

FILED SEP 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26360

BIRTH NO. _____ REG. DIST. NO. 555 PRIMARY REG. DIST. NO. 31011 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY CARROLL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton		c. LENGTH OF STAY (In this place) 1 Hour	
d. FULL NAME OF HOSPITAL OR INSTITUTION Atwood Hosp.		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL	
f. STREET ADDRESS (If rural, give location) 6 miles Southeast Braymer, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) KARL b. (Middle) CARRICK c. (Last) TOOMAY	4. DATE OF DEATH (Month) (Day) (Year) July 30, 1949		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 5, 1929
9. AGE (In years last birthday) 19	10. MONTHS 6	11. DAYS 25	12. IF UNDER 1 YEAR Hours Min. 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Maryville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME MICHAEL JOSEPH TOOMAY	13b. MOTHER'S MAIDEN NAME MARY DONNA MALOTTE	14. NAME OF HUSBAND OR WIFE JIMMY BAKER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME ADDRESS JIMMY BAKER BRAYMER, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ALL THE UNDERSIGNED COVENERS JURY ARE THE UNANIMOUS OPINION THAT KARL C TOOMAY MET HIS DEATH ON THE 30th DAY OF JULY 1949 AS THE RESULTS OF CARELESS AND RECKLESS AND NEGLIGENT DRIVING OF A JOHN M. ROBBINS TO THE EXTENT THAT WE DEEM IT AN ACT OF MANSLAUGHTER. E8166-56 ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) 1949 AS THE RESULTS OF CARELESS AND RECKLESS AND NEGLIGENT DRIVING DUE TO (c) RECKLESS AND NEGLIGENT DRIVING II. OTHER SIGNIFICANT CONDITIONS OF A JOHN M. ROBBINS TO THE EXTENT THAT WE DEEM IT AN ACT OF MANSLAUGHTER. E8166-56		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway # 65	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bogard REA. Carroll MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) JULY 30 1949 12:30 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Auto-WRECK. on rd # 17	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ray Dickerson Coroner	23b. ADDRESS 5 Bogard MO	23c. DATE SIGNED 7/30/49	
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE AUG. 1, 1949	24c. NAME OF CEMETERY OR CREMATORY McBEE CHAPEL	24d. LOCATION (City, town, or county) (State) CARROLL CO., MO.
DATE REC'D BY LOCAL REG. 8/22/49	REGISTRAR'S SIGNATURE Mrs Herbert Coe	25. FUNERAL DIRECTOR'S SIGNATURE Gene C. Michael	ADDRESS Braymer, Mo.

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

RECEIVED AUG 29
District Health Officer No. 8,

District File Number _____

Date Filed 9-1-49

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.

Signed _____

Gene C. Michael

Signed _____

Student Embalmer

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.