

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23812

STATE FILE NUMBER

FILED AUG 8 - 1956

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3187

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part II must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>  |                                  | c. CITY OR TOWN <b>Kansas City</b> 3958   |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hosp.</b>   |                                  | Length of stay in lb <b>10 Yrs.</b>   |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Leonard</b> Middle <b>Eugene</b> Last <b>Langford</b>   |                                  | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>21</b> Year <b>1956</b>  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3 Dec. 1941</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Child</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   |   |
| 11. BIRTHPLACE (City and state or country)<br><b>Kansas City, Kansas.</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |   |
| 13. FATHER'S NAME<br><b>Omar L. Langford</b>  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Norma Cecil</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>NONE</b>  |   |
| 17. INFORMANT<br><b>Norma Stine</b>   |                                  | Address<br><b>8007 Euclid K.C. Mo.</b>  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Edema (Medullary failure)</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Head Injury (Post-op. Extradural hemorrhage)</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>40 hrs.</b><br><b>EQ364</b>            |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><b>Hit by base ball at a picnic</b>                         |   |
| 20c. TIME OF INJURY<br>Hour <b>3:30</b> Month <b>7</b> Day <b>19</b> Year <b>56</b><br>p. m.  |                                  | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Picnic grounds, Kansas city, Jackson, Mo.</b>               |   |
| 20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |                                  | 20f. CITY, TOWN, OR LOCATION<br><b>Kansas city, Jackson, Mo.</b>  |   |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |   |
| 22a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)   |                                  | 22b. ADDRESS<br><b>1034 Pratt Blvd</b>  |   |
| 22c. DATE SIGNED<br><b>7-23-56</b>  |                                  | 22d. SIGNATURE<br><b>Neva Minshall</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>23 July 1956</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Floral Hills</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City Missouri.</b> |
| 24. FUNERAL DIRECTOR<br><b>FLORAL HILLS MEMORIAL CHAPELS K.C. Mo.</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>7-23-56</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Neva Minshall</b>                             |

(Licensed Embalmer's Statement on Reverse Side)

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 *Lloyd C. McLeod*

Licensed Embalmer No. 48

P. O. Address K.C.

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.