

IN THE CHANCERY COURT OF LEE COUNTY, MISSISSIPPI

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

NO. 2006-0756

LETTERS 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

BILL BENSON
CHANCERY CLERK

2006 MAY 19 PM 4 01

FILED
LEE COUNTY, MS

STATE OF MISSISSIPPI
LEE COUNTY
I, 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
Bruce May
728949

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT WITH BLACK INK

FILING DATE **MAY 4 2006**

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER **123-06-008838**

DECEASED

1. NAME First: Frank Middle: Kyle Last: 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 either residence or address, give number or other location) N. MS. Medical Ctr 41T
9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem. High School, College (0-12)	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 Cuban) 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
16a. 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.

If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items

For RESIDENCE items enter actual location of home rather than mailing address

PARENTS

17. FATHER - NAME First: Walter D. Middle: Spain	18. MOTHER - NAME First: Retha Middle: Mefford
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INFORMANT

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
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DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) Crementation	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 Gookin Blvd, Tupelo, MS 38801		

PRONOUNCEMENT

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.
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CERTIFIER

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
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Mississippi State Board of Health
Form No. 511
Revised 1-1-89

24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. 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)	24f. DATE SIGNED (Month, Day, Year) 4-25-2006		

CAUSE OF DEATH

25. PART I: IMMEDIATE CAUSE (Enter one cause only) (a) Cardiopulmonary Arrest	Interval between onset and death
25. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause diabetes, prostate carcinoma, pharyngeal cancer, anemia	Interval between onset and death
25. PART III: DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) (b) Cerebrovascular Accident	Interval between onset and death
25. PART IV: DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)	Interval between onset and death

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

26. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	27. AUTOPTSY (Yes or No) NO	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) yes
29a. INJURY AT WORK (Yes or No)	29b. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	29c. HOUR OF INJURY
29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	29e. LOCATION (Street or route number, City or town, State)	

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

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