KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	24-1-CJ	Version Type:	AMENDED
Report Date:	3/21/2024 4:20 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Milam County Sheriff's Office	Agency Address:	512 N. Jefferson, Suite A
Agency City:	Cameron	Agency State:	TX
Agency Zip:	76520		

Director Information

Director Salutation:	Sheriff	Director First Name:	Michael
Director Middle Name:			
Director Last Name:	Clore		
Reporter Name:	John Torres	Reporter Email:	jtorres@milamcounty.net

Decedent Information

Identity of Deceased

First Name: Anthony

Middle Name: Mark

Last Name: Conover

Suffix:

Date of Birth: 4/13/1973 Sex: Male

Race: Anglo or White

Age At Time Of Death: 50

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

Date/Time of Custody or Incident: 12/7/2023 12:00 PM

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

Death Date and Time: 1/4/2024 3:17 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:

MANNER OF DEATH: Natural
COMMENT
The blunt force injuries documented when he presented to the hospital and during the autopsy examination were consistent with his positioning after his collapse at Milam County Jail, as documented in video footage, which was reviewed in its entirety. These injuries were accidental and were not severe enough to cause or contribute to death. Disseminated cryptococcosis is a frequently fatal infection, even with appropriate medical therapy, and is a common opportunistic infection in people with HIV/AIDS.

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: 2401 S. 31st st

City: Temple

County: Bell

Zip: 76508

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

Location Category: Other, specify

Other Location Category:

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:

Entry Date Time N/A: ☑

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 Assault with a Deadly Weapon

Offense 2:

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):	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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Leg Shackles

Summary of Incident

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

Summary:

On December 30, 2023 I Chief Jail Administrator John Torres was notified by Capt. Jeremy Knaus that inmate Anthony Conover W/M DOB: 04/13/1973 was being transported to Baylor Scott and White. I was informed that the inmate was unresponsive but was responsive when American Medical Response arrived. Inmate Conover’s had an elevated heart rate and was transferred to the hospital.

On January 2,2024 Inmate Conover had a procedure to correct the elevated heart rate. He was moved from ICU to a regular room. On January 3, 2024 the inmate was moved back to ICU for respiratory failure and sepsis. On January 4, 2024 at approximate 1245 hours Deputy Kacie Strouth advised inmate placed on ventilator and at approximately 1423 hours per Deputy Strouth CPR was in progress. Then at approximate

time 1517 hours he was declared deceased.

_____
Chief Jail Administrator John Torres #2133 01/05/2024

Follow up: 3/21/2024 Final Autopsy Report
HILL COUNTRY FORENSICS LLC
2334 ROCKRIDE LN, BLDG 1
GEORGETOWN, TX 78626
Satish Chundru, D.O.
Chief Forensic Pathologist
AUTOPSY REPORT
CASE NUMBER: 24-00018
NAME OF DECEASED: Anthony Conover
AGE/GENDER: 50 Years/Male
DATE OF DEATH: January 04, 2024
DATE/TIME OF AUTOPSY: January 08, 2024/0800 hours
PATHOLOGIST: Travis Johnson, D.O.
AUTHORITY: Judge Larry Wilkey, Justice of the Peace, Bell County, Precinct 3

_____
EXAMINATION FINDINGS
1)
Human immunodeficiency virus (HIV) infection, by clinical history (see Comment)
a)
Acquired immunodeficiency syndrome (AIDS)
i)
CD4 cell count: 3 (critically low), by clinical history
ii)
Disseminated cryptococcosis
(1)
Microscopic examination shows involvement of the lungs, heart, liver, kidneys, and spleen
(2)
Clinical findings consistent with cryptococcal meningitis
2)
Hypertensive cardiovascular disease
a)
Cardiomegaly (435 grams)
i)
Four chamber dilatation
ii)
Supraventricular tachycardia, status post ablation, by clinical history
b)
Nephrosclerosis
3)
Mild coronary artery and aortic atherosclerosis
4)
Preauricular soft tissue mass (benign)
5)
Genital condylomas (HPV infection)
6)
Blunt force injuries of the head and right ribs, consistent with documented collapse
7)
Injuries related to cardiopulmonary resuscitation
8)
Toxicology testing was negative (see separate toxicology report)

