

State of South Carolina
 Department of Health and Environmental Control
CERTIFICATE OF DEATH

State Birth Number _____ State File Number **14 004190**

NAME OF DECEDENT
For use by physician or institution

1. DECEDENT'S LEGAL NAME (include AKA's, if any) (First, Middle, Last) Phillip Glenn Miller 294022			2. SEX Male		3. SOCIAL SECURITY NUMBER 248-17-4327		
4a. AGE-Last Birthday (Years) 49		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____		5. DATE OF BIRTH (MM/DD/YYYY) 03/13/1964	
7a. RESIDENCE-STATE South Carolina			7b. COUNTY Lee		7c. CITY OR TOWN Bishopville		
7d. STREET AND NUMBER 990 Wisacky Highway			7e. APT. NO. 		7f. ZIP CODE 29010		
7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (if W/o, give name prior to first marriage) Lisa Clark			
11. FATHER'S NAME (First, Middle, Last) Willie Miller			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Janie Mae Turner				
13a. INFORMANT'S NAME Lucille Mills		13b. RELATIONSHIP TO DECEDENT Family Member		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 926 14th Street Lancaster, South Carolina 29720			
14. PLACE OF DEATH (Check only one: see instructions)							
IF DEATH OCCURRED IN HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)				
15. FACILITY NAME (if not institution, give street and number) Tuomey			16. CITY OR TOWN, STATE AND ZIP CODE Sumter, South Carolina 29150		17. COUNTY OF DEATH Sumter		
18. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)			19. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place) Lancaster Cremation Center				
20. LOCATION-CITY, TOWN AND STATE Lancaster, South Carolina			21. NAME AND ADDRESS OF FUNERAL FACILITY McCray Funeral Home				
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT Sean C. McCray (Electronically Verified)			23. LICENSE NUMBER (Of Licensee) 2459		1312 Camp Dr. Lancaster SC 29720-2753		
23a. EMBALMER (Signature) Sean McCray			23b. EMBALMER LICENSE NUMBER 2459		23c. LICENSE NUMBER (Of Facility) 219		
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		24. DATE PRONOUNCED DEAD (MM/DD/YYYY) 02/01/2014		25. TIME PRONOUNCED DEAD 10:36 AM			
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) February 1, 2014		30. ACTUAL OR PRESUMED TIME OF DEATH 10:36 AM		31. WAS CORONER OR MEDICAL EXAMINER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
32. PART I. 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. bacterial pneumonia 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. small lymphocytic lymphoma 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.							
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No							
42. LOCATION OF INJURY: State: _____ City or Town: _____ County: _____							
43. DESCRIBE HOW INJURY OCCURRED: Street & Number: _____ Apartment Number: _____ Zip Code: _____							
44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)							
45. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> 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 <input type="checkbox"/> 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: Billy W. Clowney (Electronically Certified)							
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) Billy W. Clowney, 1105 N. Lafayette St. Sumter South Carolina 29150				46a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			
47. TITLE OF CERTIFIER Physician		48. LICENSE NUMBER 14777		49. DATE CERTIFIED (MM/DD/YYYY) 02/05/2014			
50. FOR REGISTRAR ONLY- DATE FILED (MM/DD/YYYY) 02/06/2014							
51. DECEDENT'S EDUCATION- Check the box that best describes the highest grade or level of school completed at		52. DECEDENT OF HISPANIC ORIGIN?- Check the box that best describes whether the decedent is		53. DECEDENT'S RACE- (Check one or more races to indicate what the decedent considered himself or herself to be)			

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

Items 24-49 To Be Completed By: MEDICAL CERTIFIER



SCCID

SOUTH CAROLINA COMMISSION ON INDIGENT DEFENSE

Division of Appellate Defense
1330 Lady Street, Suite 401
Columbia, South Carolina 29201-3332
Post Office Box 11589
Columbia, South Carolina 29211-1589
Telephone: (803) 734-1330
Facsimile: (803) 734-1397

Robert M. Dudek, Chief Appellate Defender
Wanda H. Carter, Deputy Chief Appellate Defender

July 31, 2014

RECEIVED

JUL 31 2014

S.C. Supreme Court

The Honorable Daniel E. Shearouse
Clerk, S.C. Supreme Court
PO Box 11330
Columbia, SC 29211

Re: The State v. Phillip Miller – 2012-212847

Dear Mr. Shearouse:

On June 27, 2014 we filed a Motion to Dismiss Mr. Phillip Miller's direct appeal as Moot due to the death of Mr. Miller. We have now received a copy of Mr. Miller's death certificate, which we enclose.

Thank you for your assistance in this matter.

Sincerely,

LaNelle Cantey DuRant
Appellate Defender

LCD/mpm

Enclosure

cc: William M. Blich, Jr., Esquire