



Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report



2023-0290
Officer Involved Critical Incident – 1818 Jisco West Rd, Jackson,
OH 45640 (L)

Investigative Activity: Document Review
Involves: William Edward Beach (S)
Date of Activity: 02/27/2023
Activity Location: Jackson County Sheriff's Office – Business – 350 Portsmouth Street, Suite 102, Jackson, OH 45640, Jackson County
Author: SA Craig Call

Narrative:

On March 15, 2023, SA Call received a copy of William Beach's death certificate from Jackson County Sheriff's Office Chief Deputy Scott Conley. The death certificate was signed by the Jackson County Coroner, Doctor Alice Frazier on February 27, 2023.

The death certificate lists the immediate cause of death as a single gunshot wound to the chest with no additional contributing conditions. The manner of death is listed as "could not be determined."

A copy of the death certificate has been attached to this report for additional details.

Attachments:

Attachment # 01: 2023-02-27 Death Certificate

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH

Primary Reg. Dist. No. 4000
Registrar's No. 4000-2023000033

State File No. 2023011659

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) WILLIAM EDWARD BEACH JR						2. Sex MALE	3. Date of Death (Month/Day/Year) JANUARY 31, 2023
	4. Social Security Number [REDACTED]	5a. Age (Years) 31	5b. Under 1 Year Months	5c. Under 1 Year Days	5c. Under 1 day Hours	5c. Under 1 day Minutes	6. Date of Birth (Mo/Day/Year) MAY 24, 1991	7. Birthplace (City and State or Foreign Country) GALLIPOLIS, OHIO
	8a. Residence State OHIO		8b. County JACKSON			8c. City or Town JACKSON		
	8d. Street Address and Zip Code 25 COLUMBIA ST 45640						9. Ever in US Armed Forces? NO	
	10. Marital Status at Time of Death MARRIED				11. Surviving Spouse's Name (If wife, give name prior to first marriage) KRISTINA DAWN SMITH			
	12. Decedent's Education 9TH THRU 12TH GRADE; NO DIPLOMA			13. Decedent of Hispanic Origin NO		14. Decedent's Race WHITE		
	15. Father's Name WILLIAM E BEACH SR				16. Mother's Name (prior to first marriage) TAMMY LYNN WELCH			
	17a. Informant's Name KRISTINA BEACH			17b. Relationship to Decedent WIFE		17c. Mailing Address (Street and Number, City, State, Zip Code) 73 HONEYSUCKLE LANE JACKSON, OHIO 45640		
	18a. Place of Death HOSPITAL - EMERGENCY ROOM / OUTPATIENT							
	18b. Facility Name (If not Institution, give street & number) HOLZER MEDICAL CENTER JACKSON				18c. City or Town, State and Zip Code JACKSON, OH 45640			18d. County of Death JACKSON
DISPOSITION	19. Funeral Service Licensee or Other Agent JASON S BROWN			20. License Number (of licensee) 008826		21. Name and Complete Address of Funeral Facility MAYHEW-BROWN FUNERAL HOME 135 BROADWAY ST JACKSON, OH 45640		
	22. Method and Place of Disposition CREMATION - SOUTHERN OHIO CREMATION SERVICES, JACKSON, OH							
	23. Local Registrar CHARLA CALDWELL				24. Date Filed (Month/Day/Year) FEBRUARY 02, 2023			
	25a. Certifier (Check only one) <input type="checkbox"/> Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Coroner or Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.							
CERTIFIER	26b. Time of Death 14:56			26c. Date Pronounced Dead (Month/Day/Year) JANUARY 31, 2023			26d. Was Case Referred to Medical Examiner or Coroner? YES	
	26e. Certifier Name and Title ALICE FRAZIER DO			26f. License number 34.005990		26g. Date Signed (Month/Day/Year) FEBRUARY 27, 2023		
	27. Name and Address of Person who Completed Cause of Death ALICE FRAZIER, 16061 BEAVER PIKE, JACKSON, OH 45640							
CAUSE OF DEATH	28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.						Approximate Interval: Onset and Death	
	Immediate Cause (Final disease or condition resulting in death)	a. SINGLE GUN SHOT WOUND TO THE CHEST					MINUTES	
	Sequentially list conditions, if any, leading to immediate cause.	b. Due to (or as Consequence of)						
		c. Due to (or as Consequence of)						
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	d. Due to (or as Consequence of)						
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. METHAMPHETAMINE						29a. Was An Autopsy Performed? YES	29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? YES	
30. Did Tobacco Use Contribute to Death? UNKNOWN			31. If Female, Pregnancy Status NOT APPLICABLE.			32. Manner of Death COULD NOT BE DETERMINED		
33a. Date of Injury (Mo/Day/Year) 01/31/2023		33b. Time of Injury APPROX 14:20	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) RESIDENCE				33d. Injury at Work? NO	
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) 1818 JISCO WEST RD, JACKSON, OHIO								
33f. Describe How Injury Occurred: GUN SHOT WOUND TO THE CHEST						33g. If Transportation Injury, Specify:		

HEA 2724 Rev. 08/18 * Certifier has filed updated information regarding the Cause of Death

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