

# FEDERAL BUREAU OF INVESTIGATION U.S. DEPARTMENT OF JUSTICE

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FILED VS NOV 14 1960

-60-037489

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 623

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u> Length of stay in 1b <u>Approx. 3 Weeks</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route 4 - Columbia Tp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Douglas</u> c. CITY OR TOWN <u>Lawrence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Unknown</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>											
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Roderick</u> Middle <u>John</u> Last <u>Neiss</u>				<b>4. DATE OF DEATH</b> Month <u>November</u> Day <u>9</u> Year <u>1960</u>											
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input checked="" type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>12-22-1915</u>		<b>9. AGE (last birthday)</b> <u>44</u>		<b>IF UNDER 1 YEAR</b> Months <u>  </u> Days <u>  </u>		<b>IF UNDER 24 HR</b> Hours <u>  </u> Min. <u>  </u>			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Laborer</u>				<b>11. BIRTHPLACE</b> (City and state or country) <u>Rosebud, So. Dakota</u>				<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>			
<b>13a. FATHER'S NAME</b> <u>John Neiss</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Laurine Murray</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>Effie (unknown)</u>							
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				<b>16. SOCIAL SECURITY NO.</b> <u>  </u>				<b>17. INFORMANT</b> <u>Valerie Neiss, Rosebud, So. Dakota</u> Address <u>  </u>							
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot wound of head</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>  </u> DUE TO (c) <u>  </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>  </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										INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>					
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input checked="" type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>  </u>											
<b>20c. TIME OF INJURY</b> Hour <u>8:00</u> <b>AM</b> <input type="checkbox"/> <b>PM</b> <input checked="" type="checkbox"/> Month, Day, Year <u>Nov 9 1960</u>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>  </u>				<b>20f. CITY, TOWN, OR LOCATION</b> <u>Columbia Twp</u>		<b>COUNTY</b> <u>Boone</u>		<b>STATE</b> <u>Mo</u>			
<b>21. I attended the deceased from</b> <u>Coroner's Case</u> <b>and last saw her</b> <u>  </u> <b>him</b> <u>  </u> <b>alive on</b> <u>  </u> <b>Death occurred at</b> <u>ca 8:00 PM 11-9-60</u> <b>on the date stated above, and to the best of my knowledge, from the causes stated.</b>															
<b>22a. SIGNATURE</b> (Degree or title) <u>Richard E Johnson, M.D.</u>						<b>22b. ADDRESS</b> <u>Columbia, Mo</u>				<b>22c. DATE SIGNED</b> <u>11-10-60</u>					
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>			<b>23b. DATE</b> <u>11-11-1960</u>			<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>  </u>			<b>23d. LOCATION</b> (City, town, or county) (State) <u>Rosebud, So. Dakota</u>						
<b>24. FUNERAL DIRECTOR</b> <u>Parker Funeral Service, Columbia, Mo.</u>						<b>25. DATE RECD. BY LOCAL REG.</b> <u>Nov. 11 1960</u>			<b>26. REGISTRAR'S SIGNATURE</b> <u>Mrs. R.E. Palmer</u>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS FEB 24 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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George A. Herby

Licensed Embalmer No. 4752

P. O. Address Columbia

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.