

FILED NOV 13 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 36695

BIRTH NO. _____		REG. DIST. NO. 323		PRIMARY REG. DIST. NO. 6090		Registrar's No. 30	
1. PLACE OF DEATH a. COUNTY <u>SALINE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>CALIFORNIA</u> b. COUNTY <u>ORANGE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Liberty</u>		c. LENGTH OF STAY (In this place) <u>0</u>		c. CITY OR TOWN <u>SANTA ANA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 MI. EAST OF SWEET SPRINGS</u>				e. STREET ADDRESS (If rural, give location) <u>8099</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BUELAH</u>		b. (Middle) <u>MAE</u>		c. (Last) <u>ADAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5, 1956</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 28, 1934</u>	
10a. USUAL OCCUPATION (Give kind of work, done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		9. AGE (In years last birthday) <u>22</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KAY COUNTY, OKLAHOMA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>JOSEPH O. QUILLIN</u>		13b. MOTHER'S MAIDEN NAME <u>INEZ L. BURGETT</u>		14. NAME OF HUSBAND OR WIFE <u>DAVID L. ADAMS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>440-32-0818</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>U.O. QUILLIN, BRAMAN, OKLAHOMA</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Neck - and</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>many Lacerations</u> DUE TO (c) <u>And Broken Bones</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Salt Pond - 09 Saline Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-56-56</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Collision, Car</u>			
22. I hereby certify that I attended the deceased from alive on <u>Nov. 5, 1956</u> , and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>P.L. Lawrence M.D. Croner Saline Co.</u>				23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>11-6-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 8, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BRAMAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BRAMAN, OKLAHOMA</u>	
DATE REC'D BY LOCAL REG <u>Nov. 6, 1956</u>		REGISTRAR'S SIGNATURE <u>Mary Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Mosley</u>		ADDRESS <u>Sweet Springs Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 17 1957

AUG 2 1957

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Edgar L. Mosley*.....

Licensed Embalmer No. *4211*.....

P. O. Address *Sweet Springs*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.