|            | NOV 1 4 1960<br>Registration District No.   | 449  | 7Registrar's No   | s  | 9   | STATE  | FILE NUA   | ABER   |  |   |   |
|------------|---|--|---|--|---|--|--|--|--|---|---|
| - =        | COUNTY  |  |   |  |   | 2. USUAL RESIDE  | NCE (Whe   |  |  |   |   |
| <b>I</b> – | Ň   |  | euin - La I   | 1 ab £ a   | <del>  </del>   |  | souri  | -  | Shelt  | y   | admission)  |
| _          | OR 1  |  |   |  |   | oR OR Shelbina   |  |  |  |   | Inside Limits Yes X No  |
|            | c. FULL NAME OF (IF<br>HOSPITAL OR<br>INSTITUTION   | NOT in hospital, give locat  | tion)   |  | il.   | d. STREET<br>ADDRESS   |  | (If cutsi  | de, give locatio   | n)  | Reside on Farm Yes No K   |
| =          | 3. NAME OF DECEASED   | First  | N   | \iddle   |   | Last   | 4. DA1   | E  | Month  | Day   | Year  |
| $I_{-}$    | (Type or print)   | Raymon <b>d</b>  | K   | ern  | Blac  | ekburn   | DEA  | тн Мот   |  | 2,  | 1960  |
|            |   | 6. COLOR OR RACE   |   |  |   | I  | ·  | · <del>-</del> ·   | Months   | 1 YEAR<br>Days  | IF UNDER 24 HR<br>Hours Min.  |
| 7          | 0a. USUAL OCCUPATION during most of working   | (Give kind of work done  |   |  |   | 11. BIRTHPLACE   | (City and s  | tate or coun   | ···  |   |   |
| 1-         | <u>Prison Gu</u>  | ard  |   |  |   |  | na, P  |  |  |   | <u> </u>  |
| 1          |   | n Blackburn  |   |  |   |  |  | 141 117-0112   | 0  | × ***** 2   |   |
| 1:         | 5. WAŞ DECEASED EVER  | IN U.S. ARMED FORCES?  | 16. SO  |  |   |  |  |  | Address  |   |   |
| _ (1       | Yes Yes   | WW II  | 1486  | 09 62  | 277   | Mrs. Fl  | oren   | e Bla  | ackburr  |   |   |
|            | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH                             |  |   |  |   |  |  |  |  |   |   |
| ı          |   | IMMEDIATE CAUSE (a)  |   | Honas  | 4 (   | ocelus   | ion  |  |  | <u>ت</u>  | nin.  |
|            |   |  |   |  | 0   |  |  |  |  |   |   |
| 1          | which g   | ave rise to  | o)  |  |   |  |  |  |  | _   |   |
|            | stating t   | the under-   | -)  |  |   |  |  |  |  |   |   |
| Z<br>O     |   |  |   |  |   |  |  |  |  | vas female was  |   |
| 3          |   |  |   |  |   |  |  |  | ☐ Yes  | ,   |   |
| CERTIFI    | 19. WAS AUTOPSY   PERFORMED? YES   NO 100   | 20a. ACCIDENT SUICIDE  | E HOMICIDE  | 20b. DESCR   | IBE HOW   | INJURY OCCURRE   | D. (Enter na   | iture of injui   | ry in PART I or  | 1   | 1 -   |
| ₹          | 20c. TIME OF Hour   | Month, Day, Year   |   | <b>-</b>   |   |  |  |  | <u> </u>   |   |   |
| ĕ          | INJURY a.m.   | }  |   |  |   |  |  |  |  |   |   |
| · MEDICAL  | INJURY a.m. p.m.  20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W  | ☐ farm, f  | OF INJURY (e.g.,<br>actory, street, off   |  |   | H. CITY, TOWN, O   | R LOCATIO  | DN .   | COUNTY   | •   | STATE   |
| MEDIC      | 20d. INJURY OCCURRE<br>WHILE AT WORK<br>NOT WHILE AT W  | VORK   farm, f   | actory, street, off   | ice bldg., etc.)   | <u> </u>  | 1960   | nd last saw  | him alive or   | _ Nov  | -2  | 1962  |
| MEDIC      | p.m.<br>20d. INJURY OCCURRE<br>WHILE AT WORK  | vORK   farm, f   | actory, street, off   | ice bldg., etc.)   | <u> </u>  | 1960   | nd last saw  | him alive or   | _ Nov  | -2  | 1962  |
| ·          | p.m.  20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W  | VORK   farm, f   | actory, street, off   | ice bldg., etc.)   | on the  |  | nd last saw  | him alive or   | _ Nov  | m the cau   | 1962  |
