

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023857

FILED VS JUL 13 1960 215 Primary Registration District No. 5783 Registrar's No. 7

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY MILLER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MILLER					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LAKE-OZARK.		Length of stay in 1b 5 weeks		c. CITY OR TOWN LAKE-OZARK		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAKE-OZARK			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) LAKE-OZARK.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last SALOME - RAPP				4. DATE OF DEATH Month Day Year JUNE - 30 1960					
5. SEX FEMALE		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 21 Feb 1872		9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife			10b. KIND OF BUSINESS OR INDUSTRY At-Home		11. BIRTHPLACE (City and state or country) GERMANY		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME MARY - RAPP			14. NAME OF HUSBAND OR WIFE Jacob - RAPP			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE			16. SOCIAL SECURITY NO. NONE		17. INFORMANT LENA - Betts Address LAKE-OZARK 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) Cardiac Decompensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____								INTERVAL BETWEEN ONSET AND DEATH	
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 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.) NONE					
20c. TIME OF INJURY Hour a.m. p.m. 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.) NONE		20f. CITY, TOWN, OR LOCATION NONE		COUNTY STATE	
21. I attended the deceased from May 20, 1960 to June 30, 1960 and last saw her alive on June 29, 1960 Death occurred at 10:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Robert E. Mason D.O.				22b. ADDRESS LAKE-OZARK-Mo				22c. DATE SIGNED July-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3 July-1960		23c. NAME OF CEMETERY OR CREMATORY ELDON-		23d. LOCATION (City, town, or county) ELDON		(State) Mo	
24. FUNERAL DIRECTOR ADDRESS Keith M. Kays ELDON-Mo				25. DATE RECD. BY LOCAL REG. July 3 1960		26. REGISTRAR'S SIGNATURE Jessie Perkins			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Keith M. Rags

Licensed Embalmer No. 3998

P. O. Address Eldon

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.