

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33191

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4209

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>Benton</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) township) <b>41 days</b>	c. CITY OR TOWN <b>FRISTOE</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>			e. STREET ADDRESS (If rural, give location) <b>02 847</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b> b. (Middle) <b>VERLIN</b> c. (Last) <b>DAVISSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>September 28, 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>October 4, 1928</b>	9. AGE (In years last birthday) <b>26</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Fristoe, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Roy Davisson</b>		13b. MOTHER'S MAIDEN NAME <b>Cora (Davisson) May Coy</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes PL 28</b>	16. SOCIAL SECURITY NO. <b>534-26-82 82</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA Hospital Official Records, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary edema</b>  ANTECEDENT CAUSES DUE TO (b) <b>Cardiac decompensation</b> DUE TO (c) <b>Massive metastatic involvement of all organs by teratocarcinoma of right testes</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>  <b>3-4 days</b>  <b>18 months</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. <b>VA</b>	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 <b>August 18, 1955</b> , to <b>Sept. 28, 1955</b> , <del>and that death occurred at 7:15 P. M., from the causes and on the date stated above.</del>					
23a. SIGNATURE (Degree or title) <b>Joaquin Lopez, M.D.</b>			23b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>		23c. DATE SIGNED <b>9/29/55</b>
24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE <b>SEPT-30-1955</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>WARSAW MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>9-30-55</b>	REGISTRAR'S SIGNATURE <b>Neve Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D.H. Newcome's Sons 1331 BRUSH CREEK KANSAS CITY, MO.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

DEC 12 1955

APR 26 1956

**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 *Chester E. Brown*.....

Licensed Embalmer No. *49*.....

P. O. Address *EE*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.