

STANDARD CERTIFICATE OF DEATH

State File No. **10961**

No. 300
10.48

BIRTH NO. FILED APR 6 1954 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (in this place) <u>2 months</u>	c. CITY OR TOWN <u>Metz</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manlove Nursing Home</u>			e. STREET ADDRESS (If rural, give location) <u>1080 0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Franklin</u> b. (Middle) <u>McCombs</u> c. (Last) <u>Gaskill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 24 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED; NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>February 24 1870</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR: Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Interior decorator</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Plainfield Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John B. Gaskill</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Marie Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Cunningham Gaskill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>T. J. Longabaugh Metz, Mo.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u>	DUE TO (b) _____		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>177 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 Jan 27 1954, to March 24 1954, that I last saw the deceased alive on March 2, 1954, and that death occurred at 3:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold C. Ferry</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Nevada Mo.</u>		23c. DATE SIGNED <u>3/26/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 25, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pryor Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Metz Missouri</u>		

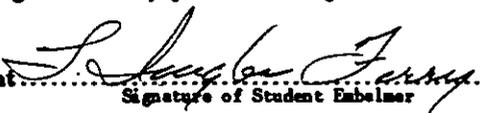
DATE REC'D BY LOCAL REG. <u>4-1-1954</u>	REGISTRAR'S SIGNATURE <u>Arnold E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home</u>	ADDRESS <u>Nevada, Mo.</u>		
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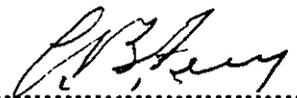
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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 L. Ingles Ferry Student Embalmer No. ⁴⁹² working under my personal supervision..

Student 
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 1760

P. O. Address Nevada, M.....

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.