



Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report



2023-1835
Officer Involved Critical Incident – 114 North Ninth St, Byesville,
OH (L)

Investigative Activity: Autopsy Review
Involves: Jeremiah Wise (S)
Date of Activity: 08/14/2023
Author: SA Craig Call

Narrative:

On August 14, 2023, SA Call received a copy of Jeremiah Wise's (Wise) death certificate from the Guernsey County Coroner's Office forwarded to SA Call by the Guernsey County Sheriff's Office.

The cause of death is listed as multiple gunshot wounds to the torso and manner of death is listed as a homicide. The certificate indicates the certifier was Dr. Sandra Massullo-Schubert, MD, and the certificate was completed on August 9, 2023.

The death certificate has been attached to this report and should be referenced for any additional details.

Attachments:

Attachment # 01: Death Certificate

Primary Reg. Dist. No. 3000
Registrar's No. 3000-2023000261

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 2023068661

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DECEDENT	1 Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) JEREMIAH JOE WISE						2 Sex MALE	3 Date of Death (Month/Day/Year) JULY 11, 2023
	4 Social Security Number [REDACTED]	5a. Age (Years) 33	5b. Under 1 Year Months Days	5c. Under 1 day Hours Minutes	6 Date of Birth (Mo/Day/Year) AUGUST 06, 1989	7 Birthplace (City and State or Foreign Country) ZANESVILLE, OHIO		
	8a. Residence State OHIO		8b. County GUERNSEY		8c. City or Town BYESVILLE			
	8d. Street Address and Zip Code 114 N 9TH ST 43723						9 Ever in US Armed Forces? NO	
DISPOSITION	10 Marital Status at Time of Death DIVORCED (AND NOT REMARRIED)				11 Surviving Spouse's Name (if wife, give name prior to first marriage)			
	12 Decedent's Education HIGH SCHOOL GRADUATE OR GED		13 Decedent of Hispanic Origin NO		14 Decedent's Race WHITE			
	15 Father's Name JAMES WISE			16 Mother's Name (prior to first marriage) CAROLYN SHUSTAR				
	17a. Informant's Name CAROLYN SHUSTAR		17b. Relationship to Decedent MOTHER		17c. Mailing Address (Street and Number, City, State, Zip Code) 504 S KING ST WEST LAFAYETTE, OHIO 43845			
CERTIFIER	18a. Place of Death DECEDENT'S HOME			18b. Facility Name (if not Institution, give street & number) 114 N 9TH ST		18c. City or Town, State and Zip Code BYESVILLE, OH 43723		18d. County of Death GUERNSEY
	19 Funeral Service Licensee or Other Agent JON BLACK		20 License Number (of licensee) 008726		21 Name and Complete Address of Funeral Facility THORN-BLACK FUNERAL HOMES INC 139 S 9TH ST CAMBRIDGE, OH 43725			
	22 Method and Place of Disposition CREMATION - SRS SERVICES, HOPEWELL, OH				23 Local Registrar HEIDI HANNUM			
					24 Date Filed (Month/Day/Year) JULY 20, 2023			
CAUSE OF DEATH	25a. Certifier (Check only one) <input type="checkbox"/> 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 or 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.							
	26a. Time of Death 20:40		26b. Date Pronounced Dead (Month/Day/Year) JULY 11, 2023			26d. Was Case Referred to Medical Examiner or Coroner? YES		
	26c. Certifier Name and Title MASSULLO-SCHUBERT, SANDRA MD		26f. License number 35 067486		26g. Date Signed (Month/Day/Year) AUGUST 09, 2023			
	27. Name and Address of Person who Completed Cause of Death MASSULLO-SCHUBERT, SANDRA, 627 WHEELING AVE, CAMBRIDGE, OH 43725							
28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.								
Immediate Cause (Final disease or condition resulting in death)		a. MULTIPLE GUNSHOT WOUNDS TO THE TORSO				Approximate Interval Onset and Death HOUR		
Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of)						
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		c. Due to (or as Consequence of)						
		d. Due to (or as Consequence of)						
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.								
					29a. Was An Autopsy Performed? YES	29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? YES		
30. Did Tobacco Use Contribute to Death? NO		31. If Female, Pregnancy Status NOT APPLICABLE.			32. Manner of Death HOMICIDE			
33a. Date of Injury (Mo/Day/Year) 07/11/2023		33b. Time of Injury 19:00	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) HIS HOME			33d. Injury at Work? NO		
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) 114 N 9TH STREET, BYESVILLE, OHIO								
33f. Describe How Injury Occurred: GUNFIRE EXCHANGE WITH LAW ENFORCEMENT						33g. If Transportation Injury, Specify:		

HEA 2724 Rev. 08/18 * Certifier has filed updated information regarding the Cause of Death