

FILED NOV 13 1956

STANDARD CERTIFICATE OF DEATH

State File No. 36698

BIRTH NO. _____		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>6090</u>		Registrar's No. <u>29</u>	
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 OR TOWN <u>RURAL - Liberty</u>		c. LENGTH OF STAY (in this place) _____		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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>8 MI. EAST OF SWEET SPRING</u>				e. STREET ADDRESS (If rural, give location) <u>8048</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>VICKY</u>		b. (Middle) <u>LYNN</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>CHILD</u>		8. DATE OF BIRTH <u>MARCH 9, 1955</u>	
9. AGE (In years last birthday) <u>20</u>		10. AGE (In years last birthday) <u>20</u>		11. AGE (In years last birthday) <u>20</u>		12. AGE (In years last birthday) <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SANTA ANA, CALIFORNIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>DAVID L. ADAMS</u>		13b. MOTHER'S MAIDEN NAME <u>BUELAH MACQUILLIN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken neck and severe lacerations -</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>lacerations -</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Incl. -</u>	
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>Accidental - Highway</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 40</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Salt Pond - 09 Saline, Mo</u>		21d. TIME OF INJURY <u>11 - 3 - 16 10³⁰</u>	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car Collision</u>					
22. I hereby certify that I attended the deceased from <u>death on 11-5-56</u> , 19 <u>56</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>P.L. Lawless M.D. Croner Saline, Mo</u>		23b. ADDRESS <u>Mrs. Hall 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 Mosley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edgar L. Mosley Sweet Springs, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

589

1954
AUG 14 1954
JUL 14 1954

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. Mosely*

Licensed Embalmer No. 4711

P. O. Address *San Francisco*

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.