ORIGINAL

SCCID
SOUTH CAROLINA COMMISSION ON INDIGENT DEFENSE

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Robert M. Dudek, Chief Appellate Defender
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RECEIVED
SEP 13 2012
S.C. Supreme Court

September 13, 2012

Honorable Daniel E. Shearouse
Clerk, South Carolina Supreme Court
Post Office Box 11330
Columbia, South Carolina 29211

Re: Johnny A. Gainey v. State of South Carolina

Dear Mr. Shearouse:

This letter is to respectfully request that the appeal in the above-referenced case be dismissed. The petition for writ of certiorari and appendix were filed on April 24, 2012. The return to the petition for writ of certiorari was filed on September 10, 2012. On September 11, 2012, while trying to locate Mr. Gainey to send him a copy of the state's return, I learned that he recently passed away. I was able to acquire the death certificate today, September 13, 2012, and have attached a copy of Mr. Gainey's death certificate to this letter.

By copy of this letter, I am informing Robert D. Corney, Esquire, of the Office of the Attorney General, of this request.

Please let me know if you have any questions.

Sincerely,

Robert M. Dudek
Chief Appellate Defender

RMD/kam

cc: Robert D. Corney

State of South Carolina
Department of Health and Environmental Control

State Birth Number

CERTIFICATE OF DEATH

State File Number
12 023054

NAME OF DECEDENT
For use by physician or Institution

Items 1-23c To Be Completed/Verified By: FUNERAL DIRECTOR

1. DECEDENT'S LEGAL NAME (Include AKA's, if any) (First, Middle, Last)					2. SEX	3. SOCIAL SECURITY NUMBER
Johnny A Gainey					Male	
4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR Months	Days	4c. UNDER 1 DAY Hours	Minutes	5. DATE OF BIRTH (MM/DD/YYYY)	6. BIRTHPLACE (City and State or Foreign Country)
61					01/29/1951	Bennettsville, SC
7a. RESIDENCE-STATE	7b. COUNTY				7c. CITY OR TOWN	
South Carolina	Marlboro				Bennettsville	
7d. STREET AND NUMBER			7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS?	
0 West Hwy 9 Highway				29512	☐ Yes ☒ No	

8. EVER IN US ARMED FORCES?	9. MARITAL STATUS AT TIME OF DEATH	10. SURVIVING SPOUSE'S NAME (If Wife, give name prior to first marriage)
☐ Yes ☒ No	☐ Married ☒ Married, but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown	Unknown Unknown Unknown

11. FATHER'S NAME (First, Middle, Last)	12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
Unknown Unknown Unknown	Unknown Unknow Unknown

13a. INFORMANT'S NAME	13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Michael Cannon	Chaplain	610 Hwy 9 West Bennettsville, South Carolina 29512

14. PLACE OF DEATH (Check only one: see instructions)

IF DEATH OCCURRED IN HOSPITAL: ☒ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

15. FACILITY NAME (If not institution, give street and number)	16. CITY OR TOWN, STATE AND ZIP CODE	17. COUNTY OF DEATH
Palmetto Health Baptist	Columbia, South Carolina 29201	Richland

18. METHOD OF DISPOSITION	19. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place)
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify)	Upstate Crematory

20. LOCATION-CITY, TOWN AND STATE	21. NAME AND ADDRESS OF FUNERAL FACILITY
Roebuck, South Carolina	Dunbar Funeral Home

22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT	23. LICENSE NUMBER (Of Licensee)	
James E. Reppart (Electronically Verified)	2302	690 Southport Road Roebuck, SC 29376

23a. EMBALMER (Signature)	23b. EMBALMER LICENSE NUMBER	23c. LICENSE NUMBER (Of Facility)
Not Embalmed	Not Embalmed	453

Items 24-49 To Be Completed By: MEDICAL CERTIFIER

ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH	24. DATE PRONOUNCED DEAD (MM/DD/YYYY)	25. TIME PRONOUNCED DEAD
	07/19/2012	08:04 PM

26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)	27. LICENSE NUMBER	28. DATE SIGNED (mm/dd/yyyy)

29. ACTUAL OR PRESUMED DATE OF DEATH (Spell Month)	30. ACTUAL OR PRESUMED TIME OF DEATH	31. WAS CORONER OR MEDICAL EXAMINER CONTACTED?
July 19, 2012	20:04	☒ Yes ☐ No

CAUSE OF DEATH (See instructions and examples)

32. PART 1. Enter the chain of events - disease, injuries, or complications - that directly caused the death. DO NOT enter terminal events cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

			Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Acute Coronary Insufficiency	
		Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST	b.	Atherosclerosis	
		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. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.

Cardiomegaly

33. WAS AN AUTOPSY PERFORMED?	34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☒ Yes ☐ No	☒ Yes ☐ No

35. DID TOBACCO USE CONTRIBUTE TO DEATH?	36. IF FEMALE:	37. MANNER OF DEATH	
☐ Yes ☐ Probably ☐ No ☒ Unknown	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year	☒ Natural ☐ Accident ☐ Suicide	☐ Homicide ☐ Pending Investigation ☐ Could not be determined

38. DATE OF INJURY (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	41. INJURY AT WORK?
			☐ Yes ☐ No

42. LOCATION OF INJURY: State: City or Town: County:
Street & Number: Apartment Number: Zip Code:

43. DESCRIBE HOW INJURY OCCURRED:	44. IF TRANSPORTATION INJURY, SPECIFY:
	☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

45. CERTIFIER (Check only one)

☐ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Pronouncing and 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
☒ Coroner/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

Signature of certifier: Deborah K Phillips (Electronically Certified)

46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)	46a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER
Deborah K Phillips, 1931 Pineview Drive Columbia South Carolina 29209	

47. TITLE OF CERTIFIER	48. LICENSE NUMBER	49. DATE CERTIFIED (MM/DD/YYYY)	50. FOR REGISTRAR ONLY- DATE FILED (MM/DD/YYYY)
Deputy Coroner		07/25/2012	07/25/2012

51. DECEDENT'S EDUCATION- Check	52. DECEDENT OF HISPANIC ORIGIN?-Check the box that	53. DECEDENT'S RACE-(Check one or more races to indicate