

ORIGINAL



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

RECEIVED

JUL 30 2015

S.C. SUPREME COURT

July 30, 2015

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

Re: State of South Carolina v. Albert Brandeberry  
Appellate Case No. 2015-000607

Dear Mr. Shearouse:

A two-vote order granting certiorari in this case was issued on July 23, 2015 for Petitioner Brandeberry. However, Mr. Brandeberry died, apparently on May 25, 2015, as shown by the attached email. We have now obtained the death certificate from the South Carolina Department of Health and Environmental Control that is also attached.

I assume this appeal will now be dismissed given the death of Mr. Brandeberry. If additional information is needed please contact me.

Sincerely,

Robert M. Dudek  
Chief Appellate Defender

RMD/pcm

cc: John Benjamin Aplin, Esquire

CUSTODIAN OF EVIDENCE

From: Allen, Linda [LAllen@sccourts.org]  
Sent: Wednesday, June 03, 2015 11:05 AM  
To: Pam C. Mckoy  
Subject: FW: CUSTODIAN OF EVIDENCE

State v. Albert Brandeberry

-----Original Message-----

From: Young, Mary Ann [mailto:MYoung@greenvillecounty.org]  
Sent: Wednesday, June 03, 2015 9:06 AM  
To: Allen, Linda  
Subject: FW: CUSTODIAN OF EVIDENCE

-----Original Message-----

From: DoNotReply@doc.state.sc.us [mailto:DoNotReply@doc.state.sc.us]  
Sent: Wednesday, June 03, 2015 6:35 AM  
To: Young, Mary Ann  
Subject: CUSTODIAN OF EVIDENCE

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

\* \* \* \* MEMORANDUM \* \* \* \*

TO: MYOUNG, EXHIBIT CLERK  
myoung@greenvillecounty.org  
GREENVILLE COUNTY CLERK OF COURT  
305 E. NORTH ST.  
GREENVILLE, SC 29601

FROM: James E. Sligh, Jr., Operations Coordinator  
Division of Operations

SUBJECT: CUSTODIAN OF EVIDENCE  
DATE: June 03, 2015

As required in S.C. Code of Laws 17-28-330(B), be advised that the following inmate has been released:

Inmate: ALBERT BRANDENBERRY  
SCDC #: 00351943  
Release Date: 2015-05-24  
Status: RELEASE  
County: UNK  
Reason: DEATH

If any further information is needed please do not hesitate to contact me.