|            | 20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W  21. I attended the dec Death occurred at  | cessed from aug  | 1962<br>1962<br>ree or title)   | to Manager (15 / 15 / 15 / 15 / 15 / 15 / 15 / 15  | on the  | date stated above,<br>22b. ADDRESS<br>Shelbi   | nd last saw  | him alive or best of my  | n Nov<br>knowledge, from<br>Uri  | - Z<br>m the cau  | 1963<br>ses stated.   |
|            | 20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W  21. I attended the dec Death occurred at 22a. SIGNATURE  3a. BURIAL, CREMATION, REMOVAL (Specify) | reased from aug (Deg   | 1960 1960 1960 1960 1960 1960 1960 1960   | //5 A.m  | on the  | date stated above, 22b. ADDRESS Shelbi   | nd last saw<br>and to the<br>na l  | him alive or best of my  | knowledge, from  | m the cau   | Ses stated.  22c. DATE SIGNED   |
| 23         | 20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W  21. I attended the dec Death occurred at  | reased from Aug (Deg 23b. DATE 11/4/1960   | 1960 1960 1960 1960 1960 1960 1960 1960   | to Manager of the block of the  | on the  | date stated above, 22b. ADDRESS Shelbi   | nd last saw<br>and to the<br>na, 1<br>23d. LOCA  | him alive or best of my  AISSOITHON (City, Lbina   | n Nov<br>knowledge, from<br>Uri  | m the cau   | 1963<br>ses stated.<br>22c. DATE SIGNED<br>11/5/60  |
|            |   | b. CITY (If outside co. OR TOWN She)  c. FULL NAME OF (IF HOSPITAL OR INSTITUTION  3. NAME OF DECEASED (Type or print)  5. SEX  Male  10a. USUAL OCCUPATION during most of workin Prison Gliz  13a. FATHER'S NAME  John Carsol  15. WAS DECEASED EVER (Yes, no, or unknown) (If Yes)  18. CAUSE OF DEATH PART I.  Condition which go above to staining a stainin | a. COUNTY  b. CITY (If outside corporate limits, give TOWN: OR TOWN Shelbina  c. FULL NAME OF (If NOT in hospital, give loca HOSPITAL OR INSTITUTION  3. NAME OF DECEASED (Type or print)  First Raymond  5. SEX 6. COLOR OR RACE Male  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prison Guard  13a. FATHER'S NAME  John Carson Blackburn  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of Yes: WW II  18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: which gave rise to above cause (a), stating the under- lying cause last.  DUE TO (6) | a. COUNTY  Shelby  b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbina  c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION  3. NAME OF DECEASED (Type or print)  Raymond  5. SEX 6. COLOR OR RACE Widowed  Widowed  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prison Ghard  13a. FATHER'S NAME  John Carson Blackburn  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YAS  WITT  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or part of the pa | a. COUNTY  Shelby  b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbina  c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION  3. NAME OF DECEASED First Raymond First Raymond  5. SEX 6. COLOR OR RACE Middle White  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prison Glard  13a. FATHER'S NAME  John Carson Blackburn  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) VAS  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  DUE TO (c)  DUE TO (c) | b. CITY (if autside corporate limits, give TOWNSHIP only)  OR  TOWN Shelbina  c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION  3. NAME OF DECEASED First Raymond  First  Raymond  Note that the state of the Note in hospital, give location)  Raymond  SEX  6. COLOR OR RACE Middle  Widowed  Note that the state of the Nover Married Widowed  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prison Glard  State Prison  13a. FATHER'S NAME  John Carson Blackburn  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  Vest  Widowed  13b. MOTHER'S MAIDEN NAME Florence Del.  