

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1306
268

FILED FEB 14 1949

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1007</u>		Registrar's No. <u>268</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo.</u>		c. LENGTH OF STAY (in this place) <u>15 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. 4 Oakwood Add. North Kansas C</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Melvin</u> c. (Last) <u>Langhus</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16 1949</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 10, 1930</u>			
9. AGE (In years last birthday) <u>18</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>6</u>		IF OVER 1 YEAR Years <u>18</u> Months <u>0</u> Days <u>0</u>		IF OVER 1 YEAR Hours <u>X</u> Min. <u>X</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Photographer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Self Commercial</u>		11. BIRTHPLACE (State or foreign country) <u>Madison Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Melvin O. Langhus</u>			13b. MOTHER'S MAIDEN NAME <u>Vera Borland</u>			14. NAME OF HUSBAND OR WIFE <u>Margret Langhus</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>500-22-2134</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Doc. Melvin O. Langhus</u>				ADDRESS <u>North K.C.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial hemorrhage, acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured congenital aneurysm of circle of Willis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>35/x</u>						INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u> <u>18 hours</u>	
19a. DATE OF OPERATION <u>None</u>		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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>1)</u>				
22. I hereby certify that I attended the deceased from <u>January 16 1949</u> , to <u>Jan. 16, 1949</u> , that I last saw the deceased alive on <u>Jan 16, 1949</u> , and that death occurred at <u>10:22P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>William P. Williamson MD</u>					23b. ADDRESS <u>411 Alameda Road Kansas City, Missouri</u>		23c. DATE SIGNED <u>Jan 19, 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 19 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Morhia</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>			
DATE REC'D BY LOCAL REG. <u>1-19-49</u>		REGISTRAR'S SIGNATURE <u>Staldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton-Smith's Funeral Home</u>				
ADDRESS <u>North Kansas City Mo</u>									

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

Handwritten initials

Williamson

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.

Signed Theron O Smith

Signed _____
Student Embalmer

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.