

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

**59-039087**

FILED VS NOV 3 0 1959

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 539

EMENDED

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff,</b>		Length of stay in 1b <b>wk.</b>	c. CITY OR TOWN <b>Bloomfield</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Doctors Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>---</b>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>ALONZO</b> Middle <b>JACKSON</b> Last <b>ASLIN</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>4,</b> Year <b>1959</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</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>11-12-76</b>	9. AGE (last birthday) <b>82</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>Ret. Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Furniture Bus.</b>	11. BIRTHPLACE (City and state or country) <b>Bloomfield, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John Aslin</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Alsup</b>		14. NAME OF HUSBAND OR WIFE <b>Manerva Aslin</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Manerva Aslin-Bloomfield, Mo.</b>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b>		<b>5 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) <b>Advanced arteriosclerotic cardiovascular renal disease</b>	<b>Approx 10 yrs</b>
DUE TO (c) <b>Stasis pneumoniae</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Stasis pneumoniae</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
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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.)
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 checked="" 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 Oct 25, 1959 to Nov 4, 1959 and last saw her alive on Nov 3, 1959  
Death occurred at 9:00 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Robert Chugelhard</i>	(Degree of title)	22b. ADDRESS <b>Poplar Bluff, Mo</b>	22c. DATE SIGNED <b>11-13-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 7-59</b>	23c. NAME OF CEMETERY OR CREMATOR <b>Walker cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Stoddard co. Missouri</b>
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24. FUNERAL DIRECTOR <b>CHILES UND. CO., BLOOMFIELD, MO.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>11/21/59</b>	26. REGISTRAR'S SIGNATURE <i>R. M. Muehle</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 8 1959

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

by Lulu Cooper #3499 Student Embalmer No. \_\_\_\_\_

~~working under my personal supervision~~

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

Signed Lulu C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, N.J.

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.