ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2172

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 907

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 9 Yrs. IN ARIZONA: 9 Yrs.
C. CITY OR TOWN: Phoenix ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1606 S. 12th Street

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Charles B. (MIDDLE): --- C. (LAST): Langway
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Mrs. Rose Langway
7. DATE OF BIRTH — MONTH: 7 DAY: 6 YEAR: 75
8. AGE (IN YEARS LAST BIRTHDAY): 78 IF UNDER 1 YEAR — MONTHS: DAYS: IF UNDER 24 HRS. — HOURS: MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Blocklayer
9B. KIND OF BUSINESS OR INDUSTRY: Unknown
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New York
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): 8-2-00 to 8-2-03
13. SOCIAL SECURITY NO.: 292-07-7114
14A. FATHER'S NAME: Tom Langway
14B. BIRTHPLACE (STATE OR COUNTRY): Canada
15A. MOTHER'S MAIDEN NAME: Frances Arsenault
15B. BIRTHPLACE (STATE OR COUNTRY): Canada
16. INFORMANT'S SIGNATURE: VA Hospital Records, Phoenix, Arizona ADDRESS:
17. DATE OF DEATH (MONTH): April (DAY): 15 (YEAR): 1954

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (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.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Renal insufficiency (chronic uremia) — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Chronic bilateral pyelonephritis — 3 Years
DUE TO (C) Severe benign prostatic hypertrophy with obstructive hydronephrosis — 3 Years

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic heart disease with congestive heart failure — Unknown

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I VA ATTENDED THE DECEASED FROM April 9, 1954, TO April 12, 1954, AND THAT DEATH OCCURRED AT 2:30 P.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): B.M.Lipschultz, M.D., Chief, Medical Service
22B. ADDRESS: VA Hospital, Phoenix, Arizona
22C. DATE SIGNED: April 16, 1954

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: April 19, 1954
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Ariz.

26A. DATE REC. BY LOCAL REG.: 4/19/54
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Jerry J. Doman
27B. ADDRESS: Phoenix, Arizona

FORM VS-2 REV. 6-1-53 AMPCO 76385

ARIZONA FUNERAL HOME