

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
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FILED VS MAY 24 1960

-60-020574

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 198 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Francois					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington		Length of stay in 1b 4 wks		c. CITY OR TOWN Farmington		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Easter Home of Ruth			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) R.R. 1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First John Middle Ralph Last				4. DATE OF DEATH Month May Day 18 Year 1960					
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/20/1889		9. AGE (last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) St Louis, Mo		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME John Ralph Sr.			13b. MOTHER'S MAIDEN NAME Catherine Fichtman			14. NAME OF HUSBAND OR WIFE Nettie Ralph			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 498-10-4424A		17. INFORMANT Address Mrs Marie Shafer, Doe Run, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Failure DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH one yr 5 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cor Pulmonale and Emphysema						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			
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 _____ a.m. _____ p.m. Month, Day, Year _____		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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from March 1959 to May 1960 and last saw him alive on May 7, '60 Death occurred at 10:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Olvan Karaker M.D.				22b. ADDRESS Farmington, Mo				22c. DATE SIGNED 5/19/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5/20/60		23c. NAME OF CEMETERY OR CREMATORY I. O. O.F. Cem.,		23d. LOCATION (City, town, or county) Bismarck, Mo.		(State)	
24. FUNERAL DIRECTOR ADDRESS Miller Funeral Home, Farmington, Mo.				25. DATE RECD. BY LOCAL REG. May 19 1960		26. REGISTRAR'S SIGNATURE Esther Rudloff			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 28 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul H. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.