FILED DEC 12 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 37325

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4262 Registrar's No. 68

**1. PLACE OF DEATH**
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Knox City
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):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Knox
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Knox City 0520
d. STREET ADDRESS (If rural, give location): 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): CHARLES
b. (Middle):
c. (Last): McQUOID

**4. DATE OF DEATH** (Month) (Day) (Year): November 20, '55

**5. SEX:** Male
**6. COLOR OR RACE:** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH:** Nov 16 - 1874
**9. AGE** (In years last birthday): 81 — IF UNDER 1 YEAR: Months 0, Days 4 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Business Man
**10b. KIND OF BUSINESS OR INDUSTRY:** Coal + Ice
**11. BIRTHPLACE** (City and State or Foreign Country): Knox Co Mo
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME:** Tobias McQuoid
**13b. MOTHER'S MAIDEN NAME:** Louisa Freeland
**14. NAME OF ~~HUSBAND~~ OR WIFE:** Cathryn Horn

**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.:** 0
**17. INFORMANT'S SIGNATURE OR NAME:** Cathryn McQuoid — ADDRESS: Knox City Mo

**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): Acute circulatory failure — INTERVAL BETWEEN ONSET AND DEATH: instantaneous

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cardiac tamponade
DUE TO (c): Crushed chest syndrome

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
9100

**19a. DATE OF OPERATION:**
**19b. MAJOR FINDINGS OF OPERATION:** 22 52
**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.): own private garage
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Knox City Knox Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 11 20 55 5:00PM
**21e. INJURY OCCURRED** WHILE AT WORK ☒ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** Pinned under truck, crushing chest

22. *I hereby certify that* ~~I attended~~ *the deceased from* was Unattended, 19___, *to* _____, 19___, *that* ~~I attended~~ ~~XXXXXXX~~ _____, 19___, *and that death occurred at* 5:00P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): L. Cornelius Co. Acting for Coroner A.G.Rimer, Knox County, Missouri
**23b. ADDRESS:** Edina, Missouri
**23c. DATE SIGNED:** 11/22/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE:** Nov 22
**24c. NAME OF CEMETERY OR CREMATORY:** Knox City Cemetery
**24d. LOCATION** (City, town, or county) (State): Knox City Mo

**DATE REC'D BY LOCAL REG.:** Dec. 7-55
**REGISTRAR'S SIGNATURE:** Nelle S. Hunolt 1510
**25. FUNERAL DIRECTOR'S SIGNATURE:** A. J. Seeger — ADDRESS: Knox City Mo.

(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 .....
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 compl the above constitutes grounds for revocation of license.)

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