KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-56-PF	Version Type:	AMENDED
Report Date:	1/23/2026 9:06 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:	Chad Brinlee	Reporter Email:	brinleec@co.grayson.tx.us

Decedent Information

Identity of Deceased

First Name:	Milton
Middle Name:	Lavun
Last Name:	Austin
Suffix:	Jr.
Date of Birth:	4/18/1957
Sex:	Male
Race:	Black or African American
Age At Time Of Death:	68

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

Date/Time of Custody or Incident:	2/24/2024 4:46 PM

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

Death Date and Time:	1/19/2026 11:00 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:

Natural - Metastatic colon cancer

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?:	Could not be determined

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:	1900 O'Neal Street	City:	Gainesville
County:	Cooke	Zip:	76240

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

Location Category: Other, specify

Other Location Category:

Nursing Home

What type of custody/facility was the Decedent in at the time of death:

Type of Custody: Private Facility

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: 12/24/2025 12:00 AM

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:

Murder

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: Yes, mark all that apply

Decedent Display or Use Weapon Details: Displayed other weapon, specify:

Specify Weapon Displayed:

Knife

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Attempt to Injure Others?: Yes (select all that apply)

Ways Decedent Attempted To Injure Others: Killed civilian(s) or other inmate(s)

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?:	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:	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:

On December 7, 2025, the inmate was hospitalized at Texoma Medical Center following a cancer diagnosis. On December 24, 2025, he was transferred to a nursing facility, and on December 28, 2025, he was placed on hospice care. He subsequently died of natural causes related to stage IV cancer and dementia.