

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

8674

State File No.

FILED MAR 21 1955

BIRTH NO.		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Lafayette</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington, Missouri</u>		c. LENGTH OF STAY (in this place) <u>3 days</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>Memorial Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>2 miles South 20 Hy.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>George</u>		b. (Middle) <u>Washington</u>		c. (Last) <u>Sandfort</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 6 1955.</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 13, 1872</u>		9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>3</u>		11. DAYS <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Rural, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Gustave Hy. Sandfort</u>		13b. MOTHER'S MAIDEN NAME <u>Adelheid Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Adelia Meister</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>496-10-2991</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lilian Warren, Liberty, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>				<u>3 days</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>				<u>Several yrs.</u>	
		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>331X</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) (Min.)		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 <u>6-26</u> , 19 <u>53</u> , to <u>3-5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-5</u> , 19 <u>55</u> , and that death occurred at <u>1:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wilbur E. Fulkerson M.D.</u>		23b. ADDRESS <u>Higginsville Mo.</u>		23c. DATE SIGNED <u>3-7-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 8, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Smithton, Pettis Co., Mo.</u>	
DATE REC'D BY, LOCAL REG. <u>3-15-55</u>		REGISTRAR'S SIGNATURE <u>M. M. S. S. S. S.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alfred H. Bremer, Alma, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Alfred H. Breme*.....

Licensed Embalmer No.. 2696

P. O. Address Alma, Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitute's 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.