

FILED DEC 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37172**  
Registrar's No. **4932**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>4932</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City 1</b>		c. LENGTH OF STAY (In this place) <b>3 wks</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hosp</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Liberty</b>			
				d. STREET ADDRESS (If rural, give location) <b>202 N. Water</b>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <b>ANNA</b>	b. (Middle) <b>PESCIA</b>		c. (Last) <b>CHRISMAN</b>		(Month) <b>Nov.</b>	(Day) <b>19</b>	(Year) <b>49</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 30-1865</b>		9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR <b>2 1/2</b>	IF UNDER 14 HRS. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Ambrose Pescia</b>		13b. MOTHER'S MAIDEN NAME <b>Sauze Barber</b>		14. NAME OF HUSBAND OR WIFE <b>William</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Sauze Henry Liberty, Jr.</b> ADDRESS _____			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Arteriosclerosis</b>					<b>Acute</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death <b>Fracture Rt. tibia/femur</b>					<b>Oct. 24 49</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		4500		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Liberty Platte Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct 24 1949 BA</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fall</b>			
22. I hereby certify that I attended the deceased from <b>Oct 24, 1949</b> , to <b>Nov 19, 1949</b> , that I last saw the deceased alive on <b>Nov 18, 1949</b> , and that death occurred at <b>11 Am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Glenn W. Henderson</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>Liberty, Mo</b>		23c. DATE SIGNED <b>11/19/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Nov 19 49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview</b>		24d. LOCATION (City, town, or county) (State) <b>Liberty Mo</b>		
DATE REC'D BY LOCAL REG. <b>11-21-49</b>		REGISTRAR'S SIGNATURE <b>Margaret Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Church - Aron Co.</b>		ADDRESS <b>Liberty, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 21 1950

**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 .....  
Student Embalmer

Signed John S. Barber

Licensed Embalmer No. 4448

P. O. Address 2 Liberty Road

**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 this body is not embalmed, fact should be so stated above.