

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9856  
Registrar's No. 48

FILED APR 3 1950

BIRTH NO. 73594-49 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127

0497  
0

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jasper</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JEMMEX NEWTON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. LENGTH OF STAY (in this place) <u>3 Weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEMMEX Rural- Unknown</u>		0730
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Neosho, Rt. 3</u>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Truman</u> c. (Last) <u>Whinnery</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 7, 1950</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Child</u>	<b>8. DATE OF BIRTH</b> <u>Nov. 1, 1949</u>	<b>9. AGE</b> (In years last birthday) IF UNDER 1 YEAR <u>4</u> MONTHS IF UNDER 1 YEAR <u>6</u> HOURS IF UNDER 1 YEAR <u>Min.</u>	0730
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Child</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Joplin, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
<b>13a. FATHER'S NAME</b> <u>Roy Lee Whinnery</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Frankie Nadine Stanley</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Roy L Whinnery</u> <u>Neosho, Rt. 3170</u>		
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Deniscence of Hapthomy wound (Intussusception?)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) state the underlying cause last: DUE TO (b) <u>Intussectption of cecum</u> <u>and ascending colon into terminal</u> DUE TO (c) <u>ileum</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intussusception of cecum</u>			INTERVAL BETWEEN ONSET AND DEATH <u>March 5/10</u>  <u>Feb 25/10</u>  <u>5700</u>		
<b>19a. DATE OF OPERATION</b> <u>Feb 25 1950</u>		<b>19b. MAJOR FINDINGS (Operation)</b> <u>Intussusception of cecum into terminal ileum</u>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>		
<b>22. I hereby certify that I attended the deceased from <u>Feb 16, 1950</u>, to <u>March 7, 1950</u>, that I last saw the deceased alive on <u>March 7, 1950</u>, and that death occurred at <u>6:28 a.m.</u>, from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <u>[Signature]</u>			<b>23b. ADDRESS</b> <u>[Address]</u>		<b>23c. DATE SIGNED</b> <u>3-7-50</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>3-9-1950</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Oak Wood Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Newton County, Missouri</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>3-13-50</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>John B. Poplinea</u> <u>Goodman, Missouri</u>	

RECEIVED 3-20-50

Jasper County Health Office

County File Number 50-3-218

Date Filed 3-31-50

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 *John B. Papineau*

Licensed Embalmer No. *4446*

P. O. Address *Goodman, 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.