

FILED JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2525

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>617 Campbell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carmela</u> b. (Middle) <u>Liberty</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>6-2-52</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>2-6-1885</u>		9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR: MONTHS DAYS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u>	
12. CITIZEN OF WHAT COUNTRY? <u>5</u>		13a. FATHER'S NAME <u>Joe Antonello</u>		13b. MOTHER'S MAIDEN NAME <u>Marie DeSella</u>	
14. NAME OF HUSBAND OR WIFE <u>Frank Liberty</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Michael Liberty</u>		18. ADDRESS <u>617 Campbell</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Acute Intestinal Obstruction</u>		<u>5 days</u>	
		DUE TO (c) <u>Arterio Sclerotic Hypertension</u>		<u>5 1/2</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity - embolus</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 2/4, 1952, to 6/2, 1952; that I last saw the deceased alive on 6/1, 1952 and that death occurred at 12:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert C. Mc Clanahan</u> (Degree or title) <u>Robert C. Mc Clanahan, MD</u>		23b. ADDRESS <u>870 Professional Bldg</u>		23c. DATE SIGNED <u>6/2/52</u>	
---	--	--	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/5-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Marys</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>		DATE REC'D BY LOCAL REG. <u>6-4-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Fitzgerald</u>		ADDRESS <u>St. Louis, Mo.</u>			

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

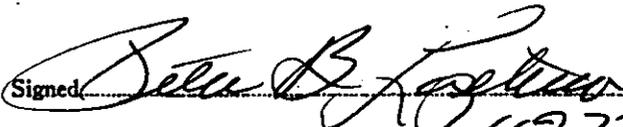
**STATEMENT BY LICENSED EMBALMER**

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  .....

Licensed Embalmer No. 4273

P. O. Address .....

**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.