

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

60-016534

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. Registrar's No. 164

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township			Length of stay in 1b 15Y;9M;19das.		c. CITY OR TOWN Sullivan		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Unknown Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) ARDITH				First Middle Last ASPLIN		4. DATE OF DEATH Month Day Year April 14, 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 23, 1910	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Ely Smith			13b. MOTHER'S MAIDEN NAME Nancy C. Campbell			14. NAME OF HUSBAND OR WIFE Samuel H. Asplin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 520-12-4630		17. INFORMANT Address Records, State Hospital No. 4, Farmington, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia							INTERVAL BETWEEN ONSET AND DEATH 10 das.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Psychosis with other forms of syphillis of the / central nervous system.					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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"/> 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 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 April 10, 1946 to April 14, 1960 and last saw her ^{her} him ^{alive} on April 14, 1960 Death occurred at 5:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>John C. Brennan M.D.</i>				22b. ADDRESS State Hospital No. 4 Farmington, Missouri			22c. DATE SIGNED 4-15-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-15-60	23c. NAME OF CEMETERY OR CREMATORY Knights of Pythias		23d. LOCATION (City, town, or county) (State) Farmington, Missouri			
24. FUNERAL DIRECTOR ADDRESS Milner Funeral Home, Farmington, Mo.			25. DATE RECD. BY LOCAL REG. Apr. 15, 1960	26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Bert J. Miller

Licensed Embalmer No. 375

P. O. Address Farming

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.