

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025278

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3648 STATE FILE NUMBER

AMENDED

FILED AUG 8 1961

DATE AMENDED

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> | | c. CITY OR TOWN <u>KC</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u> | | d. STREET ADDRESS <u>301 So Askew</u> | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | | |
|--|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Ezra</u> Middle <u>Kellogg</u> Last <u>Kellogg</u> | | | 4. DATE OF DEATH Month <u>7</u> Day <u>20</u> Year <u>61</u> | | | |
|--|--|--|---|--|--|--|

| | | | | | | |
|--------------------|-------------------------------|---|-------------------------------------|----------------------------------|---|--|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 3, 1902</u> | 9. AGE (last birthday) <u>59</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
|--------------------|-------------------------------|---|-------------------------------------|----------------------------------|---|--|

| | | | |
|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Woodworker</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Dunsmuir Co.</u> | 11. BIRTHPLACE (City and state or country) <u>Doniphan, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
|--|--|--|---|

| | | |
|--|---|--|
| 13a. FATHER'S NAME <u>George W. Kellogg</u> | 13b. MOTHER'S MAIDEN NAME <u>Lena McKnight</u> | 14. NAME OF HUSBAND OR WIFE <u>Ora G. Kellogg</u> |
|--|---|--|

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Aspiration pneumonia
DUE TO (b) _____
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I:
Laennec's cirrhosis-chronic acute alcoholism

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour _____ a.m. _____ p.m.
Month 7 Day 13 Year 61

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from 7-13-61 to 7-20-61 and last saw him alive on 7-20-61
Death occurred at 9:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) _____ 22b. ADDRESS 2400 Cherry 22c. DATE SIGNED 7-20-61

23a. BURIAL, CREMATION, REASON (Specify) _____ 23b. DATE 7-22-61 23c. NAME OF CEMETERY OR CREMATORY Greenlawn 23d. LOCATION (City, town, or county) (State) Kansas City MO.

24. FUNERAL DIRECTOR C. H. Blackburn & Son ADDRESS 2825 2nd Blvd KC 24, MO 25. DATE RECD. BY LOCAL REG. 7-21-61 26. REGISTRAR'S SIGNATURE Ruth Long

Embalmer's Statement on Reverse Side

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF FRANK ELLIS

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 _____
Signature of Student Embalmer

Signed Hubert Baird

Licensed Embalmer No. 4888

P. O. Address NC 24, 100

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.