

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10770**

BIRTH NO. 70464 REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 71

742  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryville</b>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryville</b>		<b>8742</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>821 East Thompson</b>			d. STREET ADDRESS (If rural, give location) <b>1422 East Jenkins</b>		
3. NAME OF DECEASED (Type or Print) <b>KATHERINE</b>		a. (First)	b. (Middle) <b>DIANE</b>	c. (Last) <b>GASKILL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3 28 53</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>10/27/52</b>	9. AGE (In years last birthday) Months <b>5</b> Days <b>1</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Maryville, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Kenneth David Gaskill</b>		13b. MOTHER'S MAIDEN NAME <b>Lois Irene Chaney</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Kenneth D. Gaskill, Maryville, Mo.</b>		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>coronary heart block</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>pneumonia &amp; measles</b>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <b>now</b>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>0851</b>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>May 28, 1959</b> to <b>March 28, 1953</b> , that I last saw the deceased alive on <b>May 28, 1959</b> , and that death occurred at <b>6:15P</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>H. M. Chase</b> (Degree or title) <b>D. O.</b>			23b. ADDRESS <b>Maryville, Missouri</b>		23c. DATE SIGNED <b>May 1/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>3/30/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Miriam</b>	24d. LOCATION (City, town, or county) (State) <b>Maryville, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>4-4-53</b>	REGISTRAR'S SIGNATURE <b>Kess Hult</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Price Funeral Home, Maryville, Mo.</b>		

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. 461

working under my personal supervision.

Student Curtis E. Kinsley  
Student Embalmer

Signed Clay M. Price

Licensed Embalmer No. 1822

P. O. Address Marshall Mo.

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 this body is not embalmed, fact should be so stated above.