name: Manuel

Suffix:

Date of Birth: 2/10/1960 Sex: Female

Race: Hispanic or Latino

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: 7/25/2023 5:45 AM

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

Death Date and Time: 7/25/2023 5:29 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:

Natural cause - Ruptured Myocardial Infarction.

## 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?: | Could not be determined |

## If death was an accident, homicide or suicide, what was the means of death?

| | |
|---|---|
| Means of Death: | Other, specify |
| Means of Death Other: | Sufficient natural disease was found at autopsy to allow certification of death, as noted - Ruptured Myocardial Infarction. |

# Location / Custody Information

## Where did the event causing the death occur?

| | | | |
|---|---|---|---|
| Street Address: | 7100 Old Alice Road | City: | Olmito |
| County: | Cameron | Zip: | 78575 |

## 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 - single 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: | 6/11/2023 12:30 PM |

## Where did the death occur?

| | |
|---|---|
| Death Location: | Law enforcement facility/booking center |

# 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:

Terroristic Threat

Offense 2:

Criminal Trespass

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: 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?: | Unknown | Exhibit any medical problems?: | Unknown |

### 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?: | Unknown |
| Physically attempt/assault officer(s): | No | 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:

Female inmate Sylvia Manuel was found on the floor unconscious on a single cell (shower area). An autopsy was ordered, and revealed the cause of death was Ruptured Myocardial Infarction. The death was ruled as natural cause. Texas Ranger Patrick O'Conner processed the scene and took lead in the investigation.