

FILED JUN 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16448**  
**2258**  
Registrar's No.

BIRTH NO.		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1001</b>		Registrar's No. <b>2258</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. LENGTH OF STAY (in the place) <b>1 day</b>		c. CITY OR TOWN <b>Mission</b>		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 <b>St. Luke's Hospital (DOA)</b>				STREET ADDRESS (If rural, give location) <b>6004 Nall Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b>		b. (Middle) <b>JUDSON</b>		c. (Last) <b>LANGFORD</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 21, 1956</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 8, 1904</b>	
9. AGE (In years last birthday) <b>52</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Regional Manager, Novel Equipment Co.,</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Auto air conditioners</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Georgia</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>							
13a. FATHER'S NAME <b>Arthur J. Langford</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Victoria Langford</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>452-037493</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Victoria Langford Mission, Kansas</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <b>Myocardial Infarction</b> <b>Arteriosclerotic Heart Disease</b> 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>Hypertension Sower</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4200</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23. SIGNATURE <b>Hugh H. Owens</b> (Degree or title) <b>3</b>				23b. ADDRESS <b>1034 N. 1st St. P.O. Box</b>		23c. DATE SIGNED <b>5-22-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5/22/56</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Dallas, Texas</b>	
DATE REC'D BY LOCAL REG. <b>5-23-56</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Freeman Mortuary</b>		ADDRESS <b>Kansas City, Missouri</b>	

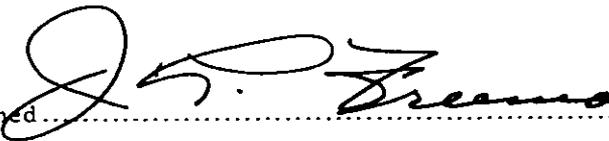
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

PA 3 - 1160

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.....  


Licensed Embalmer No. 28

P. O. Address F. O. A

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.