

**Johnson, Janet**

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**From:** Judy Carey <JCarey@scag.gov>  
**Sent:** Friday, December 28, 2012 11:39 AM  
**To:** Johnson, Janet  
**Subject:** William G. Harden  
**Attachments:** Death Certificate (July 10, 2012).PDF

**William Gladney Harden**  
**Appellate Case No.: 2011-192811**

Janet,

Attached is the death certification we received regarding Mr. Harden.

Judy

Judy Carey, Legal Assistant  
Post-Conviction Relief Division  
SC Attorney General's Office  
(803) 734-3835

STATE OF SOUTH CAROLINA  
CERTIFICATION OF VITAL RECORD

DEATH CERTIFICATION

STATE FILE NUMBER : 139-12-022129

DECEDENT'S NAME: \*WILLIAM HARDEN\*

SEX: MALE

AKA's: NA

SOCIAL SECURITY NUMBER:

ARMED FORCES: NO

DATE OF BIRTH: JULY 05, 1941

AGE: 71 YEARS

TYPE OF PLACE OF DEATH: HOSPICE FACILITY

COUNTY OF DEATH: GREENVILLE

NAME AND ADDRESS OF PLACE OF DEATH: MCCALL HOSPICE HOUSE OF GREENVILLE, SIMPSONVILLE, SC 29680

PLACE OF DISPOSITION: THOMAS MCAFFEE CREMATION CENTER

DISPOSITION LOCATION: GREENVILLE, SOUTH CAROLINA

METHOD OF DISPOSITION: DONATION

DECEDENT'S RESIDENCE: 1836 WEST GEORGIA ROAD, SIMPSONVILLE, GREENVILLE COUNTY, SC, 29680

PLACE OF BIRTH: SOUTH CAROLINA

MARITAL STATUS: NEVER MARRIED

SURVIVING SPOUSE'S NAME: NA

FATHER'S NAME: SAMUEL HARDEN

MOTHER'S NAME PRIOR TO FIRST MARRIAGE: WILHE-MAE MEIKS

INFORMANT'S NAME: BEN PHILLIPS JR

RELATIONSHIP: POA--

MAILING ADDRESS: 808 CONCORD AVENUE, ANDERSON, SC, 29621

FUNERAL HOME: THOMAS MCAFFEE FUNERAL HOME, 639 N. MAIN ST/PO BOX 527, GREENVILLE, SC, 29601

FUNERAL DIRECTOR: STEVEN K. HAWLEY

LICENSE NUMBER: 1534

EMBALMER'S NAME: KURT A WOLFE

LICENSE NUMBER: 3638

ACTUAL OR PRESUMED DATE OF DEATH: JULY 10, 2012

MANNER OF DEATH: NATURAL

ACTUAL OR PRESUMED TIME OF DEATH: -0250

CAUSE OF DEATH - PART I

STAGE 4 METASTATIC COLORECTAL ADENOCARCINOMA

OTHER SIGNIFICANT CONDITIONS - PART II:

NA

CORONER CONTACTED? YES

AUTOPSY PERFORMED? NO

AUTOPSY AVAILABLE? NA

DATE OF INJURY: NA

TIME OF INJURY: NA

INJURY AT WORK? NA

PLACE OF INJURY: NA

LOCATION OF INJURY: NA

HOW THE INJURY OCCURRED?

NA

CERTIFIER NAME AND TITLE: DR. PATRICK C CAREY,

LICENSE NUMBER: 28742

CERTIFIER'S ADDRESS: 1836 W GEORGIA ROAD, SIMPSONVILLE, SC, 29680

DATE FILED: JULY 24, 2012

DATE OF ISSUANCE: JULY 24, 2012

SPECIAL INSTRUCTIONS:

NA

SC02351629

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

*Catherine Templeton*

Catherine Templeton  
Director and State Registrar

*Guang Zhao*

Guang Zhao  
Assistant State Registrar

This copy is not valid unless prepared on an engraved border displaying the state seal and issuing agency logo.

Revision Date: 03/21/2012

