

IN THE CHANCERY COURT OF LEE COUNTY, MISSISSIPPI

IN THE MATTER OF
THE ESTATE OF
FRANK K. SPAIN, DECEASED

NO. 2006-0756LETTERS TESTAMENTARY

WHEREAS, Frank K. Spain, deceased, late of said County, made his Last Will and Testament, which was on the 19th day of May, 2006, proved and admitted to probate in the Chancery Court of said County, and Letters thereof granted to Mary Jane Spain and Guy W. Mitchell, III, the Co-Executors thereof, and the said Mary Jane Spain and Guy W. Mitchell, III having complied with the statute in such cases provided:

Therefore, We do give, grant and commit to the said Mary Jane Spain and Guy W. Mitchell, III the administration of all and singular the Goods and Chattels, Rights and Credits of said testator, with full power to take the same into their possession, and to ask, levy, sue for, recover and receive the same, wherever they may be, and to fully execute the said Will according to law.

WITNESS my Hand and Seal of said Court, this the 19th day of May, 2006.

CHANCERY CLERK
LEE COUNTY, MISSISSIPPI

By: Bruce May
Deputy Clerk

STATE OF MISSISSIPPI
LEE COUNTY
Bill Benson, Clerk of the Chancery Court of said County, do hereby
certify that the foregoing instrument contains a true and complete
copy of Letters
as same appears on record or on file in Book 15 Page 332
of the records of Lee County, Mississippi.
Given under my hand and seal, this 19 day of May, 2006
BILL BENSON, Chancery Clerk
728949 Bruce May

FILED
LEE COUNTY, MS
2006 MAY 19 PM 4 01
BILL BENSON
CHANCERY CLERK
DO

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDSTYPE OR PRINT
WITH BLACK INKFILING
DATE

MAY 4 2006

CERTIFICATE OF DEATH
STATE OF MISSISSIPPISTATE FILE
NUMBER

123-06-008838

DECEASED

1. NAME First Middle Last Frank Kyle Spain			2. SEX Male		3a. HOUR OF DEATH 2:32p m.		3b. DATE OF DEATH (Month, Day, Year) 4-25-2006		
4. RACE (Specify White, Black, American Indian, etc.) White			5a. AGE AT LAST BIRTHDAY 78 Years		5b. MOS 78		5c. DAYS 78		
6. DATE OF BIRTH (Month, Day, Year) Nov. 29, 1927			7a. COUNTY OF DEATH Lee						
7b. CITY OR TOWN OF DEATH Tupelo			7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in, with government address, route number or other location) N. MS. Medical Ctr 41T			7d. IF IN HOSP. OR INST. SPECIFY INPT, OUTPT, EMER, RM OR DOA inpatient		8. STATE OF BIRTH Ohio	
9. DECEDENT'S EDUCATION (Specify only highest grade completed) High School			10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		11. SURVIVING SPOUSE (If wife, give maiden name) Mary Jane Murie		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) yes		
13. ORIGIN OR DESCENT (Specify) caucasian			14. SOCIAL SECURITY NUMBER 426 46 4045		15a. USUAL OCCUPATION (Kind of work done most of working life) Owner/Engineer		15b. KIND OF BUSINESS OR INDUSTRY Television Station		
16. RESIDENCE - STATE MS			16b. COUNTY Lee		16c. CITY OR TOWN Tupelo		16d. STREET AND NUMBER OF RURAL LOCATION (Specify Yes or No) yes 2428 S. Layndale St.		
17. FATHER - NAME First Middle Last Walter D. Spain			18. MOTHER - NAME First Middle Maiden Retha Mefford						
19a. INFORMANT - NAME (Type or print) Mary Jane Murie Spain			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P. O. Box 350, Tupelo, MS 38802						
20a. BURIAL, CREMATION, REMOVAL (Specify) Cremation			20b. CEMETERY, CREMATORY - NAME W. E. Peques		20c. LOCATION (City and State) Saltillo, MS		21a. EMBALMER - SIGNATURE AND NUMBER None		
21b. FUNERAL HOME - NAME AND MISSISSIPPI I.D. NUMBER Holland-Harris 41 H			21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 5281 Cliff Cookin Blvd, Tupelo, MS 38801						
22a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) Derreck Menefee MD			22b. PRONOUNCED DEAD (Month, Day, Year) ON 4-25-06		22c. PRONOUNCED DEAD (Hour) at 2:32P m.				
23a. CERTIFIER - NAME (Type or print) Carolyn Gillentine			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P O Box 295 Mooreville MS 38857						
24a. SIGNATURE Carolyn Gillentine			24b. DATE SIGNED (Month, Day, Year) 4-25-2006		24c. STATE LICENSE NUMBER MD		24d. TITLE Lee County Coroner		
24e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) Lee County Coroner			24f. DATE SIGNED (Month, Day, Year) 4-25-2006						
25. PART I: IMMEDIATE CAUSE (Enter one cause only) (a) Cardiopulmonary Arrest (b) Cerebrovascular Accident (c) diabetes, prostate carcinoma, pharyngeal cancer, anemia			26. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause diabetes, prostate carcinoma, pharyngeal cancer, anemia						
27. AUTOPSY (Yes or No) no			28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) yes						
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) 29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED			29b. DATE OF INJURY (Month, Day, Year) 4-25-2006		29c. HOUR OF INJURY m		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		
29e. INJURY AT WORK (Yes or No) 29e. INJURY AT WORK			29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) 29f. PLACE OF INJURY		29g. LOCATION 29g. LOCATION		29h. STREET OR ROUTE NUMBER 29h. STREET OR ROUTE NUMBER		
29i. CITY OR TOWN 29i. CITY OR TOWN			29j. STATE 29j. STATE						

Conditions, if any, which gave rise to immediate cause stating the underlying cause last

Had Decedent been Pregnant Within 90 Days Prior to Death?
☐ Yes ☐ No

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

Brian W. Amy MD

Brian W. Amy, MD, MHA, MPH
STATE HEALTH OFFICER

MAY -4 2006

Judy Moulder

Judy Moulder
STATE REGISTRAR

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.