

CERTIFICATE OF DEATH

0190-050255

STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME JAMES		1b. MIDDLE NAME WALTER		1c. LAST NAME GLADD		2a. DATE OF DEATH—MONTH, DAY, YEAR November 8, 1977		2b. HOUR 7:45 A.			
	3. SEX Male	4. COLOR OR RACE White	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Oklahoma		6. DATE OF BIRTH Oct. 2, 1922		7. AGE (LAST BIRTHDAY) 55 YEARS		IF UNDER 1 YEAR AGE AT DEATH			
	8. NAME AND BIRTHPLACE OF FATHER John A. Gladd, Oklahoma					9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Ann Kerr, Oklahoma						
	10. CITIZEN OF WHAT COUNTRY U.S.A.			11. SOCIAL SECURITY NUMBER 441-18-7887		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Eva Baty				
PLACE OF DEATH	14. LAST OCCUPATION Vice President			15. NUMBER OF YEARS IN THIS OCCUPATION 22		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) Plains Lumber Company		17. KIND OF INDUSTRY OR BUSINESS Lumber and Hardware				
	18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY					18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 2109 Kallin Avenue			18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes			
	18d. CITY OR TOWN Long Beach			18e. COUNTY Los Angeles		18f. LENGTH OF STAY IN COUNTY OF DEATH 27 YEARS		18g. LENGTH OF STAY IN CALIFORNIA 30 YEARS				
	19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2109 Kallin Avenue					19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes		19c. HOME AND MAILING ADDRESS OF INFORMANT Eva B. Gladd 2109 Kallin Avenue Long Beach, CA 90815				
USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)	19c. CITY OR TOWN Long Beach		19d. COUNTY Los Angeles		19e. STATE California							
	21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW <i>Investigation</i>			21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED <i>Richard J. Barkley</i>			21c. PHYSICIAN'S ADDRESS AND TELEPHONE NUMBER 410 ANDERSON RD. LOS ANGELES, CALIF. 90008		21d. DATE SIGNED 11/9/77		21e. PHYSICIAN'S CALIFORNIA LICENSE NUMBER	
	22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Removal and Burial		22b. DATE 11-10-77		23. NAME OF CEMETERY OR CREMATORY Citizen Cemetery Et. Gibson, Oklahoma		24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER <i>Richard Townsend</i> 6339		25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Mottell's Mortuary		26. DATE RECEIVED FOR IDENTIFICATION OF LOCAL RESIDENT NOV 10 1977	
	25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Mottell's Mortuary		26. THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)		27. LOCAL REGISTRAR—SIGNATURE <i>John A. Wilford</i>		28. DATE RECEIVED FOR IDENTIFICATION OF LOCAL RESIDENT NOV 10 1977					
CAUSE OF DEATH	29. PART I: DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C											
	IMMEDIATE CAUSE (A) Acute Myocardial insufficiency											
	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. (B) Atherosclerotic Cardiovascular disease											
	(C)											
MEDICAL AND HEALTH DATA	30. PART II: OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I						31. WAS OPERATING ON BODY PERMITTED FOR ANY CONDITION IN (A) OR (B)? (SPECIFY OPERATION AND/OR SURGERY) W		32a. APPROX. INTERVAL BETWEEN ONSET AND DEATH W		32b. IF YES, WERE PROGRESS CAUSES OF DEATH? (SPECIFY YES OR NO)	
	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.) Freeway, Highway, Street		35. INJURY AT WORK (SPECIFY YES OR NO)		36a. DATE OF INJURY—MONTH, DAY, YEAR		36b. HOUR			
	37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (FEET OR MILES)		38. WERE LABORATORY TESTS MADE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO) no		39. WERE LABORATORY TESTS MADE FOR ALCOHOL (SPECIFY YES OR NO) no			
	40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)											
STATE REGISTRAR												
01-3-3-7005												