

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33579**

FILED OCT 29 1956

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **214**

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

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. LENGTH OF STAY (in this place) 5 wks	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Francis Hospital		e. STREET ADDRESS (If rural, give location) RR #1 East	
3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) G. c. (Last) Oncken		4. DATE OF DEATH (Month) (Day) (Year) Oct. 19 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 18, 1895
9. AGE (In years last birthday) 61	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	11. BIRTHPLACE (City and State or Foreign Country) Morrison, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY Fischer Trucking	13. FATHER'S NAME George Oncken	
13b. MOTHER'S MAIDEN NAME Theresa Tegler		14. NAME OF HUSBAND OR WIFE Margaret Oncken	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 497-07-9165	17. INFORMANT'S SIGNATURE OR NAME George Oncken, RR Herman 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) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH 4 wks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyelonephritis 2 wks	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-18, 1956 , to 10-19, 1956 that I last saw the deceased alive on 10-18, 1956 and that death occurred at 4:20 A.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) George M. Workman M.D.		23b. ADDRESS Herman, Missouri	23c. DATE SIGNED 10/19/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 20, 1956	24c. NAME OF CEMETERY OR CREMATORY ST. Francis Borgia	24d. LOCATION (City, town, or county) (State) Washington Missouri
DATE REC'D BY LOCAL REG. 10/20/56	REGISTRAR'S SIGNATURE R. P. Schumann	25. GENERAL DIRECTOR'S SIGNATURE Theobald & Co., 200 Washington, Mo	

(Licensed Embalmer's Statement on Reverse Side)

99-0

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 Vernon C. Vedder, Student Embalmer No. 537 working under my personal supervision..

Student Vernon C. Vedder
Signature of Student Embalmer

Signed Lester A. Witt
Licensed Embalmer No. 325

P. O. Address Washington

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.