

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 16447  
1833BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1003 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>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u> (If outside corporate limits, write RURAL and give township)	c. LENGTH OF STAY (in this place) <u>40 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>		f. STREET ADDRESS (If rural, give location) <u>5921 KENWOOD AVENUE</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>ANKER</u>	c. (Last) <u>LANGAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 24 1956</u>
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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>FEB 16 1895</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 MS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>YARD MASTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>UNION PACIFIC R.R.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LAWRENCE KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES ANDREW LANGAN</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY LUELLA FOREMAN</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. ELINOR LANGAN</u>
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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>712-01-9034</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ELINOR LANGAN</u>	ADDRESS <u>5921 KENWOOD AVE. KANSAS CITY MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u>	ANTECEDENT CAUSES		<u>16 weeks</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
DUE TO (b) _____			
DUE TO (c) _____			<u>4201</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple Embolism to Spleen and mesenteric arteries</u>			<u>1 day</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March, 1956, to April 24, 1956, that I last saw the deceased alive on April 24, 1956, and that death occurred at 5:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard L. Owens M.D.</u> (Degree or title) <sup>b</sup>	23b. ADDRESS <u>1034 Rialto Bldg. Kans City Mo</u>	23c. DATE SIGNED <u>4-25-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR 27 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON CEM.</u>	24d. LOCATION (City, town, or County) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>4-27-56</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u>	ADDRESS <u>1331 BRUSH CREEK BLVD. KANSAS CITY MO.</u>
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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.....  
Signature of Student Embalmer

Signed.....  
*Edward M. A.*  
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Licensed Embalmer No.....

P. O. Address *K.C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If this body is not embalmed, fact should be so stated above.)  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.