

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39665**

BIRTH NO. _____ REG. DIST. NO. **372** PRIMARY REG. DIST. NO. **4343** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) Seymour		c. CITY (If outside corporate limits, write RURAL and give township) Seymour	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) CALVIN	c. (Last) KELLOGG	4. DATE OF DEATH (Month) (Day) (Year) Nov. 27 1950
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5. SEX Male	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 14, 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME George Kellogg	13b. MOTHER'S MAIDEN NAME Elizabeth Waters	14. NAME OF DECEASED'S WIFE Myra Kellogg
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Myra Kellogg	ADDRESS Seymour Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis cerebral		2 yrs
	DUE TO (c) Acute Pulmonary edema		1 wk
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			3 2 X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **May-7, 1947**, to **Nov-25, 1950**, that I last saw the deceased alive on **Nov-25, 1950**, and that death occurred at **11:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. R. Glee	(Degree or title) D.O.	23b. ADDRESS Seymour	23c. DATE SIGNED 11/27/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-30-1950	24c. NAME OF CEMETERY OR CREMATORY Seymour	24d. LOCATION (City, town, or county) (State) Seymour Mo
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DATE REC'D BY LOCAL REG. 12-6-50	REGISTRAR'S SIGNATURE Hilbert Jones	REG. NO. 343	25. FUNERAL DIRECTOR'S SIGNATURE Wesley Lowell Bergman	ADDRESS Seymour Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 8 1950

Dist. File 1250 - 2438

Date Filed 12-8-50

MAR 9 1951

SEP 20 1951

DEC

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
Student Embalmer

Signed K. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland

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.