

FILED JUL 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20585

State File No. ....

BIRTH NO. .... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2670

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL, and give town) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>40 Years</b>	c. CITY OR TOWN <b>Kansas City</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>3900 Park Avenue</b>			e. STREET ADDRESS (If rural, give location) <b>3900 Park Avenue</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ARTHUR</b>			b. (Middle)	c. (Last) <b>LANGLEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 15, 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>September 22, 1881</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Mins.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired, K. C. P. &amp; L.</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Tibbets, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>James Langley</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Deets</b>		14. <del>XXXXXXXXXXXX</del> WIFE <b>Lillie Ann Langley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>486-03-1272</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lillie Ann Langley, 3900 Park Ave., K.C. Mo.</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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201
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)	21d. (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 <u>6-12-56</u> , 19 <u>56</u> , to <u>6-15-56</u> , 19 <u>56</u> that I last saw the deceased alive on <u>6-15-56</u> , 19 <u>56</u> and that death occurred at <u>9:00</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>H. H. Owens</b> (Degree or title)			23b. ADDRESS <b>1034 Rialto Blvd. K.C. Mo.</b>		23c. DATE SIGNED <b>6-15-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-18-56</b>	24c. NAME OF CEMETERY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Corder, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>6-18-56</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE UND. CO., 3235 Gillham Plaza</b>		

(Licensed Embalmer's Statement on Reverse Side)

K. C. 9, Mo.

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

300  
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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.....  
*Elmer D. Triplett*

Licensed Embalmer No. *481*

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.