

318

1003

2260

STATE FILE NUMBER

Registration District No. FILED VS MAR 16 1961 Primary Registration District No. 1003 Registrar's No. 2260

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>40 yrs.</u>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Anthony Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>7124 Jamieson</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Mac</u> Last <u>Turpin</u>				4. DATE OF DEATH Month <u>February</u> Day <u>28</u> Year <u>1961</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIAGE <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		8. DATE OF BIRTH <u>12-7-1897</u>	9. AGE (last birthday) <u>64</u>		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u>		11. BIRTHPLACE (City and state or country) <u>Eolia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>George Turpin</u>			13b. MOTHER'S MAIDEN NAME <u>Daisy HORNE</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO.</u>				17. INFORMANT <u>MISS Georgia Turpin</u> Address <u>7124 Jamieson St. Louis, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u> DUE TO (b) <u>Carcinoma Sigmoid - Adenocarcinoma Ovary</u> DUE TO (c) <u>Hepatic Metastasis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>153.3</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
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.) <u>-----</u>			
20c. TIME OF INJURY Hour <u>---</u> Month, Day, Year a.m. <u>---</u> p.m. <u>---</u>		None					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		20f. CITY, TOWN, OR LOCATION <u>---</u>		COUNTY	STATE
21. I attended the deceased from <u>Jan. 11, 1961</u> to <u>Feb. 28, 1961</u> and last saw her alive on <u>2-28-61</u> Death occurred at <u>3:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Charles C. Bruce, M.D.</u> (Degree or title)				22b. ADDRESS <u>19 E. Lockwood Ave., Webster Groves 19, Missouri</u>		22c. DATE SIGNED <u>3-2-61</u>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>March 3, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Eolia Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Eolia, Pike Co., Missouri</u>			
24. FUNERAL DIRECTOR <u>Harold Kirks, Bowling Green, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>MAR 8 1961</u>		26. REGISTRAR'S SIGNATURE <u>Roald Smith, M.D.</u>		

MAR 20 1961

MAR 24 1961

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 Harold Kirka

Licensed Embalmer No. 4597

P. O. Address Bamling St

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.