S. No. 300
v. 10.48

AUG 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27145

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 229

1. PLACE OF DEATH
a. COUNTY: Boone 0105 4
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rector Convalescent Hone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone 0105
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia 0
d. STREET ADDRESS (If rural, give location): 407 W. Broadway

3. NAME OF DECEASED (Type or Print)
a. (First): ALVA
b. (Middle): NETTIE
c. (Last): SANDKER

4. DATE OF DEATH (Month) (Day) (Year): Aug 18 1952

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 19, 1867
9. AGE (In years last birthday): 85 — If under 1 year: Months 3, Days 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Boone County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Jim Will Conley
13b. MOTHER'S MAIDEN NAME: Anna Eliza Reid
14. NAME OF HUSBAND OR WIFE: Andrew Joseph Sandker

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'S SIGNATURE OR NAME: Minnie Sandker — ADDRESS: 407 W. Broadway

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis, generalized — Unknown
DUE TO (c): Chronic nephritis — Unknown

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: 446X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-14, 1950, *to* 8-18, 1952, *that I last saw the deceased alive on* 8-18, 1952 *and that death occurred at* 4:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roland P. Ladenner MD
23b. ADDRESS: 16 S. 10th Columbia
23c. DATE SIGNED: 8-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 11
24b. DATE: Aug 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: Columbia Cemetery
24d. LOCATION (City, town, or county) (State): Columbia, Missouri

DATE REC'D BY LOCAL REG.: Aug 21 1952
REGISTRAR'S SIGNATURE: Mrs R E Palmer 31-C
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Parker Funeral Service, Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 9 1956

NOV 29 1956

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Clarence M. Bello

Licensed Embalmer No. 4375

P. O. Address Columbia, 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.