

FILED DEC 13 1944

Registration District No. **77**

Primary Registration District No. **4136**

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

1. PLACE OF DEATH:  
 (a) County **Clinton**  
 (b) City or town **Plattsburg Mo.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location) **1**  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community **58 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Clinton**  
 (c) City or town **Plattsburg, Mo.**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Elizabeth Winn Duxbill**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Nov.** day **20**  
 year **1944** hour **12** minute **30 P.M.**  
 21. I hereby certify that I attended the deceased from **Mar.**, 1940 to **Nov 20**, 1944.  
 that I last saw **her** alive on **Oct 1**, 1944  
 and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death: **Coronary Occlusion** Duration **5.5 min**  
 Due to **Arterio Sclerosis** **4 yrs**  
 Due to **Myocarditis** **4 yrs**  
 Other conditions **none**  
 (Include pregnancy within 3 months of death)

7. Birth date of deceased **April 18 1867**  
 (Month) (Day) (Year)  
 8. AGE: Years Months Days If less than one day  
**77 7 2** hr. \_\_\_\_\_ min.

Major findings: **none** **94A** PHYSICIAN \_\_\_\_\_  
 Of operations **none**  
 Of autopsy **none**  
 Underline the cause to which death should be charged statistically.

9. Birthplace **Plattsburg Mo.**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **Housekeeper**

11. Industry or business \_\_\_\_\_  
 12. Name **George Duxbill**  
 13. Birthplace **Chester England** **4**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **FARRIS LADD**  
 15. Birthplace **LONDON England** **4**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Miss Clara Duxbill**  
 (b) Address **Plattsburg, Mo.**  
 17. (a) **BURIAL** (b) Date thereof **Nov 22, 1944**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Greenlawn Cemetery**

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? \_\_\_\_\_ (Specify type of place) (2) Means of injury \_\_\_\_\_  
 23. Signature **M. B. Stalling** M.D. (M.D. or other) **MD**  
 Address **Plattsburg** Date signed **Nov 21-44**

18. (a) Signature of funeral director **Lyon Funeral Home**  
 (b) Address **Plattsburg, Mo.**  
 19. (a) **11-25-44** (b) **Mrs. C. Harrell**  
 (Date received local registrar) (Registrar's signature)

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*F. G. Lyon*

Licensed Embalmer No.

*952*

P. O. Address

*Stewartville, 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.**