

ORIGINAL



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

RECEIVED

MAY 07 2013

May 7, 2013

S.C. Supreme Court

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

Re: Charles O. Shuler v. State, Appellate Case No. 2013-000517

Dear Mr. Shearouse:

This letter is to respectfully request that the appeal in the above-referenced case be dismissed. The deadline to request all transcripts was April 15, 2013, however, the client passed away on April 2, 2013, before all transcripts had been ordered. I was able to acquire the death certificate yesterday, May 6, 2013, and have attached a copy of Mr. Shuler's death certificate to this letter.

By copy of this letter, I am informing Donald J. Zelenka, 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

Enclosure

cc: Donald J. Zelenka

NAME OF DECEDENT
For use by physician or institution

1 DECEDENT'S LEGAL NAME (Include AKA's if any) (First Middle, Last) Charles Oliver Shuler #6000			2 SEX Male		3 SOCIAL SECURITY NUMBER	
4a AGE-Last Birthday (Years) 64		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) Elloree, SC			7a RESIDENCE-STATE South Carolina			
7b COUNTY Dorchester			7c CITY OR TOWN Ridgeville			
7d STREET AND NUMBER			7e APT NO		7f ZIP CODE 29472	
7g INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input 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 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) Charlie Monshield Shula			
12 MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Gladys Elizabeth Unknown			13a INFORMANT'S NAME James Cuttino			
13b RELATIONSHIP TO DECEDENT Chaplain			13c MAILING ADDRESS (Street and Number, City, State, Zip Code) Ridgeville, South Carolina 29472			
14 PLACE OF DEATH (Check only one see instructions)			15 FACILITY NAME (If not institution, give street and number)			
IF DEATH OCCURRED IN HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Nursing home/Long term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility			
16 CITY OR TOWN, STATE AND ZIP CODE Ridgeville South Carolina 29472			17 COUNTY OF DEATH Dorchester			
18 MODE 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) Upstate Crematory			
20 LOCATION-CITY, TOWN AND STATE Roebuck, South Carolina			21 NAME AND ADDRESS OF FUNERAL FACILITY Dunbar Funeral Home			
22 SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT John H. Jarvis (Electronically Verified)			23 LICENSE NUMBER (Of Licensee) 3434		690 Southport Road Roebuck SC 29376	
23a EMBALMER (Signature)			23b EMBALMER LICENSE NUMBER		23c LICENSE NUMBER (Of Facility) 453	
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH			24 DATE PRONOUNCED DEAD (MM/DD/YYYY) 04/02/2013		25 TIME PRONOUNCED DEAD 12:42 PM	
26 SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable) Elizabeth Holcomb NP			27 LICENSE NUMBER 17490		28 DATE SIGNED (mm/dd/yyyy)	
29 ACTUAL OR PRESUMED DATE OF DEATH (Spell Month) April 2, 2013			30 ACTUAL OR PRESUMED TIME OF DEATH 12:42 PM		31 WAS CORONER OR MEDICAL EXAMINER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 IMMEDIATE CAUSE (Final disease or condition resulting in death)						Approximate interval Onset to death
a Acute Coronary Artery Insufficiency Due to (or as a consequence of)						Minutes
b Atherosclerosis Due to (or as a consequence of)						Years
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 and Remote Infarct						33 WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
34 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
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			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 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 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 Signature of certifier Alice R. Durr (Electronically Certified)						
46 NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) Alice R. Durr, 212 Deming Way Suite 2 Summerville South Carolina 29483				46a NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER none		
47 TITLE OF CERTIFIER Deputy Coroner		48 LICENSE NUMBER		49 DATE CERTIFIED (MM/DD/YYYY) 04/05/2013		50. FOR REGISTRAR ONLY- DATE FILED (MM/DD/YYYY) 04/05/2013
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)	

Items 24-49 To Be Completed By MEDICAL CERTIFIER

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