FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40547
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 422

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia, Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone Co. Hosp. Length of stay in 1b 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Columbia Inside Limits Yes X No ☐
d. STREET ADDRESS 100 Hitt St. (If outside, give location) Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First William Middle Walter Last Garth
4. DATE OF DEATH Month Dec. Day 30 Year 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 2/13/1879
9. AGE (In years last birthday) 77 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) Retired
10b. KIND OF BUSINESS OR INDUSTRY Bookeeper
11. BIRTHPLACE (City and state or country) Columbia, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Walter Warren Garth
14. MOTHER'S MAIDEN NAME Eva Samuels
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - - - -
16. SOCIAL SECURITY NO. - - - -
17. INFORMANT Address W.W. Garth, Kansas City, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA, BILATERAL — INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
~~DUE TO (b)~~ CEREBRAL EDEMA — 5 DAYS
DUE TO (c) BROMIDE INTOXICATION 8730 — UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 14
CEREBRAL + GENERAL ARTERIOSCLEROSIS
19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
SELF ADMINISTRATION OF MILES NERVINE IN EXCESS DOSAGE 14
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year DECEMBER 1956
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HOME
20f. CITY, TOWN, OR LOCATION COLUMBIA COUNTY BOONE STATE MISSOURI

21. I attended the deceased from 1954, to 12-30-1956 and last saw her/him alive on 12-29-56
Death occurred at 6:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]
22b. ADDRESS 22 N 8th, Columbia Mo.
22c. DATE SIGNED 12-30-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/31/1956
23c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery
23d. LOCATION (City, town, or county) (State) Columbia, Missouri

24. FUNERAL DIRECTOR [signature] ADDRESS Columbia Mo.
25. DATE RECD. BY LOCAL REG. Dec 31 1956
26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

by me, [redacted] ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lyman Sprinkle

Licensed Embalmer No. 4.0

P. O. Address Columbia

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.