FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19230

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edina
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gibson Hospital & Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ill
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Quincy
d. STREET ADDRESS (If rural, give location): 829 Lind

812 D 8

3. NAME OF DECEASED (Type or Print)
a. (First): JULIUS
b. (Middle):
c. (Last): DAVIS

4. DATE OF DEATH (Month) (Day) (Year): June 18, 1955

5. SEX: M 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 22, 1927
9. AGE (In years last birthday): 27 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: J. J. Flynn Co.
11. BIRTHPLACE (State or foreign country): Quincy, Ill
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Lester Davis
13b. MOTHER'S MAIDEN NAME: Ruby Robinson
14. NAME OF HUSBAND OR WIFE: Ruth Erickson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): 0
16. SOCIAL SECURITY NO.: 365-124706
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ruby Davisson — ADDRESS: Quincy, Ill

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Car wreck.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 4 mi. East of Edina
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Edina Knox Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 18 '55 10P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from* June 18, 1955, *to* June 18, 1955, *that I last saw the deceased alive on* June 18, 1955, *and that death occurred at* 10:30P m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Gibson M.D.
23b. ADDRESS: Edina Mo.
23c. DATE SIGNED: 6-22-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 19 June 1955
24c. NAME OF CEMETERY OR CREMATORY: Greenmont cemetery
24d. LOCATION (City, town, or county) (State): Quincy, Illinois

DATE REC'D BY LOCAL REG.: June-24-55
REGISTRAR'S SIGNATURE: Nell S. Hunalt
25. FUNERAL DIRECTOR'S SIGNATURE: A. G. Rimer — ADDRESS: Edina, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 13 1961

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 .....
Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.