Anthony Conover
Case#: 24-00018
Page 2 of 6
CAUSE OF DEATH: Disseminated Cryptococcosis
Due to
Acquired Immunodeficiency Syndrome (AIDS)
Due to
Human Immunodeficiency Virus (HIV) Infection
OTHER CONDITIONS: Hypertensive Cardiovascular Disease
MANNER OF DEATH: Natural
COMMENT
The blunt force injuries documented when he presented to the hospital and during the autopsy examination

were consistent with his positioning after his collapse at Milam County Jail, as documented in video footage, which was reviewed in its entirety. These injuries were accidental and were not severe enough to cause or contribute to death. Disseminated cryptococcosis is a frequently fatal infection, even with appropriate medical therapy, and is a common opportunistic infection in people with HIV/AIDS.
Travis Johnson, D.O.
Forensic Pathologist

CIRCUMSTANCES
The body was examined at the office of Hill Country Forensics LLC after receipt from Central Texas Mortuary on January 05, 2024 at 1000 hours. Assisting are Carlos Soto, Lauren Noriega and Sol Roeun, autopsy technicians. Also in attendance is John Vargas of the Milam County Sheriff's Office.
According to the information received from the Justice of the Peace, Law Enforcement, and medical records, the decedent is a 50-year-old HIV-positive male who was incarcerated in Milam County Jail. He was the sole occupant of his cell, and was witnessed to collapse, striking his face. Review of video footage confirmed this account. He was transported to a hospital for evaluation. He was found to have a right nasal bone fracture and right rib fractures, no acute intracranial injury, and his CD4 count was 3. He experienced multiple episodes of supraventricular tachycardia (SVT), and during one of these he aspirated, subsequently developing pneumonia, and sepsis. He was medically managed and underwent an ablation procedure. Blood culture revealed Cryptococcus neoformans/gattii. Cerebrospinal fluid (CSF) studies were consistent with cryptococcal meningitis. The day following the procedure, his heart stopped, and he could not be revived.
Disclaimer: The purpose of the initial narrative (circumstances) is to briefly describe the known history and circumstances surrounding the decedent’s death at the time the autopsy was conducted. It should not be considered as absolute fact as it is preliminary information. The narrative is not intended as a source for information for families or other interested parties. The final investigative narratives produced by Investigative Agencies may vary from the initial narrative in the autopsy report. If final investigative reports reflect information that require an updated cause or manner of death, an amended autopsy report will be issued. If the final investigative reports do not affect the cause or manner of death an amended autopsy report will not be issued.
EXTERNAL EXAMINATION
The body is received in a white body bag and is clothed in a hospital gown (discarded). Identification tags are affixed to the outside of the body bag and are present around the left ankle and have writing that includes the following: Anthony Conover, Anthony, DOD: 1/4/24 A Hill Country Forensics LLC tag is placed around the right ankle. Hospital identification bands and alert bands are around the left wrist and left great toe. Within the body bag is a separate, sealed bag containing hospital specimens.
Fingerprint cards, toxicology specimens, and a DNA card are collected.
Property collected: none.
Evidence collected: none.
The body is that of a 66-inch, 154-pound (BMI-24.8 - normal) male who is reported to be the age of 50 years. Rigor mortis is full in the mandible and upper extremities. Livor mortis is posterior and fixed. The body is cool post-refrigeration.
The scalp hair is black to gray and short. Facial hair consists of a full mustache and beard of variable length. The irides are brown, and the corneas have no arcus senilis. The sclerae are

