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EXHIBIT #2

1-615-741-3111

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
CORDELL HULL BUILDING,
NASHVILLE, TENNESSEE 37219

I hereby certify the below to be a true and correct copy of the original document on file in this Department. Valid ONLY when embossed seal of the Tennessee Department of Public Health and red imprinted signature of the State Registrar are affixed.

EUGENE W. [illegible] M.D.
Commissioner

MAR 8, 19[illegible]

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — VITAL RECORDS

FILE NO. 76 009990

DECEDENT — NAME: First: George; Middle: E.; Last: Linthicum

1. RACE: White
2. SEX: M.
3. AGE: 53
4. DATE OF DEATH (MONTH, DAY, YEAR): 3-31-1976
5. DATE OF BIRTH (MONTH, DAY, YEAR): 4-14-1922
6. COUNTY OF DEATH: Sullivan
7. CITY, TOWN OR LOCATION OF DEATH: Bristol
7a. INSIDE CITY LIMITS: Yes
7d. HOSPITAL OR OTHER INSTITUTION — NAME: Home
7e. STREET AND NUMBER: 111 Basswood Dr
8. STATE OF BIRTH: Maryland
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
11. SURVIVING SPOUSE: Doris Shiver Linthicum
12. SOCIAL SECURITY NUMBER: 577-28-2887
12a. SERVICE IN ARMED FORCES: No
13. USUAL OCCUPATION: Industrial Eng.
13b. KIND OF BUSINESS OR INDUSTRY: UNIVAC
14. RESIDENCE — STATE: Tennessee
14. COUNTY: Sullivan
14. CITY, TOWN OR LOCATION: Bristol
14. INSIDE CITY LIMITS: Yes
14. STREET AND NUMBER: 111 Basswood Dr.
15. FATHER — NAME: George F. Linthicum
16. MOTHER — MAIDEN NAME: Ebert
17. INFORMANT — NAME: Mrs. Doris Linthicum
MAILING ADDRESS: Bristol, Tenn

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 years
DUE TO, OR AS A CONSEQUENCE OF (b) with Coronary Syndrome - Sudden death — 4/2 3
(c) Acute myocardial infarction 1966

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY (YES OR NO): 9
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: 9

ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED
DATE OF INJURY (MONTH, DAY, YEAR)
HOUR
HOW INJURY OCCURRED (GIVE NATURE OF INJURY IN PART I OR PART II, ITEM 18)
WAS AT WORK (YES OR NO)
PLACE OF INJURY: AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

TYPICAL CERTIFICATION: I ATTENDED THE DECEDENT AND DEATH OCCURRED AT THE TIME, DATE AND FOR THE CAUSES STATED
SIGNATURE: Bennett G. Cowan DO
DATE SIGNED (MONTH, DAY, YEAR): 4/1/76

MEDICAL EXAMINER CERTIFICATION: ON THE BASIS OF THIS INFORMATION OF THE DEAD AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED
SIGNATURE
TITLE
DATE SIGNED (MONTH, DAY, YEAR)

ATTEND. — NAME: Dr. B. T. Cowan
MAILING ADDRESS: Memorial Drive — CITY OR TOWN: Bristol — STATE: Tenn. — ZIP: 37620

FINAL DISPOSITION: Cremation
DATE: 4-1-1976
CEMETERY OR CREMATORY — NAME: Sherwood Mem. Park
LOCATION — CITY OR TOWN: Salem — STATE: Virginia
FUNERAL DIRECTOR — NAME AND ADDRESS: Funeral Home Bristol, Tenn.
REGISTRAR, SIGNATURE
DATE RECEIVED BY LOCAL REGISTRAR

Filed Jan 12, 1983
letter