

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2342

State File No.

No. 300
10-48

FILED FEB 4 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5984</u>		Registrar's No. <u>10</u>		
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nebraska</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>9 mi. W. of Waynesville, Mo</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Omaha</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>4912 Erskine St</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray</u>			b. (Middle) <u>Dodge</u>			c. (Last) <u>Kellogg</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 23 1952</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>5 May 1926</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hour	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Adjustor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Security Accept Corp</u>		11. BIRTHPLACE (State or foreign country) <u>Omaha, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Raymond C. Kellogg</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs Mary Ann (Segelberg) Kellogg</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWII (Recalled Nov 51)</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>E.W. GRUNEWALD, Major, MSC US Army Hosp Ft Leonard Wood, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Depressed skull fracture</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Basal skull fracture</u> <u>Cervical vertebrae fracture</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Less than 5 minutes.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>9 mi. W. of Waynesville Pulaski Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 23 1952 2:30A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident.</u>				
22. I hereby certify that I attended the deceased from <u>DEAD ON ARRIVAL</u> , 19 <u>52</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Eugene W. Eberlin</u> (Degree or title) <u>Capt, MC</u>				23b. ADDRESS <u>US Army Hosp-Ft Leonard Wood, Mo</u>		23c. DATE SIGNED <u>23 Jan 52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JAN. 24, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Omaha Nebraska</u>		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. <u>1-26-52</u>		REGISTRAR'S SIGNATURE <u>Eugene W. Eberlin</u>		FURNERAL DIRECTOR'S SIGNATURE <u>456</u>		ADDRESS <u>Terre Haute, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-26-52
Pulaski County Health Officer
File Number 2-2-52
Date Filed 2-2-52

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 Walter H. Hedges

Licensed Embalmer No. 4565

P. O. Address Shinn

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.