

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14877**

REC APR 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt. Vernon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Linn</b>	
c. LENGTH OF STAY (In this place) <b>562 days</b>		d. STREET ADDRESS (If rural, give location) <b>/</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. State Sanatorium</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ralph</b> b. (Middle) _____ c. (Last) <b>Kellogg</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 14, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 11, 1885</b>	9. AGE (In years) (If under 1 year last birthday) <b>68</b>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mining</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Harry Harrison Kellogg</b>	13b. MOTHER'S MAIDEN NAME <b>Lucinda Coats</b>	14. NAME OF HUSBAND OR WIFE <b>Allie Kellogg</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ruby Wilson Peck, Mt. Vernon, Mo.</b>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>all 3 9 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Far Advanced pulmonary tuberculosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>002X</b>
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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 **9-28-51**, 19\_\_\_\_, to **4-14-53**, 19**53**, that I last saw the deceased alive on **4-13-**, 19**53**, and that death occurred at **1:15 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. H. Brubaker M.D.</b>	23b. ADDRESS <b>Mt. Vernon, Missouri</b>	23c. DATE SIGNED <b>4-14-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4-14-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Linn Mo.</b>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <b>4-18-53</b>	REGISTRAR'S SIGNATURE <b>Cecil Hendricks</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L. B. Orr</b>	ADDRESS <b>My own</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 7 1946

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 \_\_\_\_\_

*George B Orr*

Licensed Embalmer No. *946*

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.