MAR 16 2026

S.C. SUPREME COURT

CERTIFICATE OF DEATH

STATE BIRTH NUMBER

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME — First: Claude; Middle:; Last: Breland; SE: [illegible]le
2. DATE OF DEATH (Month, Day, Year): March 29 2003
3. SOCIAL SECURITY NUMBER: [redacted]
4. AGE - Last Birthday (Years): 77
5a. UNDER 1 YEAR — Months / Days:
5b. UNDER 1 DAY — Hours / Minutes:
5c.
6. DATE OF BIRTH (Mo., Day, Year): [redacted]
7. BIRTHPLACE (City, and State or Foreign Country): [redacted]
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): Yes
9a. PLACE OF DEATH (Check only one; see instructions on other side) — HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Veterans Administration Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Charleston
9d. COUNTY OF DEATH: Charleston
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Never Married
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Salesman
12b. KIND OF BUSINESS/INDUSTRY: Retail Auto Sales
13a. RESIDENCE - STATE: SC
13b. COUNTY: Charleston
13c. CITY, TOWN, OR LOCATION: Charleston
13d. STREET AND NUMBER: 924 Julia Avenue
13e. INSIDE CITY LIMITS? (Yes or No): Yes
13f. ZIP CODE: 29412
14. Was Decedent of Hispanic Origin? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.): ☐ Yes ☒ No (Specify)
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12): 11; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME — First: Dayton; Middle:; Last: Breland
18. MOTHER'S NAME — First: Leila; Middle:; Maiden Surname: Bishop

19a. INFORMANT'S NAME (Type/Print): Linda B. Wynn
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8420 West Saddlebrook Drive, N. Charleston, SC 29420

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): St. John's Baptist Church Cemetery
20c. LOCATION - (City or Town, State): Ehrhardt, SC
21a. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (Signature): Donald A. Hendrix
21b. FUNERAL DIR. LICENSE NO.: 1375
22a. NAME AND ADDRESS OF FACILITY: Brice W. Hendrix & Sons F.H. P.O. Drawer [illegible] Walterboro, SC 29488
22b. LICENSE NUMBER (of facility): 361
21c. EMBALMER (Signature): Donald A. Hendrix
21d. EMBALMER LICENSE NO.: 1216

FOR MEDICAL AND STATISTICAL USE ONLY

Pronouncing Physician Only → See Definition On Other Side

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.

To the best of my knowledge, death occurred at the time, date, and place stated.

23a. Signature and Title:
23b. LICENSE NUMBER:
23c. DATE SIGNED (Month, Day, Year):

24. TIME OF DEATH: 8:20 PM
25. DATE PRONOUNCED DEAD (Month, Day, Year):
26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No): Yes

CAUSE OF DEATH

27. PART I. Enter the diseases, 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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Pending

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d. DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28a. AUTOPSY (Yes or No): Yes
28b. IF YES, WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No):

29. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☒ Pending Investigation ☐ Could not be Determined
30a. DATE OF INJURY (Month, Day, Year):
30b. TIME OF INJURY: M
30c. INJURY AT WORK? (Yes or No):
30d. DESCRIBE HOW INJURY Ooccurred:
30e. PLACE OF INJURY - (Home, Farm, Street, Factory, Office, etc.) (Specify):
30f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

CERTIFIER

31. CERTIFIER (Check only one): ☐ CERTIFYING PHYSICIAN (Physician certifying cause of death) ☐ MEDICAL EXAMINER ☒ CORONER ☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death)
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER:
33a. SIGNATURE AND TITLE OF CERTIFIER — To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated: Rae H. Wooten, Chief Deputy
33b. LICENSE NUMBER:
33c. DATE SIGNED (Month, Day, Year): 4-21-03
34. NAME AND ADDRESS OF PERSON WHO SIGNED IN 33a. (Type/Print): Rae H. Wooten, Chief Deputy, 4050 Bridge View Dr. N. Charleston, SC

REGISTRAR

35. REGISTRAR'S SIGNATURE: Karen L. Wright DCR
36. DATE FILED (Month, Day, Year): APR 21 2003

HEC 670
ev. 1990

Exhibit
No. 1

Southeastern Medical-Legal Consulting
1277 Carter Rd.
Ridgeville, Sc 29472

Melisa W. Gay
Attorney at Law

Re: Claud Brothers

In the review of the medical record of above named subject, the following information has been obtained. The subject was a 77 yr old male with the following diagnosis: Hypertension; Gastrointestinal mal-absorption; severe degenerative disc disease of the cervical spine; severe Chronic Obstructive Pulmonary Disease; Thoracogenic Scoloisis; Dysphagia;and Depression. A history of Lung Cancer for which he had had a lobectomy approximately 1960 with Brain metastasis; a history of pneumonia; and more recently Hepatitis C and Cervical fracture of C1. He lived alone, received Meals on Wheels five days per week and was an active gardener. He received the bulk of his medical care through the Veterans Administrative Medical Center in Charleston, SC. These records provided the majority of the information in this report with the exception of which two visits to the Medical University/ Charleston Memorial Hospital in which the subject received emergency care for reported assaults.

