

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 17519

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 43223 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Ravanna</b>		c. LENGTH OF STAY (in this place) <b>life</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Ravanna</b>		<b>0650</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <b>0</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Albert</b> b. (Middle) _____ c. (Last) <b>Morin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-7-50</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>10-9-1866</b>		9. AGE (In years last birthday) <b>83</b> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Benjamin Morin</b>		13b. MOTHER'S MAIDEN NAME <b>Sally Ann Franklin</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jim Morin Ravanna, Mo</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>coronary thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>chronic myocarditis</b>			<b>4 yrs.</b>
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4201</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 2-26-50 to 19 5-7-50, 1950, that I last saw the deceased alive on 5-7-50, 1950, and that death occurred at 12 Noon, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Byron J. Rutell D.O.</b>		23b. ADDRESS <b>Princeton, Missouri</b>		23c. DATE SIGNED <b>5/12/50</b>	
24a. BURIAL, CREMATION, RESURRECTION (Specify) <b>burial</b>		24b. DATE <b>5-9-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Princeton</b>	
		24d. LOCATION (City, town, or county) (State) <b>Princeton, Mercer Co., Mo</b>			

DATE REC'D BY LOCAL REG. <b>5-13-50</b>	REGISTRAR'S SIGNATURE <b>M. J. Rutell Dep</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Noel Moss Princeton, Mo</b>		
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(Licensed Embalmer's Statement on Reverse Side)

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

0650



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 Mr

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Steel Mass

Licensed Embalmer No. 2634

P. O. Address Emerald

**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.