white. The conjunctivae have no petechiae and are congested. The ears are normally formed; there is a 2.5 cm soft, fleshy mass immediately anterior to the left tragus. The nares are patent, and the nasal septum is not perforated. The native dentition is in poor condition with multiple missing teeth.
The neck appears normally formed and is free of injury.
The chest and abdomen appear normally formed. The abdomen is flat.
The back and buttocks are normally formed and are free of injury. There are benign dermatologic lesions, and an irregular scar of the right mid back.
The external genitalia are those of a normal adult male with many condylomas. The testes are palpably descended. The anus is unremarkable.
The extremities and joints appear normally formed. There is mild pitting edema of all extremities. The wrists have no linear scars or injuries. There are round and irregular, depressed, hypopigmented scars of the lower extremities. The toenails are dystrophic.
The body is identified by tags and has tattoos.
MEDICAL INTERVENTION
A nasogastric tube protrudes from the left naris. An endotracheal tube protrudes from the mouth and is secured by a strap. Electrocardiogram pads are affixed to the body. Intravascular catheters protrude from the forearms, the posterior left hand, and the right inguinal region. A urinary catheter protrudes from the penis and has an attached collection vessel with approximately 10 mL dark yellow, clear urine. An intraosseous cannula protrudes from the right shin. An adhesive bandage is affixed to the lower back, and there is no underlying lesion. There are precordial contusions, the largest of which is 1.5 cm. There are anterior fractures

of bilateral ribs and the sternum with mild associated hemorrhage. There are bandaged puncture wounds of the volar right wrist and left antecubital fossa. There are contused puncture wounds of both inguinal regions.
EVIDENCE OF INJURY
There is a 5.5 cm, red right periorbital ecchymosis. There is a 4.5 cm yellow contusion of the bridge of the nose with palpable fracture. There are minute abrasions of the nose and right side of the face. There is an approximately 4 cm area of hemorrhage of the reflected surface of the left frontal-parietal scalp. There are lower, lateral right rib fractures with associated soft tissue hemorrhages. There are contusions and dry abrasions of the lower extremities in various stages of healing, the largest of which is 2 cm. There is an approximately 4 cm, ill-defined red contusion of the right medial malleolus.

INTERNAL EXAMINATION (exclusive of previously described injuries)
The organs are in their normal anatomic positions and have no neoplasm. The clavicles are intact. The thymus is not visible. The left and right chest cavities have 100 mL serous effusion each, and there are left upper lobe adhesions. The abdominal cavity has no fluids or adhesions. There is a mesh embedded at the pubic symphysis. The strap muscles of the neck are free of hemorrhages or injuries. The body cavities have no aromatic odor.
The heart is 435 grams and has a smooth, glistening, intact epicardium. The left coronary ostium is patent and normally situated; the right ostium is patent and arises at the sinotubular junction. The coronary circulation is right dominant and has patchy, mild atherosclerotic disease. The ventricles are dilated, and the atria are enlarged and patulous. The left ventricular myocardium is red-brown, firm, and has no necrosis or scars. The papillary muscles are red-brown, firm, and have no necrosis or scars. The right ventricular walls have no significant fatty infiltration or scars. The chordae tendineae are thin, delicate, and separate. The atrioventricular and semilunar valves have no significant stenosis, calcifications, or thickening. The fossa ovalis is fused. The aorta is patent and has mild atherosclerotic disease.
The left and right lungs are 1145 grams and 1245 grams, respectively. The pleural surfaces are purple to pink-red and have mild anthracotic pigmentation. The parenchyma is red-brown, mildly firm, and has no consolidations, nodules, or neoplasm; marked blood and tan, frothy fluid is expressed. The tracheobronchial tree arborizes in a normal pattern and is free of mucus plugs. The pulmonary vasculature has no thromboemboli or atherosclerotic disease. The larynx and trachea are lined by red to tan mucosa without lesions or injuries. The hyoid bone and the thyroid and cricoid cartilages are palpably and visibly intact, and the surrounding soft tissues have no hemorrhages.
The tongue has no bite marks, hemorrhages, or neoplasm. The esophagus is patent and has a purple to white mucosa without tears, ulcers, strictures, or neoplasm. The stomach contains approximately 25 mL of brown, mucinous material. The stomach serosa is smooth, and the mucosa has no ulcers, hemorrhages, or neoplasm. The small and large intestines have smooth serosae and are free of palpable neoplasm, diverticula, or ischemic changes. The appendix is normal. The rectum has green, firm stool.
The liver is 2270 grams. The capsule is intact and transparent. The parenchyma is brown-red, and firm with accentuation of lobules and no mass lesions or necrosis. The gallbladder has a smooth, glistening serosa, a velvety, green mucosa, and contains approximately 40 mL of bile.
The pancreas has tan-brown, lobular parenchyma without neoplasm, nodules, cysts, hemorrhage, necrosis, or fibrosis.
The adrenal glands have thin, yellow-brown cortices and gray medullae. The thyroid gland is not enlarged and has homogenous, red-brown parenchyma without neoplasm, nodules, cysts, fibrosis, or necrosis.

