THE SENATE

of the Commonwealth of Kentucky

To All to Whom These Presents Shall Come, Greetings:

Know ye that

Mr. and Mrs. Marshall Webb

who are celebrating their Fiftieth Wedding Anniversary; this marks a joyous and momentous milestone, a union representing a half century of marital devotion and dedication; and

on the motion of

Senator Dan Kelly

are hereby deemed by this honorable body worthy of its recognition.

Done at Frankfort, the 18th day of February in the year of our Lord one thousand nine hundred and ninety-seven.

Larry Saunders

President of the Senate

Member of the Senate

DAN KELLY
State Senator

319 State Capitol
Frankfort, Kentucky 40601
502-564-2450

Senate Republican
Floor Leader

February 19, 1997

Mr. and Mrs. Marshall Webb
602 E 1st
Campbellsville KY 42718

Dear Mr. and Mrs. Webb:

It is an honor and a pleasure to present to you a Senate Citation from the Commonwealth of Kentucky in recognition of your Fiftieth Wedding Anniversary. No success in the world can compare to the success of a couple who faithfully honors their marriage covenants.

I congratulate you on this Golden Anniversary, and I wish the best for you and your family during this special occasion. May your marital strength continue to be a strong beacon of light for all to follow.

Best wishes for more happy anniversaries.

Sincerely.

Dan Kelly
Senate Republican Leadership

CONGRATULATIONS

from

BEST WESTERN CAMPBELLSVILLE LODGE

Marshall and Opal Webb

Webbs to celebrate golden anniversary Feb. 15

Marshall and Opal Webb will celebrate their 50th wedding anniversary on Saturday, Feb. 15.

Their family is hosting a reception from 1 to 4 p.m. at the Campbellsville/Taylor County Rescue Squad civic center.

All relatives and friends are invited.

VERIFICATION
NOT A CERTIFIED COPY

FORMS VS NO. 1-A
(Rev. 1-92)

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH SERVICES
REGISTRAR OF VITAL STATISTICS

116 2004 15343
FILE NO.

CERTIFICATE OF DEATH

MUST BE TYPED

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Marshall A. Webb
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 26, 2004
4. SOCIAL SECURITY NO: 326 | 24 | 9910
5a. AGE Last Birthday (Years): 82
5b. UNDER 1 YEAR (Months) (Days):
5c. UNDER 1 DAY (Hours) (Minutes):
6. DATE OF BIRTH (Month, Day, Year): Feb 24, 1922
7. BIRTHPLACE (City/State or Foreign Country): Taylor County
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Medco Center of Campbellsville
9c. CITY, TOWN, OR LOCATION OF DEATH: Campbellsville
9d. COUNTY OF DEATH: Taylor
10. MARITAL STATUS Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Keen
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do Not use retired): Retired Print Operator
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE - State: Ky
13b. COUNTY: Taylor
13c. CITY, TOWN, OR LOCATION: Campbellsville
13d. STREET AND NUMBER: 602 East First Street
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 42718
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] No [ ] Yes
15. RACE - American Indian Black, White, etc. (Specify): white
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elem/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Thomas Franklin Webb
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Eliza Willis

INFORMANT

19a. INFORMANT'S NAME: Opal Keen Webb
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 602 East First Street, Campbellsville, Ky 42718

DISPOSITION

20a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Green River Memorial
20c. LOCATION (City, Town or State): Campbellsville, KY
21. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such): David Lyon
22. NAME AND ADDRESS OF FACILITY: Lyon-DeWitt Funeral Home, 503 E. Main Street, Campbellsville, KY 42718

CERTIFIER

23a. To the best of my knowledge, death occurred at the time, date, place and due to the causes stated
Signature and Title: L Sztendera MD
(MUST USE BLACK INK)
23b. DATE SIGNED (Month, Day, Year): 5/28/04
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28): Dr. Lora Sztendera, 59 Joe Kerr Road, Campbellsville, Kentucky 42718
25. TIME OF DEATH:
26. DATE PRONOUNCED DEAD (Month, Day, Year):
27. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? [ ] Yes [ ] No

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. (Approximate interval between onset and death.)

IMMEDIATE CAUSE (Final disease or condition resulting in death):
a. Advanced Dementia
DUE TO (OR AS A CONSEQUENCE OF):
b. Transient CVA
DUE TO (OR AS A CONSEQUENCE OF):
c. Chronic Renal Failure
DUE TO (OR AS A CONSEQUENCE OF):
d. Diabetes / Hypertension / CHF

Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributed to death but not resulting in the underlying cause given in Part I.

28a. If female, was there a pregnancy in the past 12 months? [ ] Yes [X] No
28b. Was an autopsy performed? [ ] Yes [ ] No
28c. Were autopsy findings available prior to completion of cause of death? [ ] Yes [ ] No
28d. Did the deceased have Diabetes? [X] Yes [ ] No
28e. Was Diabetes an immediate, underlying, or contributing cause of or condition leading to death? [X] Yes [ ] No

29. MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be determined
30a. DATE OF INJURY (Month, Day, Year):
30b. TIME OF INJURY:
30c. INJURY AT WORK? [ ] Yes [ ] No
30d. DESCRIBE HOW INJURY Ooccurred:
30e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
30f. LOCATION (Street and Number or Rural Route Number, City or Town):

REGISTRAR

31. REGISTRAR'S SIGNATURE: Mary L Hyderby
32. DATE FILED (Month, Day, Year): JUN 04 2004