CASE NO.

PRE-NEED NO.

Blah" 1. DECEDENT'S NAME (First, Middle, Last, Suffix) 3. DATE OF BIRTH (Month, Day, Year) 5. DATE OF DEATH (More 8. COUNTY OF DEATH 7. BIRTHPLACE (City and State or Foreign Country) Florida Washington 9. PLACE OF DEATH - Emergency Room/Outpatient NON-HOSPITAL Hospice Facility ----- Nursing Home/Long Term Care Facility Decedent's Home Widowed ____ Divorced _ - Married, but Separated 14c. CITY, TOWN, LOCATION 14e. APT. NO 15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) 16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) Black or African American ____ Korean ____ Vietnamese __ Other Asian (Specify) ---- Filipino ____ Chinese ____ Japanese Asian Indian __ Other (Specify) ... Other Pacific Isl. (Specify Guamanian or Chamorro Samoan _ Native Hawaiian 17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? __ Cuban ____ Central/South American ___ Puerto Rican Other Hispanic (Specify) 18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)

—— 8th or less —— High school but no diploma —— High school diploma or GED 19. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes XNO 23a. INFORMANT'S MAILING- STATE 23d, ZIP CODE 32435 24. PLACE OF DISPOSITION (Name of contetery, crematory, or other place) 25a. METHOD OF DISPOSITION Burial Entombrent Cremation Donation Removal from State Other (Specify) 26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? Yes NO 27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 29a. FACILITY MAILING - STATE 28. NAME OF FUNERAL FACILITY 29b. CITY OR TOWN 29c. STREET ADDRESS 29d. ZIP CODE **NEXT OF KIN SS #** NEXT OF KIN PHONE #

Beth 263-88-2039 DOS 1-14-50

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SERVICE DETAILS

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COLOR: Very Little, Light	r, Medium, Ruddy, Other:	CLOTHING:						
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Clary-Glenn Funeral Home 230 Park Avenue DeFuniak Springs, Florida 32435 850-892-2511 FAX 850-892-5448

Obituary for David Franklin "Butch" Adams

Mr. David Adams, age 61, of Chipley, passed away Sunday, March 16 at his home. Mr. Adams was a native of DeFuniak Springs and graduated from Walton High School in 1965 where he was an all conference football player. He was an employee of the old Standard Oil Company of DeFuniak Springs and later worked and retired from Chelco. He was an avid fisherman and hunter and love to raise farm animals and work in his garden. He was Baptist by faith.

Mr. Adams is preceded in death by his father Hubert Adams, his wife Barbara Adams, one brother Tommy Adams, one sister Shirley Snipes and stepfather Vernon Bell. Survivors included his mother Ilene Bell of DeFuniak Springs, sisters Ann Adams of DeFuniak Springs, Vickie Weeks and husband David of DeFuniak Springs, Betty Stiffler of Gainesville, FL, Barbara Rowland and husband Gene of Gainesville, FL, numerous, nephews, nieces and many friends throughout the community.

Visitation services will be conducted at 6:00~8:00 PM, Wednesday, March 19, 2008 at Clary-Glenn Funeral Home Chapel; 230 Park Avenue, DeFuniak Springs, Florida 32435.

Funeral services will be conducted at 2:00 PM, Thursday, March 20, 2008 at Clary-Glenn Funeral Home Chapel, with Reverend Phil McMillian officiating.

Burial will follow in the Alaqua Cemetery.

You may go online to view obituaries, offer condolences and sign guest book, at www.clary-glenn.com

Clary-Glenn Funeral Home is in charge of arrangements.

