

**FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE**

**U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS MAY 3 1 1960**

**60-018162**

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 152

ENDED

1. PLACE OF DEATH a. COUNTY <b>ADAIR</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LINN</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KIRKSVILLE</b>		Length of stay in 1b <b>6 DAYS</b>	c. CITY OR TOWN <b>BROOKFIELD</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LAUGHLIN HOSPITAL &amp; CLINIC</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>719 Ray Road</b>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>WILLIAM</b> Last <b>BLACKLOCK</b>			4. DATE OF DEATH Month <b>MAY</b> Day <b>20</b> , Year <b>1960</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/15/1879</b>	9. AGE (last birthday) <b>81</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FUNERAL DIRECTOR</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>ENGLAND</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>JACOB BLACKLOCK</b>		13b. MOTHER'S MAIDEN NAME <b>JANE PANNERSON</b>		14. NAME OF HUSBAND OR WIFE <b>MARTHA HOLLAND BLACKLOCK</b>	
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.		17. INFORMANT Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MEDULLARY FAILURE</b>					INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
DUE TO (b) <b>RECURRING CEREBRAL THROMBOSIS</b>					<b>1957</b>
DUE TO (c) <b>GENERAL ARTERIOSCLEROSIS/OLD CEREBRAL THROMBOSIS</b>					"
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Prostatic Hypertrophy - Cystitis - Vesical Calculi</b>					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"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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 <b>5-15-60</b> to <b>5-20-60</b> and last saw him alive on <b>5-20-60</b> Death occurred at <b>10:AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Paul Lee J. Hill</i>			22b. ADDRESS <i>Jr 16 Bentonsville, Mo</i>		22c. DATE SIGNED <b>5-20-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>5/20/60</b>	23c. NAME OF CEMETERY OR CREMATORY <i>Rose Hill - Brookfield</i>		23d. LOCATION (City, town, or county) (State) <i>Brookfield Mo.</i>	
24. FUNERAL DIRECTOR <i>Hill Funeral Home, Brookfield, Mo.</i>		ADDRESS		25. DATE RECD. BY LOCAL REG <b>5-25-60</b>	26. REGISTRAR'S SIGNATURE <i>Doris W. Ratliff</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

EARL LAURENCE, JR. D.O.

VS MAR 2 1961

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 Robert B. Davis

Licensed Embalmer No. 4219  
P. O. Address Kirkville, 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.