

124

STATE FILE NUMBER

68 0044754

CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUD

VS 300  
Rev. 1/68

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 269

DECEASED—NAME FIRST MIDDLE LAST <u>SARAH ELMYRA CRIFE</u>			SEX <u>Female</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>November 24, 1968</u>	
1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <u>White</u>		AGE—LAST BIRTHDAY (YEARS) <u>94</u>	UNDER 1 YEAR MONTHS DAYS <u>12</u> <u>4</u>	DATE OF BIRTH (MONTH, DAY, YEAR) <u>12/4/1873</u>	
2. CITY, TOWN, OR LOCATION OF DEATH <u>CLINTON</u>		INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>yes</u>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>Jolley Nursing Home, Clinton, MO.</u>	
3. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <u>Pennsylvania</u>		CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>widowed</u>	
4. SOCIAL SECURITY NUMBER <u>None</u>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <u>Housewife</u>		KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
5. RESIDENCE—STATE <u>Missouri</u>		COUNTY <u>Henry</u>	CITY, TOWN, OR LOCATION <u>Clinton</u>		INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>yes</u>
6. FATHER—NAME FIRST MIDDLE LAST <u>John STONG</u>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST <u>MARY Diehl</u>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <u>None</u>	
7. INFORMANT—NAME <u>MRS William VAN ORMER</u>			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>204 NO. 8th Clinton, Missouri</u>		
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					
18. IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Cerebral Thrombosis</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>Cerebral Arteriosclerosis</u>					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>Seconds</u> <u>4 hours</u> <u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a. INJURY AT WORK (SPECIFY YES OR NO)		20b. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20c. LOCATION	20d. STREET OR R.F.D. NO., CITY OR TOWN, STATE	
CERTIFICATION—PHYSICIAN: MONTH DAY YEAR TO MONTH DAY YEAR 21a. DECEASED FROM <u>11-1-65</u> TO <u>11-24-68</u> 21c. <u>11-24-68</u> 21d. <u>Did not</u> 21e. <u>11/20</u>					
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.					
22a. CERTIFIER—NAME (TYPE OR PRINT) <u>Clinton L. Glospey, D.O.</u>		SIGNATURE <u>Clinton L. Glospey, D.O.</u>		DATE SIGNED (MONTH, DAY, YEAR) <u>11/25/68</u>	
23a. MAILING ADDRESS—CERTIFIER <u>205 E. Ohio</u>		CITY OR TOWN <u>Clinton</u>		STATE <u>Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		CEMETERY OR CREMATORY—NAME <u>DAMASCUS Cemetery</u>		LOCATION <u>Osceola Missouri</u>	
24b. DATE (MONTH, DAY, YEAR) <u>November 27, 1968</u>		FUNERAL HOME—NAME AND ADDRESS <u>R.E. Nichols CHAPLS</u>		CITY OR TOWN, STATE, ZIP <u>Lowry City, Missouri</u>	
25a. FUNERAL DIRECTOR—SIGNATURE <u>R.E. Nichols</u>		REGISTRAR—SIGNATURE <u>Mildred Bigum</u>		DATE RECEIVED BY LOCAL REGISTRAR <u>Nov. 26, 1968</u>	

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

9. 1  
10a. 64  
10b. 86  
11. 1  
12. 2  
13. 4339  
14. 9  
15. 60425  
16. 1-2  
17. 2  
18. 2  
19. CREDITS  
20. 1-2

**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 R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address Clinton, Md.

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.

Permit Obtained 11-26-68