

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40609  
1-49-48

FILED JAN 13 1949

State File No. 1-49-4

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Laclede-Lebanon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Camden</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Camden Rural</u>	
c. LENGTH OF STAY (in this place) <u>2 m.</u>		d. STREET ADDRESS (If rural, give location) <u>Star Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Kellogg</u> c. (Last) <u></u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 20 48</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>6-10-1880</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR <u>0</u> Months <u>6</u> Days	IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>	11. BIRTHPLACE (State or foreign country) <u>Ohio, 19</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Marshall Kellogg</u>	13b. MOTHER'S MAIDEN NAME <u>Celesta Whaley</u>	14. NAME OF HUSBAND OR WIFE <u>Amos Chalker</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></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Kellogg</u>	ADDRESS <u>Prochaska</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>830</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>High Blood pressure (?)</u>			

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>no</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from 12 - 1947, to 12-20, 1948, that I last saw the deceased alive on 12-20, 1948, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>R.E. Hanel</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Lebanon Mo</u>	23c. DATE SIGNED <u>12-31-48</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal &amp; burial</u>	24b. DATE <u>Dec 23-48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Myrtle</u>	24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-1-49</u>	REGISTRAR'S SIGNATURE <u>Jessie B. Rynby</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dankson Woolery</u>	ADDRESS <u>Camden Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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.

Signed \_\_\_\_\_

*Abbie Benson Woolery*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *2488 - 5*

P. O. Address *Cam Denton, 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.