

FILED APR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9340**

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
c. LENGTH OF STAY (in this place) 38yrs			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 818 S. Jefferson St.		d. STREET ADDRESS (If rural, give location) 818 S. Jefferson St.	
3. NAME OF DECEASED (Type or Print) a. (First) ESTELLA b. (Middle) WANGLIN c. (Last) KELLOGG			4. DATE OF DEATH (Month) (Day) (Year) March 25, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 25, 1873
9. AGE (In years last birthday) 76		10. UNDER 1 YEAR (Months) 10 (Days) 10	11. UNDER 1 MIN. (Hours) 0 (Min.) 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Lebanon, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William E. Wanglin		13b. MOTHER'S MAIDEN NAME Emma Glasier	14. NAME OF HUSBAND OR WIFE Fred Kellogg
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. _____	17. INFORMANT'S SIGNATURE OR NAME Fred Kellogg ADDRESS Webb City, Missouri
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Glomerulonephritis DUE TO (c) Unknown Cause 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"/>
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) _____		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>9-21</u> , 19 <u>49</u> , to <u>9-25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-24</u> , 19 <u>50</u> , and that death occurred at <u>2:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE J. Gregory (Degree or title) DO		23b. ADDRESS Webb City, Mo.	23c. DATE SIGNED 3-27-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-28-50	24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery
24d. LOCATION (City, town, or county) (State) Webb City, Missouri			
DATE REC'D BY LOCAL REG. 3/27-50		REGISTRAR'S SIGNATURE H. C. Cutchell	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis ADDRESS Webb City, Missouri

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

0492

1492

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-4-50
Jasper County Health Office

County File Number 50-3-262

Date Filed 4-4-50

NOV 30 1954

MAR 29 1957

JUN 23 1955

NOV 22 1950

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 _____
Student Embalmer

Signed *Edward J. Lewis*
Licensed Embalmer No. 4561

P. O. Address *Webb City, 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.