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  Vest Will  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  DUE TO (b) | b. CITY (If outside corporate limits, give TOWNSHIP only)  b. CITY (If outside corporate limits, give TOWNSHIP only)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. CITY OR  TOWN  TOWN  C. CITY OR  TOWN  T. MARCHET  TOWN  C. CITY OR  TOWN  T. MARCHET  TOWN  T. INFORMANT  T. MARCHET  T. M | b. CITY (If outside corporate limits, give TOWNSHIP only) 10WN Shelbina  c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR (Ifype or print)  3. NAME OF DECEASED (Ifype or print)  Raymond  S. SEX Male White  10b. KIND OF BUSINESS OR INDUSTRY PT SON GITATT  13a. FATHER'S NAME  John Carson Blackburn  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  White give war or dates of service)  I MALE  Conditions, if any, which gave rise to above cause (a), straing the underlying cause last.  DUE TO (c)  DUE TO (c) | a. COUNTY  Shelby  b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Shelbina  c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HOSPIT | a. STATMISSOURI b. COUNTY Shelt:  b. CITY (If outside corporate limits, give TOWNSHIP only)  c. FULL NAME OF Iff NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF JOHN Shelbina  C. STATMISSOURI B. COUNTY Shelbina  C. STREET ADDRESS  (If outside, give location of Month of John Shelbina  C. STREET ADDRESS  (If outside, give location of JOHN Shelbina  C. STREET ADDRESS  (If outside, give location of JOHN Shelbina  C. STREET ADDRESS  (If outside, give location of JOHN Shelbina  C. STREET ADDRESS  (If outside, give location of JOHN Shelbina  C. STREET ADDRESS  (If outside, give location of JOHN Shelbina  C. STREET ADDRESS  (If outside, give location of JOHN Shelbina  C. STREET ADDRESS  (If outside, give location of JOHN Shelbina  C. STATMISSOURI B.  C. SCALSE LIMIT B.  C. SOCIAL SECURITY NO.  C. STATMISSOURI B.  C. STATMISSOURI B. | b. CITY (If ourside corporate limits, give TOWNSHIP only) b. CITY (If ourside corporate limits, give TOWNSHIP only) COUNTY Shelby  c. CITY (If ourside corporate limits, give TOWNSHIP only) COUNTY Shelby  c. CITY OR Shelbina  d. STREET ADDRESS  (If ourside, give location)  JOHNSTITUTION  3. NAME OF DECEASED First Middle Raymond Kern Blackburn  First Middle Raymond Kern Blackburn  SEX 6. COLOR OR RACE Widowed Divorced B. DATE OF BIRTH P. AGE (last birthday) If UNDER 1 YEAR  Month Day  Month Day  Month Day  Month Day  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prison Ghard  101. KIND OF BUSINESS OR INDUSTRY  102. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prison Ghard  103. FATHER'S NAME  JOHN Carson Blackburn  104. NAME OF HUSBAND OR WIFE  105. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) VEST WITT  105. SOCIAL SECURITY NO. 107. INFORMANT  Address  108. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART 1. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (a)  DUE TO (b)  MAMEDIATE CAUSE (a)  DUE TO (b)  DUE TO (c)  DUE TO (c) |

## 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.       | Signed Saul & Huyes  |
| StudentSignature of Student Embalmer         | Signed Saul ? Huyes  |
| •  | Licensed Embalmer No. 446/                                       |

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

Will process

1.5 2-1760