

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22367

3259

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission). a. STATE MO. b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 2 yrs.		c. CITY OR TOWN Kansas City		Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Lara Rest Home 622 Benton				e. STREET ADDRESS (If rural, give location) 5806 Highland 3813			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE			b. (Middle) B.		c. (Last) SANDNER		4. DATE OF DEATH (Month) (Day) (Year) 7-30-55
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 7-14-1868		9. AGE (In years last birthday) 87 IF UNDER: YEAR Months Days IF UNDER: YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY ROCK ISLAND R.R.		11. BIRTHPLACE (City and State or Foreign Country) MACON CO., GA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fredrick Sandner			13b. MOTHER'S MAIDEN NAME Margaret Lutz		14. NAME OF HUSBAND OR WIFE Ellie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. Sandner-5806 Highland			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic cardio-vasc. dis. yrs. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic prostatic hypertrophy, Benign prostatic hyperplasia					INTERVAL BETWEEN ONSET AND DEATH 1 mo 4201 1 yr 5 yr
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none			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) Kansas City Jackson MO.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 1955 , to July 30, 1955 , that I last saw the deceased alive on July 30, 1955 , and that death occurred at 4:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Robert H. Owens (Degree or title) M.D.				23b. ADDRESS Kansas City, Mo.		23c. DATE SIGNED 7/30/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-30-55		24c. NAME OF CEMETERY OR CREMATORY Caldwell Cemetery		24d. LOCATION (City, town, or county) (State) Caldwell, Kansas	
DATE REC'D BY LOCAL REG 7-30-55		REGISTRAR'S SIGNATURE Neve Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar 1800 E. Linwood			

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 *Melvin Darter*.....

Licensed Embalmer No. *496*

P. O. Address *KCT*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.