

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 1 1 1960

=60-022661

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 235

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City, Mo</u>	Length of stay in lb OR TOWN <u>1 day</u>	c. CITY OR TOWN <u>California</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>Memorial Hospital</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>South High</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Harris</u> Middle <u>Arthur</u> Last <u>Meyer</u>	4. DATE OF DEATH Month <u>July</u> Day <u>1</u> Year <u>1960</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 16 - 1916</u>	9. AGE (last birthday) Months <u>44</u> Days <u>15</u> Hours <u>1</u> Min. <u>0</u>	IF UNDER 1 YEAR Months <u>44</u> Days <u>15</u> Hours <u>1</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>1</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>taxi driver</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>California, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>United States</u>
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13a. FATHER'S NAME <u>Charles C. Meyer</u>	13b. MOTHER'S MAIDEN NAME <u>Louanna Harris Roper Asahl Meyer</u>	14. NAME OF HUSBAND OR WIFE <u>LELAND F. HALL California, Mo</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-38-0948</u>	17. INFORMANT <u>LELAND F. HALL California, Mo</u>
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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>Hepatic Coma</u> DUE TO (b) <u>Homologous serum Jaundice</u> DUE TO (c) <u>Liver</u> CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>6 days</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>(Pending - Autopsy findings) for</u>	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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u>11-23-58</u> Month, Day, Year <u>7-1-60</u> a.m. p.m.

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 <u>Jefferson City, Mo</u>	COUNTY <u>Jefferson</u>	STATE <u>Mo</u>
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21. I attended the deceased from <u>11-23-58</u> to <u>7-1-60</u> and last saw him alive on <u>7-1-60</u> Death occurred at <u>12:38</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Rendall C. Clark, M.D.</u>	22b. ADDRESS <u>Jefferson City, Mo.</u>	22c. DATE SIGNED <u>19 July 1960</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 3, 1960</u>	23c. NAME OF CEMETERY OR CREMATOR <u>City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>California, Missouri</u>
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24. FUNERAL DIRECTOR <u>Bowlin Funeral Home - California Mo</u>	ADDRESS <u>California Mo</u>	25. DATE RECD. BY LOCAL REG. <u>1 July 1960</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Harris M. - Richter</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Rep.

AUG 3 1960

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 Jack A. Rawlin

Licensed Embalmer No. 4933

P. O. Address California, Mo

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.