

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13052

State File No.

1762

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Smith</u>				
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>13 days</u>		c. CITY OR TOWN <u>Harlan</u>		d. STREET ADDRESS (If rural, give location) <u>815a</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cateopathic Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>815a</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>RAY</u> b. (Middle) <u>ARDIE</u> c. (Last) <u>KELLOGG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr - 15 - 1950</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>Sept - 6 - 1889</u>		
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fred R. Kellogg</u>			13b. MOTHER'S MAIDEN NAME <u>Ella B. Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Kellogg</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>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ben Dubois Wheelchel</u> ADDRESS <u>Kan. City, 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, asthma, 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>Myocardial failure.</u>								<u>7 1/2 hrs</u>
ANTECEDENT CAUSES				DUE TO (b) <u>Toxemia</u>				<u>1 1/2 days.</u>
				DUE TO (c) <u>Intestinal obstruction</u>				<u>5 days.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5721</u>								
19a. DATE OF OPERATION <u>4/6/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Diverticulitis of Sigmoid Colon</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>December, 1949</u> , to <u>4-15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-15</u> , 19 <u>50</u> , and that death occurred at <u>2:30</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>W. F. Spiller</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>2603 East 31</u>		23c. DATE SIGNED <u>4/15/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Apr - 15 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Downs, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-15-50</u>		REGISTRAR'S SIGNATURE <u>Theraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss C. L. Foster</u> ADDRESS <u>918 Broadway K.C. Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

WA-8223
2603-8-3/21

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

JOE B. Yoder
Licensed Embalmer No. 4173

Signed.....
Student Embalmer

P. O. Address..... K.C. 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.