

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23563

State File No. \_\_\_\_\_

FILED AUG 10 1951  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 81

1542

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u> <u>1542</u>	
c. LENGTH OF STAY (If this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>210 South 9th street</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1708 South St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALVENA</u>	b. (Middle) <u>ELIZABETH SANDRING</u>	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 11, 1871</u>	9. AGE (In years last birthday) <u>80</u>	10. MONTHS <u>4</u>	11. DAYS <u>11</u>	12. HOURS <u>11</u>	13. MIN. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Monument Dealer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWNER + OPERATOR</u>	11. BIRTHPLACE (State or foreign country) <u>Lexington, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>J. F. E. Winkler</u>	13b. MOTHER'S MAIDEN NAME <u>Henrietta F. Kreibhar</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Walter Sandring</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Sandring</u>	ADDRESS <u>Lexington, Missouri</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive Pneumonia</u>		
	DUE TO (c) <u>Arteriosclerosis, Hypertension</u>		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>334X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from July 16, 1951 to July 22, 1951, that I last saw the deceased alive on July 22, 1951, and that death occurred at 4:35 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree of title) <u>M.D.</u>	23b. ADDRESS <u>Lexington MO</u>	23c. DATE SIGNED <u>July 23/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 24, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maehpelah</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 30 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

8-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 8-9-51

MAY 13 1954

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 \_\_\_\_\_

*Norman S. Larson*

Student Embalmer No. 427

working under my personal supervision.

Signed

*[Signature]*

Signed

*Norman S. Larson*  
Student Embalmer

Licensed Embalmer No.

2983

P. O. Address

*Leungton, Missouri*

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.