

**FEDERAL BUREAU OF INVESTIGATION
FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**
FILED VS FEB 23 1960

-60-004957

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Adair			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Millard		Length of stay in lb 4 months	c. CITY OR TOWN Millard		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GLADYS IRENE ELAM			4. DATE OF DEATH Month Day Year February 2, 1960			
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-6-26	9. AGE (last birthday) 33	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Macon County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Seth Thomas Clark		13b. MOTHER'S MAIDEN NAME Alice Cronkhite		14. NAME OF HUSBAND OR WIFE R.W. Elam		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 492-24-1899	17. INFORMANT Address R.W. Elam, Millard, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH Sudden	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerotic heart disease					1 year.	
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from June 5, 1954 to Feb. 2, 1960 and last saw her alive on July 14, 1959 Death occurred at 6:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Howard E. Gross, M.D.			22b. ADDRESS Kirkville, Missouri		22c. DATE SIGNED 2-10-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb 5, 1960	23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery		23d. LOCATION (City, town, or county) (State) La Plata, Missouri		
24. FUNERAL DIRECTOR ADDRESS Wilson Funeral Home, La Plata, Mo.			25. DATE RECD. BY LOCAL REG. 2-13-1960	26. REGISTRAR'S SIGNATURE Doris W. Raloff		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

HOWARD E. GROSS, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Kenneth M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata

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.