

1. PLACE OF DEATH a. COUNTY Dallas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Dallas			
b. CITY OR TOWN (If outside city limits, give precinct no.) Highland Park		c. LENGTH OF STAY in l. b. 40 Years		c. CITY OR TOWN (If outside city limits, give precinct no.) Highland Park		d. STREET ADDRESS (If rural, give location) 4242 Lomo Alto	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION 4242 Lomo Alto				e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Clifford Easley Webb				4. DATE OF DEATH February 7, 1964			
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Dec. 1, 1891	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President (Self-Emp)		10b. KIND OF BUSINESS OR INDUSTRY Southwestern Engraving		9. AGE (In years last birthday) 72		11. BIRTHPLACE (State or foreign country) Henrietta, Texas	
13. FATHER'S NAME William Curtley Easley				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				14. MOTHER'S MAIDEN NAME Loma Logan			
16. SOCIAL SECURITY NO. 450-48-0316				17. INFORMANT James H. Webb, Jr.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive Heart Disease DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH 31 Years							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month _____ Day _____ Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I hereby certify that I attended the deceased from 5-30 19 55 to 2-7 19 64 and last saw the deceased alive on 1-27 19 64 . Death occurred at 1:30 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE H. M. Winans, Jr.				22b. ADDRESS 2703 Oak Lawn		22c. DATE SIGNED 2-8-1964	
23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment				23b. DATE Feb. 10, 1964		23c. NAME OF CEMETERY OR CREMATORY Hillcrest Mausoleum	
23d. LOCATION (City, town, or county) Dallas				23e. STATE Texas		24. FUNERAL DIRECTOR'S SIGNATURE Sparkman's, Inc. By: Jack L. Parsons	
25a. REGISTRAR'S FILE NO. 1605-5		25b. DATE REC'D BY LOCAL REGISTRAR February 12, 1964		25c. REGISTRAR'S SIGNATURE William C. Yarbrough			

Asst. Secretary & Registrar
 TEXAS DEPARTMENT OF HEALTH
 PUBLIC HEALTH STATISTICS

MEDICAL CERTIFICATION

#1621