The spleen and a small accessory spleen are 900 grams combined. The capsules are intact and translucent. The parenchyma is mildly firm, pink in color, and has no neoplasm, nodules, or necrosis. The white pulp is inconspicuous.
The left and right kidneys are 155 grams and 140 grams, respectively. The capsules are intact and translucent. The cortical surfaces are mildly granular with deep scars and have no cysts or nodules. The parenchyma is red-brown with distinct corticomedullary junctions and no necrosis, nodules, or neoplasm. The calyceal-pelvic system is unobstructed and not dilated. The pelvic mucosa is smooth and glistening. The ureters are normal in course and caliber to the urinary bladder and have no neoplasm or obstruction. The empty urinary bladder is lined by white-tan, smooth mucosa without neoplasm or hemorrhages.
The prostate gland is not enlarged and has homogenous, tan parenchyma without nodules or neoplasms.
The scalp is not injured. The calvarium is intact. The brain is 1405 grams and is not edematous. The gyri are normally formed and are not atrophied. The leptomeninges are markedly congested and opaque. No hemorrhage is in the epidural, subdural, or subarachnoid spaces. The cerebral hemispheres are symmetric. The gray matter is free of contusion and is clearly delineated from the white matter. The ventricles are not dilated and have normal choroid plexuses. The deep nuclei, hippocampi, and mammillary bodies are symmetric and normally formed. The substantia nigra is normally pigmented. The pons, medulla, and upper cervical cord are free of injuries. The cerebellum is normally formed and has normal folia and dentate nuclei. The vessels of the circle of Willis are patent and have no atherosclerosis or other gross abnormality. The

anterior, middle, and posterior cranial fossae are free of fractures. The pituitary gland appears unremarkable. Visualization of the vertebral column from the body cavities reveals no injuries.

MICROSCOPIC EXAMINATION
Slide A (Right Lung) & Slide B (Left Lung) Sections from all lobes of the lungs show similar histology with most airspaces containing abundant oblong to round yeast forms with narrow-based budding, and minute round spore forms. Many have a clear halo and pale basophilic nucleus.
Slide C (Heart) Sections of the heart show occasional organisms identical to those seen in the lungs with associated mononuclear inflammation. Background heart shows mild interstitial fibrosis with no other histologic abnormalities.
Slide D (Kidney; Liver; Spleen) All sections show organisms identical to those seen in the lungs with associated mononuclear inflammation; the spleen is virtually entirely replaced by fungi with areas of extramedullary hematopoiesis. Background liver shows no other histologic abnormality. Background kidney shows frequent globally sclerotic glomeruli with proportionate interstitial fibrosis.

