MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-030926
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3971

FILED AUG 28 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in Ib: 36 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: V A HOSPITAL — Inside Limits: Yes ☒ No ☐

2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ARKANSAS b. COUNTY: WASHINGTON
c. CITY OR TOWN: SPRINGDALE — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): ROUTE # 2 — Reside on Farm: Yes ☐ No ☐

3 NAME OF DECEASED (Type or print): First GEORGE Middle W. Last DAVISSON
4 DATE OF DEATH: Month August Day 1 Year 1962

5 SEX: Male
6 COLOR OR RACE: White
7 Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8 DATE OF BIRTH: 6-24-92
9 AGE (last birthday): 70 — IF UNDER 1 YEAR / IF UNDER 24 HR: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Orangeburg, Ky.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: E. Davisson
13b. MOTHER'S MAIDEN NAME: Becky Coppage
14. NAME OF HUSBAND OR WIFE: Vergie Davisson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 5-3-18 to 3-18-19
16. SOCIAL SECURITY NO.:
17. INFORMANT: VA Hospital Official Records, K.C. Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hemorrhage of pharynx — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of hypopharynx
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 6-25-62, to 8-1-62 ~~[illegible]~~ her
Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Firmin E. Snodell
FIRMIN E. SNODELL, M.D.
22b. ADDRESS: VA Hospital, Kansas City, Mo
22c. DATE SIGNED: 8-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 8-4-62
23c. NAME OF CEMETERY OR CREMATORY: Vaughn Cemetery
23d. LOCATION (City, town, or county) (State): Fayetteville, Ark.

24. FUNERAL DIRECTOR ADDRESS: Geo. C. Carson Indep. Mo.
25. DATE RECD. BY LOCAL REG.: 8-2-62
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	8030		
3			
4	0		
5	1		
6			
7	1		
8	2		
9	147X		
10			
11			
12	76-0		
13			

BY AFFIDAVIT OF DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.