

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007814

FILED VS MAR 8 1960
 INDEXED

316

Registration District No. 3059 Registrar's No. 90

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre,		c. CITY OR TOWN Bonne Terre,	
Length of stay in 1b 40yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 407 Young Street,		d. STREET ADDRESS (If outside, give location) 407 Young Street,	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First William Middle Owen Last Gillam			4. DATE OF DEATH Month March Day 4 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/11/1891	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 6 Days 22 Hours 1 Min. 0	IF UNDER 24 HR Hours 1 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Quaker, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William Theodore Gillam		13b. MOTHER'S MAIDEN NAME Zina J. Bryan,		14. NAME OF HUSBAND OR WIFE Lura Jane Jarvis Gillam		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 493-03-9711		17. INFORMANT Earl Gillam, Bonne Terre, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Pneumonia				5 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Influenza				1 week	
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 Bonne Terre, Mo.		COUNTY		STATE	
21. I attended the deceased from 2/29/60 to 3/4/60 and last saw him live alive on 3/2/60 Death occurred at 1:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Jack Muller</i> (Degree or title)				22b. ADDRESS Bonne Terre, Mo.	
22c. DATE SIGNED 3.5.60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 6, 1960		23c. NAME OF CEMETERY OR CREMATORY Leadwood Cemetery, Leadwood, Missouri	
24. FUNERAL DIRECTOR Sparks Funeral Home Bonne Terre, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. Mar 5, 1960	
				26. REGISTRAR'S SIGNATURE <i>Ether Redloff</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Lucretia Spark

Licensed Embalmer No. 4287

P. O. Address Ronne Lee

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.