Evident from the beginning of the review, the subject was noted as frail and unsteady. The subject sought urgent care treatment from the VAMC on 01/28/03 after sustaining a fall within his home in which he relates having fallen over a chair, hitting the frontal/temporal portion of his head. This resulted in bruising and swelling around his left eye. A small abrasion on his face was treated and he was released with the plan for him to return to the VA for a regularly scheduled visit with his primary care physician on 01/31/03. With the subject having had a diagnosis of severe degenerative disc disease of the cervical spine, an x-ray could have been useful in ruling out the presence of a cervical fracture prior to the events that followed this occurrence.

The routine medical visit that occurred on 01/31/03 identifies the subject in ongoing monitoring of his nutritional status. No lab values were found within the documentation provided for this visit that would allow comparison to that of later dates. It was noted within this documentation the occurrence of the fall and that he was underweight and he was to return in six months.

Exhibit (B)

Medical record documentation shows the subject on 03/01/03 was transported to MUSC/CMH via EMS where he received treatment for soft tissue neck contusion as result of an assault that reportedly occurred in his home. The subject was described as emaciated and questionable elder abuse/ neglect was identified though no APS referral was made on his behalf. Lab work was obtained and he was observed several hours for neurologic deficits for which none were displayed. He was released to home - transported by taxi. No x-rays were performed.

On 03/19/03, the subject was transported to MUSC/CMH via EMS to receive treatment for neck pain sustained during an assault that took place in his home. The subject arrived in full c-spine precautions with facial abrasions noted. CT scan was done with diagnosis of cervical fracture of C1 given. Subject was stabilized and transported to VAMC to receive further treatment. A pinless halo was applied to stabilize the fracture but later removed as he was determined to frail to support the device. A cervical collar was placed 03/19/03 after transfer to VAMC.

The admitting RN with the VAMC documented the subject presented with wheezing and productive cough with the appearance of tan, yellow sputum. This could have been indicative of the presence of infection in the lung given the subjects history. The diagnosis of pneumonia came into question on 03/20/03 approximately 12 hours after transfer after he experienced a hypoxic (low oxygen level) episode. The subject was pre-disposed to respiratory complications due to the diagnosis of severe Chronic Obstructive Pulmonary Disease. A progressive disease in which the lungs loose their elasticity and increase mucus production. The subject also had at least one documented episode of pneumonia for which he was hospitalized in Feb. 01.

Dysphagia, difficulty swallowing, could have been another contributing factor. This diagnosis along with a subsequent x-ray that showed a 'tortuous esophagus' and the presence of the pinless halo which documentation noted was preventing the subject from adequately swallowing could have impeded swallowing even more than normal for this individual thus causing him to aspirate food, liquid, or even stomach content.

The subject was described as cachectic which is defined as a state of ill health, malnutrition and wasting occurring in chronic diseases such as malignancies and advanced Tuberculosis, testing for which proved negative. However, CT scans and x-rays showed the presence of a lung mass abuting to a 'tortuous esophagus'. On 03/25/03, an unsuccessful attempt to biopsy the lung mass resulted in puncture of the pulmonary artery that was lying directly above the mass. For several days prior to this incident, the subject had been on Heparin injections (a blood thinner) though this med had been discontinued prior to the procedure. This could also have been a contributing factor to the Hemothorax (bleeding within the lung)diagnosed 03/27/03 by x-ray.

Multiple co-morbidities complicated the outcome providing an "extremely poor prognosis". The subject was aware of the obstacles he was facing and ultimately decided he wanted no 'aggressive procedures' made to medically prolong his life and opted for DNR - Do Not Resuscitate - allowing him to expire 03/29/03.

Thank you for the opportunity to review this record. If I can assist you further in this case or any other matter, please do not hesitate to contact me.

11/25/03

Very truly yours,

Carol O'Quinn, RN,CLNC