

FILED SEP 26 1956

STANDARD CERTIFICATE OF DEATH

State File No. 31668

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 2945		Registrar's No. 64	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Granby			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Dillon		c. LENGTH OF STAY (In this place) 6 yrs		c. CITY OR TOWN Tipton		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Hospital OR INSTITUTION Terndale Nursing Home				e. STREET ADDRESS (If rural, give location) 0461			
3. NAME OF DECEASED (Type or Print) a. (First) Orville		b. (Middle) M.		c. (Last) Parken		4. DATE OF DEATH (Month) (Day) (Year) Sept. 21 - 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Do not know		8. DATE OF BIRTH Oct. 2, 1866	
9. AGE (In years last birthday) 89		10. UNDER 1 YEAR Months 11		11. UNDER 24 HRS. Days 19		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Granby Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Parken		13b. MOTHER'S MAIDEN NAME Catherine Synden		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Terndale Nursing Home office		ADDRESS St. James, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒		21. HOW DID INJURY OCCUR?	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Sept 20, 1956, to Sept 21, 1956, that I last saw the deceased alive on Sept 21, 1956, and that death occurred at 10:45 a.m., from the causes and on the date stated above.		23a. SIGNATURE C. J. Hamner, M.D. (Degree or title)	
23b. ADDRESS St. James, Mo.		23c. DATE SIGNED 9-22-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 22-56	
24c. NAME OF CEMETERY OR CREMATORY Dawson Cemetery		24d. LOCATION (City, town, or county) (State) St. James, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE REC'D BY LOCAL REG. 9-22-1956		REGISTRAR'S SIGNATURE Ruth B. Powell		Funeral Director's Signature Orol E. Licklider		Address St. James, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

479

RECEIVED

Phelps County Health Officer,

County File Number 529

Date Filed Sept 26, 1956

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 M. F. Embalmers Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address

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.