

# EXHIBIT 21

STATE OF TENNESSEE  
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

037968

STATE FILE NUMBER

80 TYPE OF DEATH PERMANENT BLACK RISK	1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) <b>Nelson Lee Frazier, Jr.</b>		2. SEX <b>male</b>	3. DATE OF DEATH (Month, Day, Year) <b>February 18, 2014</b>		
	4. TIME OF DEATH (Approximate) <b>7:50 PM</b>		5a. AGE-Last Birthday (Years) <b>43</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month, Day, Year) <b>February 14, 1971</b>
NAME OF DECEDENT (For use by Physician or Institution)	8a. PLACE OF DEATH (Check only one) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other residence <input type="checkbox"/> Other (Specify) _____					
	9b. FACILITY NAME (If not institution, give street and number) <b>Methodist North ER</b>		9c. CITY OR TOWN <b>Memphis</b>		9d. COUNTY OF DEATH <b>Shelby</b>	
10. SURVIVING SPOUSE (If wife, give name prior to first marriage) <b>Cassandra Branch</b>	9. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		11a. DECEDENT'S USUAL OCCUPATION <b>Pro Wrestler</b>		11b. KIND OF BUSINESS/INDUSTRY <b>Entertainment</b>	
	12. SOCIAL SECURITY NUMBER <b>245-51-2229</b>		13a. RESIDENCE-STATE OR FOREIGN COUNTRY <b>Tennessee</b>		13b. COUNTY <b>Shelby</b>	
13c. STREET AND NUMBER <b>3820 Lakehurst Drive</b>		13d. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13e. ZIP CODE <b>38128</b>		
15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MDiv, MFA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown		16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ <input type="checkbox"/> Unknown		17. DECEDENT'S RACE (Check one or more boxes to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Unknown <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____		
18. FATHER'S NAME (First, Middle, Last) <b>Nelson Lee Frazier, Sr.</b>		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Mary Reid</b>		20c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>3820 Lakehurst Dr Memphis, TN 38128</b>		
20a. INFORMANT'S NAME <b>Cassandra Frazier</b>		20b. RELATIONSHIP TO DECEDENT <b>wife</b>		20d. LOCATION (City or Town and State) <b>Memphis, TN</b>		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>Toombs Trade Service Jonesboro, AR</b>		21c. LOCATION (City or Town and State)		
22a. SIGNATURE OF FUNERAL DIRECTOR <b>Jerry Smith</b>		22b. LICENSE NUMBER <b>3020</b>		22c. SIGNATURE OF EMBALMER <b>R/A</b>		
22d. LICENSE NUMBER <b>309</b>		23a. NAME AND ADDRESS OF FUNERAL HOME <b>Wilson Funeral Home POB 337 Osceola, AR 72370</b>		23b. LICENSE NUMBER OF FUNERAL HOME <b>309</b>		
24. REGISTRAR'S SIGNATURE <b>Regina Seal</b>		25. DATE FILED (Month, Day, Year) <b>MAR 05 2014</b>				
26. CERTIFIER (Check only one): 26a. <input type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated. 26b. <input checked="" type="checkbox"/> MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.						
27a. SIGNATURE OF CERTIFIER <b>[Signature]</b>		27b. LICENSE NUMBER <b>MD41907</b>		27c. DATE SIGNED (Month, Day, Year) <b>February 20, 2014</b>		
27d. NAME AND ADDRESS <b>Marco A Rosa, M.D.; 637 Poplar Ave, Memphis, TN 38105, MEC2014-0225</b>						
28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular rupture without showing the etiology. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>Hypertensive cardiovascular disease</b> Due to (or as a consequence of): a. _____ b. _____ c. _____ d. _____ If any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <b>Morbid obesity, diabetes mellitus</b>						
30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death		
33. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		
34c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		34d. PLACE OF INJURY - e.g. home, farm, street, factory, office, building, etc. (Specify)		34e. LOCATION OF INJURY (Street and Number, City or Town, State)		
34f. DESCRIBE HOW INJURY OCCURRED						

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Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.



R. Beriton McDonough, JD  
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM  
COMMISSIONER



Apr 9 2014  
Date Issued



CERTIFICATION OF VITAL RECORD