

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-042593

FILED VS DEC 12 1960

STATE FILE NUMBER

Registration District No. 165 Primary Registration District No. 5610 Registrar's No. 11

INDEXED

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson		Length of stay in 1b Transit	c. CITY OR TOWN Pulaski
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Crossing State Road D Bowen, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Box 127
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Doris Middle Eugenia Last Tolar			4. DATE OF DEATH Month Dec Day 1 Year 1960			
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 23 Dec 29	9. AGE (last birthday) 30	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Military	10b. KIND OF BUSINESS OR INDUSTRY U.S. Air Force	11. BIRTHPLACE (City and state or country) St Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Harry Tolar Sr	13b. MOTHER'S MAIDEN NAME Mary Walsh	14. NAME OF HUSBAND OR WIFE -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Present	16. SOCIAL SECURITY NO. 354-20-0485	17. INFORMANT Address Offical USAF Records, Whiteman AFB, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Injuries Multiple Extreme		INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car deceased was driving, struck by a train
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20c. TIME OF INJURY Hour 3:00 a.m. p.m. Month, Day, Year Dec 1 60	at railroad crossing, Bowen, Missouri	
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (Street) State Road D	20f. CITY, TOWN, OR LOCATION Bowen, Missouri	COUNTY Johnson	STATE Missouri
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21. I signed viewed the deceased body body on 1 Dec 60 , to - and last saw her him him alive on -	Death occurred at 3:00 P on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE S.A. CHEESEMAN M.D. (Degree in title)	22b. ADDRESS USAF Hospital, Whiteman AFB, Missouri	22c. DATE SIGNED 1 Dec 60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal,	23b. DATE 12-2-1960	23c. NAME OF CEMETERY OR CREMATORY Pulaski,	23d. LOCATION (City, town, or county) (State) Pulaski, Illinois
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24. FUNERAL DIRECTOR The Brauningers, Warrensburg, Mo.	25. DATE RECD. BY LOCAL REG. 12/19/60	26. REGISTRAR'S SIGNATURE Jusook
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 10 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 _____
Signature of Student Embalmer

Signed PAV Bauringer

Licensed Embalmer No. 3377

P. O. Address Warrenburg

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.