## Registrar of Vital Statistics Certified Copy



		DEPARTMENT FO REGISTRAR OF CERTIFICA	VITAL STATISTICS TE OF DEATH REGIST	0. 116 <u>8</u> Trak's Ho	15890
DECEASED-NAME	Registration District No.		rimary Registration District No	24	<u> 20                                    </u>
" VIRGIL	rius G	FRATTER	LAST SEX	DATE OF DEATH (MO)	
RACE WHITE, BLACK, AMER	RICAN INDIAN. AGE-LAST UI	NDER I YEAR UNDER I		3. JUNE 1. 1	486
4. White CITY, TOWN, OR LOCA		b. 5c.	6. April 1 18		OR INST. Indicate DOA,
76. Tompkinsu STATE OF BIRTHUF NOT	ille 17c.	UDA 7d. GA	TOON HIPPA	OPVEMAY.	im., Inpatient (Specify)
B. Kentucku	COUNTRY)		D. NEVER MARRIED SURVIVINI	S SPOUSE HE WIFE, GIVE I	AIDEN HAMES
SOCIAL SECURITY NU	MBER USUAL OCCUPATION	ON GIVE KIND OF WORK DO	ONE BUILD HOST OF KIND OF RUSIA	ia Rich IESS OR INDUSTRY	
12.400 - 22- 7 RESIDENCE-STATE	7764   130. RETITE	Mill Wor	tker 77 7136 Mill TION ZIP INSIDE CITY LIMITS	STREET AND NUMBER	
140. Kentucky		- Tompkinsv		140. Green H	
father—name 15. Willie F	FIRST MIDI	DLE <sup>SS</sup>	MOTHER-MAIDEN NAME	Flast	MIDDLE LAST
INFORMANT-NAME		MAILING	16. Cora Rhoto ADDRESS ESTREET OR	N. R.P.D. NO., CITY OR TOWN, STA	n, 219)
17a. Nina Ri PART I. DEAT	Ch Frazier H was caused by:	17b. G	reen Hills Tomp	binavillo	Ku. 49167
18. / / / / / / / / / / / / / / / / / / /	IMMEDIATE CAUSE	ĘENIEK €	ONLY ONE CAUSE PER LINE FOR	(a), (b), AND (c))	APPROXIMATE INTERVAL SETWEEN CHEET AND DEATH
4177	(a) Respirate	<u>ory Arrest</u>			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (O),	(b) Coronary	Artery Dia	sease		5 months
	DUBJO, OR AS A CONSOURNCE OF				
STATING THE UNDER- LYING CAUSE LAST					
STATING THE UNDER- LYING CAUSE LAST  PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BU	(c)		AUTOPSY WAS CASE REFERRED TO	MEDICAL EXAMINER WAS TO	HERE A PREGNANCY IN LAST
STATING THE UNDER- LYING CAUSE LAST  PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BL GIVEN IN PART 1(a)	(c)  CONDITIONS: CONDITIONS UT NOT RELATED TO CAUSE		(Yes or No.) DR CORONER (Specify Yes or No.) 19.NO 19b.	/es	HERE A PAEGNANCY IN LAST S (YES, NO, UNK.)
