

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. *12417*  
Registrar's No. *17 18*

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. *142* PRIMARY REG. DIST. NO. *3876* Registrar's No. *17 18*

1. PLACE OF DEATH a. COUNTY <i>Howell</i> <i>Howell</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i> b. COUNTY <i>Howell</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Mountain View</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Mountain View</i> <i>0460</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Waldenberg Hosp.</i>		d. STREET ADDRESS (If rural, give location) <i>R.R. # 1</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Fred</i> b. (Middle) <i>Dennis</i> c. (Last) <i>Kellogg</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April 17-1951</i>	
5. SEX <i>0</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb 1 1876</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Kendallville, Iowa</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Charles Kellogg</i>	
13b. MOTHER'S MAIDEN NAME <i>unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Ella Grace Lewiston</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Albert F Hagaman</i>		ADDRESS <i>Palmyra, MO</i>	
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) <i>Cerebral Thrombosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Advanced Arterio Sclerosis</i> DUE TO (c) _____ 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 <i>3-32 x</i>	
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)		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 <i>Apr 14</i> , 19 <i>51</i> , to <i>Apr 17</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Apr 16</i> , 19 <i>51</i> , and that death occurred at <i>12:45 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Fred Dennis</i> (Degree or title) <i>M.D.</i>		23b. ADDRESS <i>Mountain View Mo</i>	
23c. DATE SIGNED <i>4-17-51</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	
24b. DATE <i>4-17-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>City</i>	
24d. LOCATION (City, town, or county) (State) <i>Mountain view, Mo</i>		DATE REC'D BY LOCAL REG. <i>4/19/51</i>	
REGISTRAR'S SIGNATURE <i>Laura Mitchell</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Duncan Funeral Home</i> ADDRESS <i>mtn View, Mo</i>	

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

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

RECEIVED APR 23 1951

Dist. File 437-856

Date Filed 4-23-51

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 \_\_\_\_\_

Licensed Embalmer No. 2516

P. O. Address Mt Vernon 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.