State Birth Number

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

State File Number
139-21-028444

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): PAUL TERRY MURDAUGH
2. SEX: MALE
3. SOCIAL SECURITY: [redacted]

4a. AGE-Last Birthday (Years): 22
4b. UNDER 1 YEAR: Months / Days
4c. UNDER 1 DAY: Hours / Minutes
5. DATE OF BIRTH (MM/DD/YYYY): 04/14/1999
6. BIRTHPLACE (City and State or Foreign Country): SAVANNAH, GA

7a. RESIDENCE-STATE: SOUTH CAROLINA
7b. COUNTY: COLLETON
7c. CITY OR TOWN: ISLANDTON
7d. STREET AND NUMBER: 4147 MOSELLE ROAD
7e. APT. NO.:
7f. ZIP CODE: 29929
7g. INSIDE CITY LIMITS?: NO

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

11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE: RICHARD ALEXANDER MURDAUGH
12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE: MARGARET KENNEDY BRANSTETTER

13a. INFORMANT'S NAME: RICHARD ALEXANDER MURDAUGH
13b. RELATIONSHIP TO DECEDENT: FATHER
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4147 MOSELLE ROAD ISLANDTON, SOUTH CAROLINA 29929

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): 4147 MOSELLE ROAD
16. CITY OR TOWN, STATE AND ZIP CODE: ISLANDTON , SOUTH CAROLINA 29929
17. COUNTY OF DEATH: COLLETON

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

20. LOCATION-CITY, TOWN AND STATE: BEAUFORT, SOUTH CAROLINA
21. NAME AND ADDRESS OF FUNERAL FACILITY: PEEPLES-RHODEN FUNERAL HOME, INC. 300 MULBERRY STREET HAMPTON SC 29924

22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT: GORDON L. RHODEN SR. (Electronically Verified)
23. LICENSE NUMBER (Of Licensee): 1297

23a. EMBALMER (Signature): NA
23b. EMBALMER LICENSE NUMBER: NA
23c. LICENSE NUMBER (Of Facility): 175

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): 06/07/2021
25. TIME PRONOUNCED DEAD: 23:05
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable): RICHARD M HARVEY
27. LICENSE NUMBER:
28. DATE SIGNED (mm/dd/yyyy): 06/08/2021

29. ACTUAL OR PRESUMED DATE OF DEATH (Spell Month): JUNE 7, 2021
30. ACTUAL OR PRESUMED TIME OF DEATH: 21:00
31. WAS CORONER OR MEDICAL EXAMINER CONTACTED? ☒ Yes ☐ No

CAUSE OF DEATH (See instructions and examples)
32. PART I. Enter the chain of events - disease, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as 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.	SHOTGUN WOUNDS OF CHEST AND HEAD	SECS-MINS
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.	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.

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

35. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
36. IF FEMALE: ☐ 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
37. MANNER OF DEATH: ☐ Natural ☒ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined

38. DATE OF INJURY (Spell Month): JUNE 7, 2021
39. TIME OF INJURY: 21:00
40. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area): RESIDENCE
41. INJURY AT WORK? ☐ Yes ☒ No

42. LOCATION OF INJURY: State: SOUTH CAROLINA City or Town: ISLANDTON County: COLLETON
Street & Number: 4147 MOSELLE ROAD Apartment Number: Zip Code: 29929

43. DESCRIBE HOW INJURY OCCURRED: SHOT BY ANOTHER
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: RICHARD M. HARVEY (Electronically Certified)

46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32): RICHARD M. HARVEY, PO BOX 2264 WALTERBORO SOUTH CAROLINA 29488
46a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: NONE

47. TITLE OF CERTIFIER: CORONER
48. LICENSE NUMBER:
49. DATE CERTIFIED (MM/DD/YYYY): 06/11/2021
50. FOR REGISTRAR ONLY- DATE FILED (MM/DD/YYYY): 06/11/2021