

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019759

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 264 Primary Registration District No. 5889 Registrar's No. 27

FILED MAY 28 1962

VS 300
Rev. 4/59

1 0770
2 0770

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4 0

5 1

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7 1

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9 4200

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12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jasper Twp.</u>		Length of stay in lb <u>2 years</u>	c. CITY OR TOWN <u>Isabella</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Jasper Twp.</u>
3. NAME OF DECEASED (Type or print) First <u>Roy</u> Middle <u>A.</u> Last <u>Kellogg</u>		4. DATE OF DEATH <u>May 24 - 1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>10-22-1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Eng.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Light Co.</u>	9. AGE (last birthday) <u>66</u>
11a. FATHER'S NAME <u>Cyrus Kellogg</u>		11b. MOTHER'S MAIDEN NAME <u>Italia M. Harn</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE <u>Nellie Kellogg</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Mrs. Nellie Kellogg</u>		Address <u>Isabella Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Coronary Artery Occlusion</u> DUE TO (c) <u>Arteriosclerotic heart disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>3-4 yr.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY	Hour <u>1:30</u> Month, Day, Year <u>5-24-62</u>	20f. CITY, TOWN, OR LOCATION <u>Greenbawn</u> COUNTY <u>Kansas</u> STATE <u>Mo.</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21. I attended the deceased from <u>6-8-60</u> to <u>5-24-62</u> and last saw <u>him</u> live on <u>11-6-61</u> Death occurred at <u>1:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Arthur T. Beard MD</u>		22b. ADDRESS <u>Greenesville, Mo.</u>	22c. DATE SIGNED <u>5-25-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5-25-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenbawn</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
24. FUNERAL DIRECTOR <u>Clinkingbeard</u> ADDRESS <u>Greenesville</u>		25. DATE RECD. BY LOCAL REG. <u>5/25/62</u>	26. REGISTRAR'S SIGNATURE <u>Louanna C Wade</u>

USE BLACK INK OR TYPEWRITER RIBBON

MAY 31 1962

JUN 5 1962

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 John R. Chubb

Licensed Embalmer No. 4885
P. O. Address Geneseeville 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit obtained OEB.