Betry J. Staffer

OFFICE of VITAL STATISTICS

CERTIFIED COPY

DECEDENT'S NAME (First, Middle, Last, Suff.	fix)	certific						^{2 SEX} Male
DATE OF BIRTH (Month, Day, Year)	4a. AGE-Last E	Birthday 4b. UNDE	R 1 YEAR	4c. UNDER	1 DAY Minutes	5. DATE OF DEA		
January 17, 1947	(Years) 6			Hours		March 1	6, 200	08
300111111111111111111111111111111111111	BIRTHPLACE (City and			. 8.	COUNTY OF DEA			
263-80-5710	DeFuniak S	Emergency Room/O		Dead o	n Arrival			
(Chack noty one)	Inpatient Hospice Facility		Term Care Facility	X Decede	ent's Home	Other (Specily)		The state of the s
FACILITY NAME (If not institution, give street			1		WN, OR LOCATIO	N OF DEATH	1	IL INSIDE CITY LIMIT
3725 Sears Road				Chip	Ley ING SPOUSE'S N	AME (If wife, give	maiden name	Yes X No
MARITAL STATUS (Specify)	X Widowed	Divorced	Never Married	13. 301141				catte militaries of united and un
MarriedMarried, but Separated a. RESIDENCE - STATE	14b. CO		1000		TOWN, OR LOCA	TION		
Florida	Was	shington			pley	14f. ZIP CODE		4g. INSIDE CITY LIMIT
a STREET ADDRESS 3725 Sears Road					146, 77 1.110.	32428		Yes X_No
54 DECEDENT'S USUAL OCCUPATION (Inc.	dicate type of work done	during most of working	life.)	10000 0000	OF BUSINESS/IND			
Do not use "Retired" Lai nema	n				lco Elec	ctric		
6. DECEDENT'S RACE (Specify the race/race		lent considered himsell	herself to be. More th	an one race i	пау ва ѕресшец.)			
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Specify if decedent was of Hispanic or Haitian B. DECEDENT'S EDUCATION (Specify the d		e or level of school con		Other Hispan	ic (Spacify)			CEDENT EVER IN MED FORCES?
	school but no diploma	X High school	diploma or GED					
College but no degree Coll	llege degree (Specify):	Associate	Bachelor's	Master		ctorate	Ye	s X No
O FATHER'S NAME (First, Middle, Last, Suli	iix)		Mildred			amey		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Hubert F. Adams			22b. RELATIONSI	HP TO DECE		a. INFORMANT'S		ATE
Vickie D. Weeks			Sister			Florida		23d ZIP CODE
23b. CITY OR TOWN		23c. STREET ADDR	_{ESS} nty Highwa	w 228				32435
DeFuniak Springs 24 PLACE OF DISPOSITION (Name of come	atery crematory of othe	1	25a. LOCATION - STA		1	OCATION - CITY		Helt parts 1 mm
Alaqua Cemetery			Florida		D	eFuniak	Sprin	gs
26a. METHOD OF DISPOSITION X Buris		Cremation	Donation	Removal Iro	DE EUNERAL SER	Other (Specify)	DR PERSON	ACTING AS SUCH
26b. IF CREMATION, DONATION OF BURIA WAS MEDICAL EXAMINER		0 47216	Lice/136c/	6.6	e last	20		
APPROVAL GRANTED? Yes 28. NAME OF FUNERAL FACILITY				1	29a. F	ACILITY'S MAILIN	IG - STATE	
Clary-Glenn Funer	ral Hyme	29c. STREET ADDR	1500			Florida		29d. ZIP CODE
DeFuniak Springs			rk Avenue					32435
na OFFICIER. Y Cardibing Physic	clan - To the best of my	knowledge, death occu	rred at the time, date a	and place, and	d due to the cause	(s) and manner sta	ited.	
(Check one) Medicul Examine	er - On the basis of exam		ation, in my opinion, d E SIGNED (mp/pd/yy		tot the lime date:	and piace due to t	he cause(s) a	nd manner stated.
31a. (Signature and Title of Certificat)	7) 316. DAI	SIGNED (mprojecy)	14	42			