STATING THE UNDER- LYING CAUSE LAST  PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BU	(c)  CONDITIONS: CONDITIONS UT NOT RELATED TO CAUSE  DET:  DATE OF INJURY (MONT		(Yes or No) OR CORONER (Specify Yes or No) 199.NO 19b. HOW INJURY OCCURRED (	101	No
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TATING THE UNDER- LYING CAUSE LAST  PART II, OTHER SIGNIFICANT CONT RIBUTING TO DEATH BL GIVEN IN PART I(s)  ACC., SUICIDE, HOM., UND OR PENDING INVEST. (Son 20g.  INJURY AT WORK (SPECITY YES OR NO)  2  21a. To the best of	(c)  CONDITIONS. CONDITIONS LY NOT RELATED TO CAUSE  DET: DATE OF INJURY (MONT LOCE OF INJURY AT HOME, FARM, S  FFICE BLDG., ETC. (SPECIFY)  The providing death occurred at the time	H, DAY, YEAR) HOUR  20c. TREST, FACTORY, LOCATION 20g.	(STREET OR R.F.D., NO., CI	PCS 19c. ENTER MATURE OF INJURY IN P. TY OR TOWN, STATE)	NO ART I OR PAST II, ITEM 18)
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TATING THE UNDER- LYING CAUSE LAST  PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BL GIVEN IN PART I (a)  ACC., SUICIDE, HOM., UND OR PENDING INVEST. (San 20g.  INJURY AT WORK (SPECIFY YES OR NO)  21a. To the best of Consultation of Title  21b. 21b. 21b. 21b. 21c. NAME OF ATTENC 23. CHARLE  23. CHARLE  23. CHARLE  10 CONTRIBUTION  24 CONTRIBUTION  25 CONTRIBUTION  26 CONTRIBUTION  27 CONTRIBUTION  28 CHARLE  29 CONTRIBUTION  20 CONTRIBUTION  21 CONTRIBUTION  21 CONTRIBUTION  22 CONTRIBUTION  23 CONTRIBUTION  24 CONTRIBUTION  25 CONTRIBUTION  26 CONTRIBUTION  27 CONTRIBUTION  28 CONTRIBUTION  29 CONTRIBUTION  20 CONTRIBUTION  20 CONTRIBUTION  20 CONTRIBUTION  21 CONTRIBUTION  21 CONTRIBUTION  21 CONTRIBUTION  22 CONTRIBUTION  23 CONTRIBUTION  24 CONTRIBUTION  25 CONTRIBUTION  26 CONTRIBUTION  27 CONTRIBUTION  27 CONTRIBUTION  28 CONTRIBUTION  29 CONTRIBUTION  20 CONTRIBUTION  20 CONTRIBUTION  20 CONTRIBUTION  21 CONTRIBUTION  21 CONTRIBUTION  22 CONTRIBUTION  23 CONTRIBUTION  24 CONTRIBUTION  25 CONTRIBUTION  26 CONTRIBUTION  27 CONTRIBUTION  27 CONTRIBUTION  28 CONTRIBUTION  29 CONTRIBUTION  20 CONTRIBUTION  20 CONTRIBUTION  20 CONTRIBUTION  21 CONTRIBUTION  21 CONTRIBUTION  21 CONTRIBUTION  22 CONTRIBUTION  23 CONTRIBUTION  24 CONTRIBUTION  25 CONTRIBUTION  26 CONTRIBUTION  27 CONTRIBUTION  27 CONTRIBUTION  28 CONTRIBUTION  29 CONTRIBUTION  20 CONTRIBUTION  20 CONTRIBUTION  20 CONTRIBUTION  20 CONTRIBUTION  21 CONTRIBUTION  21 CONTRIBUTION  21 CONTRIBUTION  21 CONTRIBUTION  21 CONTRIBUTION  25 CONTRIBUTION  26 CONTRIBUTION  27 CONTRIBUTION	CONDITIONS. CONDITIONS OT NOT RELATED TO CAUSE  DET., DATE OF INJURY (MONT DET.)  20b.  LACE OF INJURY AT HOME, FARM, S  FFICE BLDG., ETC. (SPECIFY)  Of.,  The providing death occurred at the time  1, D  DING PHYSICIAN IF OTHER THAN CER  ESS OF CERTIFIER (PHYSICIAN, MEDI  LOS STROW / COROL  EMOVAL CEMETERY OR CE	H, DAY, YEAR) HOUR  20c. TREST, FACTORY LOCATION  20g.  E, date and place and due to the  DEATH  ATTIFIER (Type or Print)  ICAL EXAMINER OR CORON  12 2 4  REMATORY—NAME	Yes or No)   OR CORONER	TO GE TOWN, STATE)  TY OR TOWN  1986  19	NO ART I OR PART II, ITEM 18)  union death occurred at the time.  SEATH
