ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1332

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 20

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 1 yr; IN ARIZONA 1 yr
C. CITY OR TOWN: Glendale — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3926 W. Keim Dr.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Glendale — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 3926 W. Keim Dr.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒ (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): PEARLEY
B. (MIDDLE):
C. (LAST): GASKILL

4. SEX: M
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Floy L. Gaskill
7. DATE OF BIRTH: MONTH 12 DAY 11 YEAR 1874
8. AGE (IN YEARS LAST BIRTHDAY): 83
IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Teacher
9B. KIND OF BUSINESS OR INDUSTRY: School
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ohio
11. CITIZEN OF WHAT COUNTRY: USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: 300-03-9066
14A. FATHER'S NAME: Alcines Gaskill
14B. BIRTHPLACE (STATE OR COUNTRY): unkn.
15A. MOTHER'S MAIDEN NAME: Mary Elizabeth Devault
15B. BIRTHPLACE (STATE OR COUNTRY): unkn.
16. INFORMANT'S SIGNATURE: Mrs Floy L. Gaskill
ADDRESS: Glendale, Arizona

17. DATE OF DEATH: (MONTH) 2 (DAY) 9 (YEAR) 1958

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
(THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.)
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Cor Pulmonale
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. (B) Bronchopneumonia DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-20 1958 TO 2-9 1958 THAT I LAST SAW THE DECEASED ALIVE ON 2-8 1958 AND THAT DEATH OCCURRED AT 4 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: M. E. Fuller (DEGREE OR TITLE) M.D.
22B. ADDRESS: Glendale
22C. DATE SIGNED: 2-10-58

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE:
24B. ADDRESS:
24C. DATE SIGNED:

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 2-11-58
25C. NAME OF CEMETERY OR CREMATORY: Resthaven Park Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Glendale, Arizona
26A. DATE REC. BY LOCAL REG.: 2-11-58
26B. REGISTRAR'S SIGNATURE: Otta Butler Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Robert E. Lundberg
27B. ADDRESS: Glendale, Ariz.
28. EMBALMER'S SIGNATURE: Robert E. Lundberg
28B. EMBALMER'S CERT. NO.: 332

FORM VS-2 REV. 8-18-55