KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-825-PF	Version Type:	ORIGINAL VERSION
Report Date:	10/19/2026 4:15 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Bell County Sheriff's Office	Agency Address:	104 S. Main
Agency City:	Belton	Agency State:	TX
Agency Zip:	76513		

Director Information

Director Salutation:	Sheriff	Director First Name:	Bill
Director Middle Name:			
Director Last Name:	Cooke		

Reporter Name:	Erich Morsbach	Reporter Email:	erich.morsbach@bellcounty.texas.gov

Decedent Information

Identity of Deceased

First Name: James

Middle Name: Arthur

Last Name: Stevens

Suffix: Jr

Date of Birth: 1/11/1962

Sex: Male

Race: Black or African American

Age At Time Of Death: 64

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

Date/Time of Custody or Incident: 9/16/2026 10:38 AM

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

Death Date and Time: 10/18/2026 11:20 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 pending

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

Manner of Death:	Pending autopsy results

Medical Cause of Death:

Medical Cause of Death:
Apparent natural causes, pending autopsy

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:

Baylor Scott & White Hospital

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:

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?: 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:

TRC 550.021(c)(1)(A) / Collision Involving Death

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?:	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 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:

While housed in the Bell County Jail Infirmary, on October 10th, 2026, at approximately10:18PM Inmate James Stevens complained that his internal defibrillator was firing and causing him pain. While being assessed by medical staff, Inmate Stevens noted that his internal defibrillator had fired approximately seven (7) times. Inmate Stevens was subsequently sent out to Baylor Scott and White Hospital, via EMS, for evaluation and further medical treatment.

On October 18th, while at Baylor Scott and White Hospital in Temple Texas, it was determined that Inmate Stevens contracted Pneumonia and was subsequently placed on hospice care. At approximately 1120AM, the on-scene Deputy noted that Inmate Stevens had stopped breathing and notified medical staff. Scott & White Medical Staff responded and checked his pulse. Medical Staff confirmed that Inmate Stevens has ceased breathing and he was pronounced deceased. The Bell County Sheriff's Office Criminal Investigation Division was immediately notified and responded alongside the Texas Rangers. An autopsy was ordered and is pending.