TATING THE UNDER- LYING CAUSE LAST  PART IL. THE SIGNIFICANT CONT RIBUTING TO DEATH BUT GIVEN IN PART IL.  ACC., SUICIDE, HOM., UND OR PENDING INVEST. ISDR ZOG.  200.  21a. To the best of causeful stated DATE SIGNED IMA  STATE  21b.  NAME OF ATTENE E D.  21d.  NAME AND ADDR  23. Charl  BURIAL, CREMATION, RI SPECIPY 240. BURIAL  CREMATION, RI SPECIPY  AND DATE  CONTROL	CONDITIONS. CONDITIONS UT NOT RELATED TO CAUSE  DET.  DATE OF INJURY (MONT  ACCE OF INJURY AT HOME, FARM, S  FRICE BLDG., ETC., (SPECIFY)  Of.  my knowledge, death occurred at the time  1.  DING PHYSICIAN IF OTHER THAN CER  LESS OF CERTIFIER (PHYSICIAN, MEDI  LESS OF CERTIFIER (PHY	H, DAY, YEAR) HOUR  20c. TREST, FACTORY LOCATION  20q.  E, date and place and due to the  ATTIFIER (Type or Print).  ICAL EXAMINER OR GORON  REX. 204  REMATORY—NAME  1 #2 Cemete  OR—SGNITURE	THE OF NO. OR CORONER (Specify ve or No.)  19aNO  HOW INJURY OCCURRED (M. 20d.  (STREET OR R.F.D. NO., CI  22a. On the basis of examina dete and place and due to the street of the stre	TY OF TOWN, STATE)  TY OF TOWN, STATE)  TO BE TOWN, STATE  TO BE TOWN  TO BE TOWN  THE SECTION COST OF FUNE.	NO NAT I OR PAST II, ITEM 18)  union death occurred at the time.  EATH  2:00 a.M. M  ED DEAD (Ilour)  3:20 a.M. M  1. 42167  STATE  42167  RAL HOME
TATING THE UNDER- LYING CAUSE LAST  PART IL. THE SIGNIFICANT CONT RIBUTING TO DEATH BL GIVEN IN PART ILO  ACC., SUICIDE, HOM., UND OR PENDING INVEST. IS DE ZOG.  INJURY AT WORK (SPECIFY YES OR NO)  O.  ZIL. To the best of Country of Signature and Title E.  ZIL.  NAME OF ATTENE E.  ZIL.  NAME AND ADDR  23. Charl  SURIAL, CREMATION, RI SPECIPY 240. BUTIAL	CONDITIONS. CONDITIONS UT NOT RELATED TO CAUSE  DET. DATE OF INJURY (MONT LOCE OF INJURY AT HOME, FARM, S FFICE BLOG., ETC. (SPECIFY)  D. HOUR OF 216.  DING PHYSICIAN IF OTHER THAN CER  LESS OF CERTIFIER (PHYSICIAN, MEDI LESS	H, DAY, YEAR) HOUR  20c. TREST, FACTORY. LOCATION  20g.  S, date and place and due to the  DEATH  RETIFIER (Type or Print)  ICAL EXAMINER OR CORON  REMATORY—NAME  OR—SIGN/BURE  L  REGIS  REGIS	THE OF THE PROPERTY OF THE PRO	TY OR TOWN, STATE)  THOUGHT OR TOWN  TO MONTH OF EVERY CONTROL OF FUNE.  TO MONTH OR TOWN  LOATS R	NO NAT I OR PAST II, ITEM 18)  union death occurred at the time.  EATH  2:00 a.M. M  ED DEAD (Ilour)  3:20 a.M. M  1. 42167  STATE  42167  RAL HOME

U.S. PATENT NO:s 4227720 4265469 4310100 4227719 4210346 4341404 4351547

Barbara J. White