

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6914

State File No. ....

BIRTH FILED MAR 5 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1549

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN <u>St. Louis</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>St. Louis</u>
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Creve Coeur</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Firmin Deloge Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>South Fee Fee Road</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edward</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Turrentine</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Feb. 15, 1954</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>Oct. 12, 1903</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dairyman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Pevely Dairy Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marionville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Turrentine</u>	13b. MOTHER'S MAIDEN NAME <u>Amy Gordon</u>	14. NAME OF HUSBAND OR WIFE <u>Mirtle Turrentine</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mirtle Turrentine</u>	ADDRESS <u>Creve Coeur, Mo. R#2</u>
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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, athermia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6-12 Hrs.</u> <u>2 yrs. ?</u> <u>2 Yrs. ?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Coma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c) <u>Pt Lowr Lobar Pneumonia</u>		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>---</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>590X</u>
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22. I hereby certify that I attended the deceased from 2/14, 1954, to 2/15, 1954, that I last saw the deceased alive on 2/14, 1954, and that death occurred at 1:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert S. Hughes</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Creve Coeur, Mo.</u>	23c. DATE SIGNED <u>2/16/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-18-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fattonville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>FEB 17 1954</u>	REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Blairman Bro. Inc.</u> ADDRESS <u>2504 Woodson Rd. Overland-14-Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *David C. Gibson*.....

Licensed Embalmer No. *345*.....

P. O. Address *Overland*.....

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.