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Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director
CONFIDENTIAL
Toxicology Report
Report Issued 01/17/2024 19:35
147983
Hill Country Forensics LLC
2334 Rockride Lane
Bldg 1
Georgetown, TX 78626
To:
Patient Name
Patient ID
Chain
Sex
Workorder
CONOVER, ANTHONY
24-00018
NMSCP321217
Male
24013308
DOB 04/13/1973
Positive Findings:
None Detected
See Detailed Findings section for additional information
Testing Requested:
Test Test Name
8052B Postmortem, Expanded, Blood (Forensic)
Specimens Received:
ID Tube/Container Volume/
Mass
Collection
Date/Time
Matrix Source Labeled As
001 Lavender (Purple) Stopper
Plastic Tube
2 mL 01/04/2024 02:50 Hospital Blood 24-00018
002 Foil (top sealed with foil) 1 mL 01/04/2024 02:50 Hospital Plasma 24-00018
003 Lavender (Purple) Stopper
Plastic Tube
2.25 mL 01/04/2024 14:48 Hospital Blood 24-00018
004 Blue Stopper Plastic Tube 2.25 mL 01/04/2024 14:48 Hospital Blood 24-00018
005 Foil (top sealed with foil) 2 mL 01/04/2024 14:48 Serum or Plasma 24-00018
006 Foil (top sealed with foil) 1 mL 01/04/2024 14:48 Serum or Plasma 24-00018
007 Red Stopper Plastic Tube 1.25 mL 01/04/2024 14:48 Serum or Plasma 24-00018
008 Gray Stopper Glass Tube 10.75 mL 01/08/2024 08:30 Femoral Blood 24-00018
009 Gray Stopper Glass Tube 8 mL 01/08/2024 08:30 Femoral Blood 24-00018
010 Red Stopper Plastic Tube 9.5 mL 01/08/2024 08:30 Aortic Blood 24-00018

011 Red Stopper Plastic Tube 4.75 mL 01/08/2024 08:30 Vitreous Fluid 24-00018
012 Blue Cap Plastic Tube 7.25 mL 01/08/2024 08:30 Urine 24-00018
013 White Cap Plastic
Container
29.8 g 01/08/2024 08:30 Liver Tissue 24-00018
All sample volumes/weights are approximations.
Specimens received on 01/10/2024.
NMS v.27.0
Page 1 of 2

Detailed Findings:
Examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.
Sample Comments:
001 Autopsy ID: 24-00018
001 Physician/Pathologist Name: Dr. Travis Johnson
Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year
from the date of this report; and generated data will be discarded five (5) years from the date the analyses were
performed.
Jolene J. Bierly, M.S.F.S., D-ABFT-FT
Forensic Toxicologist
Workorder 24013308 was electronically
signed on 01/17/2024 18:43 by:
Analysis Summary and Reporting Limits:
All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The
Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being
positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive
Findings section of the report for those compounds that were identified as being present.
Test 8052B - Postmortem, Expanded, Blood (Forensic) - Hospital Blood
-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:
Analyte Rpt. Limit Analyte Rpt. Limit
Barbiturates 0.040 mcg/mL
Cannabinoids 10 ng/mL
Gabapentin 5.0 mcg/mL
Salicylates 120 mcg/mL
-Analysis by Headspace Gas Chromatography (GC) for:
Analyte Rpt. Limit Analyte Rpt. Limit
Acetone 5.0 mg/dL
Ethanol 10 mg/dL
Isopropanol 5.0 mg/dL
Methanol 10 mg/dL
-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The
following is a general list of analyte classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified analyte class are included. Some specific analytes outside of these classes are also included. For a detailed list of all analytes and reporting limits,
please contact NMS Labs. Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotics, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnosedatives, Muscle Relaxants,
Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.
NMS v.27.0
CONFIDENTIAL Workorder
Chain
Patient ID
24013308
NMSCP321217
24-00018
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Digital data review may have taken place remotely by qualified NMS staff utilizing a secure VPN connection for some or all of the reported results. This is in accordance with
and follows CLIA regulations.