

No. 300 Filed DEC 10 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39310

5-46  
3

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

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>5643</u>		Registrar's No. <u>81</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution) a. STATE <u>Kentucky</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Concordia, Mo.</u>		c. LENGTH OF STAY (In this place) <u>2 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Leansville N.Y.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No 40 highway near Concordia Mo</u>				d. STREET ADDRESS (If rural, give location) <u>4022 Brookfield St. 8168</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>Joeller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-1-1952</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>11-24-1925</u>	
9. AGE (In years if under 1 year last birthday) <u>27</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TIME KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MACHINERY MFG</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>FALL CITY, MISS.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>CHARLES H. JOELLER</u>		13b. MOTHER'S MAIDEN NAME <u>EDITH CHARY</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WORLD WAR 2</u>		16. SOCIAL SECURITY NO. <u>NOT KNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DAN CHANEY</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>Motor car collision. Compound fracture skull. Left arm &amp; shoulder torn. Multiple comminuted fractures of jaws &amp; facial bones.</u>		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Motor car collision. Compound fracture skull. Left arm &amp; shoulder torn.</u>		INTERVAL BETWEEN ONSET AND DEATH					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>Morbid conditions, many, giving rise to the above cause (a) stating the underlying cause last.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operations</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Motor Car Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>W 40 Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Concordia Lafayette Mo</u>			
21d. TIME OF INJURY <u>Dec 1-1952 9A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Motor Car Collision</u>			
22. I hereby certify that I attended the deceased from <u>after death</u> , 19 <u>52</u> , to <u>death</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8A</u> , 19 <u>52</u> , and that death occurred at <u>8A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. W. ...</u>				23b. ADDRESS <u>Oversaw Mo</u>		23c. DATE SIGNED <u>12-1-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>12-2-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FALL CITY</u>		24d. LOCATION (City, town, or county) (State) <u>NEBR.</u>	
25. DATE REC'D BY LOCAL REG. <u>Dec 2-1952</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. ...</u>		ADDRESS <u>Concordia, Mo</u>	

(Licensed Embalmer's Statement on Reversed Side)

JAN 9 1953

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DEC 30 1952

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. J. James

Licensed Embalmer No. 2058

P. O. Address Concordia, Mo

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