	b. CERTIFIER'S NAME				35. NAME OF AT	TENDING PHYSI	CIAN (If other	than Certifier)
ME 70996	Dr. Kris I	Lewandowsk						36d, ZIP CODE
36a. CERTIFIER'S - STATE 36b. CITY OR T	ma City		36c. STREET ADDRES		rive. U	nit 601		32405
37. SUBREGISTRAR - Signature and Date	illa City	^	STRAR · Signature	1) 1			ILED BY REG	ISTRAR (Mo., Day, You
or coorie	*	► () NE	Dell)	Ill	90LO	7110	<u>ch</u>	181088
>		e lurisdiction of the mer	disel overell ac				ED TO MEDIC OF DEATH?	AL EXAMINER DUE TO
39. PROBABLE/MANNER OF DEATH TO	he following are under th							ARR 161 14,04,747-17
V Natural	AccidentSuic	ide Homicide	Pending Inves	caused the d	Undetermined eath. Enter only or	e cause on a line.		Approximate Interval:
V Natural 41. CAUSE OF DEATH - PART I. Enter to (See instructions on back). DO NO		ide Homicide	Pending Inves	caused the d	eath. Enter only on	e cause on a line.		Approximate Interval: Onset to Death
Natural	AccidentSuic	ide Homicide	Pending Inves	caused the d	eath. Enter only on	e cause on a line.		
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3725 Sears Road					32428	Yes X_No	
15a DECEDENTS USUAL OCCUPATION (Indicate type of wo Do not use "Relired" Lineman		Che	D OF BUSINESSANDUSTRY Lelco Electric				
16. DECEDENT'S RACE (Specify the race/races to indicate wh	at decedent considered himself/he	erself to be. More tha	n one race	may be specified.)			
X White Black or African American	American Indian or	Alaskan Native (Sp	ecify tribe)				
Asian Indian Chinese Fil	1000000 1		_ Vietnames	OI	ter Asian (Specify)		
Native Hawaiian Guamanian or Chamorro		Other Pacific Isl. (Other (5		
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Odgin.)	Yes (If Yes, specify) X No		lexican .	Puerto Rican	Cuban	Central/South American Haitian	
18. DECEDENT'S EDUCATION (Specify the decedent's highest	t degree or level of school comple			ic (Specify)		19. WAS DECEDENT EVER IN	
	Y					U.S. ARMED FORCES?	
8th or less High school but no dip College but no degree (Spe		Bachelor's	Master	's Do	ctorate	Yes X_No	
20. FATHER'S NAME (First, Middle, Last, Sulfix)		21. MOTHER'S NAI	20000		ame)	- 400 - 100	
Hubert F. Adams	9, , 0	Mildred				A CONTROL OF THE CONT	
22a. INFORMANT'S NAME		22b. RELATIONSHI Sister	P TO DECE	DENT 23	a. INFORMANTS M Florida	AILING - STATE THE STATE OF THE	
Vickie D. Weeks	23c. STREET ADDRES				TIOIIU	23d ZIP CODE	
23b. CITY OR TOWN	6388 Coun		v 228			32435	
DeFuniak Springs 24 PLACE OF DISPOSITION (Name of cemetery, crematory,		LOCATION - STAT		25b. L	OCATION - CITY OF	pas (600ps (0.0)	
Alaqua Cemetery	s, sino. piaco,	Florida		D	eFuniak S	Springs	
	mbment Cremation	Donation	Removal tro	m State (Other (Specify)		
26b. IF CREMATION, DONATION OR BURIAL AT SEA,	27a. LICENSE NUMBER (of Lice		SNATUDE C	F FUNERAL SER	VICE LICENSEE OF	R PERSON ACTING AS SUCH	
WAS MEDICAL EXAMINER APPROVAL GRANTED? YesNo	FO 47216	>	C. />	elas	LE		
28. NAME OF FUNERAL FACILITY			1		ACILITY'S MAILING	- STATE	
Clary-Glenn Funeral Home					Florida	Loo4 310 0005	
29b. CITY OR TOWN	29c. STREET ADDRES					29d. ZIP CODE 32435	
DeFuniak Springs	230 Park				\		
