FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14297
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 116

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCormick Hospital — Length of stay in Ib 1 hr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Huntsville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS Samuel Street (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: William Middle: Last: Garth
4. DATE OF DEATH Month: April Day: 28 Year: 1956
5. SEX male
6. COLOR OR RACE negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH October 22, 1885
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) general laborer
10b. KIND OF BUSINESS OR INDUSTRY general laborer
11. BIRTHPLACE (City and state or country) Randolph County, Missouri
12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME Charley Garth
14. MOTHER'S MAIDEN NAME Laura White
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 488-18-5107A
17. INFORMANT Address Mrs. Emma Garth: Huntsville, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive Intestinal Hemorrhage — 3 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Probable Carcinoma of Intestine — unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 153X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1952, to April 29, 1956 and last saw her/him alive on April 29
Death occurred at 4:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. C. Copley M.D. (Degree or title)
22b. ADDRESS Huntsville
22c. DATE SIGNED 4-30-56

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 5-1-1956
23c. NAME OF CEMETERY OR CREMATORY Huntsville, Missouri
23d. LOCATION (City, town, or county) (State) Huntsville, Missouri

24. FUNERAL DIRECTOR ADDRESS J.B. Patton & Sons Huntsville, Mo.
25. DATE RECD. BY LOCAL REG. 4-28-56
26. REGISTRAR'S SIGNATURE Leah Lowe

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 1 6 195

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Paul Batton.....

Licensed Embalmer No....4

P. O. Address Huntsvi

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