Division of Operations  
James E. Sligh, Jr., Operations Coordinator

CUSTODIAN OF EVIDENCE

CONFIDENTIALITY NOTICE: This e-mail and any files transmitted with it are confidential and may contain information which is legally privileged or otherwise exempt from disclosure. They are intended solely for the use of the individual or entity to whom this e-mail is addressed. If you are not one of the named recipients or otherwise have reason to believe that you have received this message in error, please immediately notify the sender and delete this message immediately from your computer. Any other use, retention, dissemination, forwarding, printing, or copying of this e-mail is strictly prohibited.

~~~ CONFIDENTIALITY NOTICE ~~~ This message is intended only for the addressee and may contain information that is confidential. If you are not the intended recipient, do not read, copy, retain, or disseminate this message or any attachment. If you have received this message in error, please contact the sender immediately and delete all copies of the message and any attachments.

State Birth Number

State of South Carolina Department of Health and Environmental Control

State File Number 15 019521

CERTIFICATE OF DEATH

NAME OF DECEDENT For use by physician or institution

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                               |                                 |                                                                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------|--|
| 1. DECEDENT'S LEGAL NAME (Include AKA's, if any) (First, Middle, Last)<br>Albert Brandeberry 351943                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            | 2. SEX<br>Male                                                                           |                                                                                                                                                                                                                                                 | 3. SOCIAL SECURITY NUMBER                                                                                                                                                                                                                                                     |                                 |                                                                                                |  |
| 4a. AGE-Last Birthday (Years)<br>75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 4b. UNDER 1 YEAR<br>Months Days                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            | 4c. UNDER 1 DAY<br>Hours Minutes                                                         |                                                                                                                                                                                                                                                 | 5. DATE OF BIRTH (MM/DD/YYYY)<br>11/27/1939                                                                                                                                                                                                                                   |                                 | 6. BIRTHPLACE (City and State or Foreign Country)<br>Bloomdale, OH                             |  |
| 7a. RESIDENCE-STATE<br>South Carolina                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                 | 7b. COUNTY<br>Richland                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                                                                                                                                                                                                                                                 | 7c. CITY OR TOWN<br>Columbia                                                                                                                                                                                                                                                  |                                 |                                                                                                |  |
| 7d. STREET AND NUMBER<br>4460 Broad River Road                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            | 7a. APT. NO.                                                                             |                                                                                                                                                                                                                                                 | 7f. ZIP CODE<br>29210                                                                                                                                                                                                                                                         |                                 | 7g. INSIDE CITY LIMITS?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 8. EVER IN US ARMED FORCES?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 9. MARITAL STATUS AT TIME OF DEATH<br><input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed<br><input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | 10. SURVIVING SPOUSE'S NAME (If Wife, give name prior to first marriage)                                                                                                                                                                        |                                                                                                                                                                                                                                                                               |                                 |                                                                                                |  |
| 11. FATHER'S NAME (First, Middle, Last)<br>Harold Brandeberry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            | 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)<br>Clara Blondina Kiefer |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                               |                                 |                                                                                                |  |
| 13a. INFORMANT'S NAME<br>Robert Stevenson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                 | 13b. RELATIONSHIP TO DECEDENT<br>Legal Representative                                                                                                                                                                                                                                                                                                                      |                                                                                          | 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)<br>4460 Broad River Road<br>Columbia, South Carolina 29210                                                                                                                      |                                                                                                                                                                                                                                                                               |                                 |                                                                                                |  |
| 14. PLACE OF DEATH (Check only one; see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                               |                                 |                                                                                                |  |
| IF DEATH OCCURRED IN HOSPITAL:<br><input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility<br><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)<br>Palmetto Health Richland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            | 16. CITY OR TOWN, STATE AND ZIP CODE<br>Columbia, South Carolina 29203                   |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                               | 17. COUNTY OF DEATH<br>Richland |                                                                                                |  |
| 18. METHOD OF DISPOSITION<br><input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation<br><input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state<br><input type="checkbox"/> Other (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            | 19. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place)<br>Upstate Crematory |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                               |                                 |                                                                                                |  |
| 20. LOCATION-CITY, TOWN AND STATE<br>Roebuck, South Carolina                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            | 21. NAME AND ADDRESS OF FUNERAL FACILITY<br>Dunbar Funeral Home                          |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                               |                                 |                                                                                                |  |
| 22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT<br>James E. Reppart (Electronically Verified)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            | 23. LICENSE NUMBER (Of Licensee)<br>2302                                                 |                                                                                                                                                                                                                                                 | 690 Southport Road Roebuck SC 29376                                                                                                                                                                                                                                           |                                 |                                                                                                |  |
| 23a. EMBALMER (Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            | 23b. EMBALMER LICENSE NUMBER                                                             |                                                                                                                                                                                                                                                 | 23c. LICENSE NUMBER (Of Facility)<br>453                                                                                                                                                                                                                                      |                                 |                                                                                                |  |
| ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            | 24. DATE PRONOUNCED DEAD (MM/DD/YYYY)<br>05/25/2015                                      |                                                                                                                                                                                                                                                 | 25. TIME PRONOUNCED DEAD<br>12:40 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)<br>May 25, 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            | 30. ACTUAL OR PRESUMED TIME OF DEATH<br>12:40 PM                                         |                                                                                                                                                                                                                                                 | 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.<br>IMMEDIATE CAUSE (Final disease or condition resulting in death)<br>a. Anoxic Encephalopathy<br>Due to (or as a consequence of):<br>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<br>b. Ruptured Berry Aneurysm<br>Due to (or as a consequence of):<br>c.<br>Due to (or as a consequence of):<br>d.<br>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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                                                                                                                                                                                                                 | 33. WAS AN AUTOPSY PERFORMED?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                          |                                 |                                                                                                |  |
| 34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                               |                                 |                                                                                                |  |
| 35. DID TOBACCO USE CONTRIBUTE TO DEATH?<br><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                 | 36. IF FEMALE:<br><input type="checkbox"/> Not pregnant within past year<br><input type="checkbox"/> Pregnant at time of death<br><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death<br><input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death<br><input type="checkbox"/> Unknown if pregnant within the past year |                                                                                          |                                                                                                                                                                                                                                                 | 37. MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide<br><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation<br><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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                |  |
| 42. LOCATION OF INJURY: State: _____ City or Town: _____ County: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                               |                                 |                                                                                                |  |
| 43. DESCRIBE HOW INJURY OCCURRED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            | Apartment Number:                                                                        |                                                                                                                                                                                                                                                 | Zip Code:                                                                                                                                                                                                                                                                     |                                 |                                                                                                |  |
| 44. IF TRANSPORTATION INJURY, SPECIFY:<br><input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian<br><input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                               |                                 |                                                                                                |  |
| 45. CERTIFIER (Check only one)<br><input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.<br><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<br><input checked="" 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<br>Signature of certifier: Ann Joe (Electronically Certified)                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                               |                                 |                                                                                                |  |
| 46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)<br>Ann Joe, 1931 Pineview Drive Columbia South Carolina 29209                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            | 46a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER                                 |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                               |                                 |                                                                                                |  |
| 47. TITLE OF CERTIFIER<br>Deputy Coroner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 48. LICENSE NUMBER                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                            | 49. DATE CERTIFIED (MM/DD/YYYY)<br>06/01/2015                                            |                                                                                                                                                                                                                                                 | 50. FOR REGISTRAR ONLY- DATE FILED (MM/DD/YYYY)<br>06/01/2015                                                                                                                                                                                                                 |                                 |                                                                                                |  |
| 51. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                 | 52. DECEDENT OF HISPANIC ORIGIN?-Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the box that                                                                                                                                                                                                                                     |                                                                                          |                                                                                                                                                                                                                                                 | 53. DECEDENT'S RACE-(Check one or more races to indicate what the decedent considered himself or herself to be)                                                                                                                                                               |                                 |                                                                                                |  |

Items 24-49 To Be Completed By: MEDICAL CERTIFIER

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