30. CERTIFIER: X Certifying Physician - To the best							
(Check one) Medical Examiner - On the basis of	31b. DATE S	n, in my opinion, uea IGNED (<i>mpv/dd/yyyy</i>	32. TIME	OF DEATH (24 h	33. MEDICAL E	XAMINER'S CASE NUMBER	
red Annative and Livers) 3 0	3/3	14	42			
34a. LICENSENUMBER (of Cartiller) 34b. CERTIFIER'S N	IAMÉ.		1	35. NAME OF AT	TENDING PHYSICIA	AN (If other than Certifier)	
ME 7099(Dr. Kri	s Lewandowski						
36a. CERTIFIER'S - STATE 36b. CITY OR TOWN	Total Control	STREET ADDRES		. 177		36d, ZIP CODE 32405	
Florida Panama City		Ol Norths	alue D	rive, Un		D BY REGISTRAR (Mo., Day, X4)	
37. SUBREGISTRAR - Signature and Date	38a. IOCAL REGISTR	AR - Signature	100	Ma	JAN DAJE FILE	2 La CON	
	THE VIEW	LV I		1CILO	TUUDE	11 10HX LA	
	der the jurisdiction of the medical Suicide Flomicide	examular: Pending Investig	ation	Undetermined	40. REPORTED CAUSE OF	TO MEDICAL EXAMINER DUE TO DEATH? Yes X No	
41 CAUSE OF DEATH - PART I. Enter the chain of events	- diseases, injuries, or complicati	ons - that directly ca	used the de	ath. Enter only one	cause on a line.	Approximate Interval:	
(See instructions on back) DO NOT enter terminal of IMMEDIATE CAUSE	event such as cardiac arrest, respi	ratory arrest, or veni	ricular fibrill	ation without show	ing the etiology.	Onset to Death	
(Final disease or condition resulting in death) a.	541 E /N	90 M	101	AL IN	FARE	Nort	
		k					
Sequentially list conditions, if any, leading to the cause b							
listed on line a. Enter the UNDERLYING CAUSE							
(disease or injury that c. initiated the events							
resulting in death) LAST			- 1				
d. PART II. Other significant conditions contributing to death but	not resulting in the underlying cau	se given In PART I.		42a. WAS AN A PERFORM	UTOPSY 42b. W	ERE AUTOPSY FINDINGS AVAILABLE COMPLETE THE CAUSE OF DEATH?	
				PERFORM Yes	ED? TO	COMPLETE THE CAUSE OF DEATH?	
d. PART II. Other <u>significant conditions contributing to death</u> but 43a. IF SURGERY MENTIONED IN PART LOR II, ENTER RE	ASON FOR SURGERY 43b.	DATE OF SURGER	Y (Mo., Day			RIBUTE TO DEATH?	
				Ye	s No	Probably Unknown	
45 IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST							
YesNoUnknown II'		at time of death BY AT WORK?		1 to 42 days of de ATION OF INJUR		in 43 days to 1 year of death	
46. DATE OF INJURY (Alantii, Day, Year) 47. TIME			49a, LUC	ATION OF INJUH	I - OINIE	Mary Mary Yol.	
	49c, STREET ADDRESS	Yes No	J		49d. AF	PT. NO. 49e. ZIP CODE	
					188.74	10 10 10 10 10 10 10 10	
50. DESCRIBE HOW INJURY OCCURRED			***************************************		51. PLACE OF I	INJURY (e.g. Decedent's home,	
					construction	site, restaurant, wooded area)	
						ton constitution in Security sufficients of confident only responses of confident supported of the con-	
IF TRANSPORTATION INJURY, 52a. Status of Decedent	Driver/Operator Passa	enger Pede	strian	_ Other (Specify)			

COREAT.

---- VOID IF ALTERED OR ERASED

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED. SEAL THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1947 (08/04)

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