S. No. 300
v. 10.48

FILED JUN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17288

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4320 Registrar's No. 23

0671
1

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East Prairie
c. LENGTH OF STAY (In this place): 27 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miss.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East Prairie
d. STREET ADDRESS (If rural, give location): 0671

3. NAME OF DECEASED (Type or Print)
a. (First): MAUDE
b. (Middle): K.
c. (Last): ZACHARY

4. DATE OF DEATH (Month) (Day) (Year): May 30, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 7, 1881
9. AGE (In years last birthday): 71 — If under 1 year: Months 3, Days 23; If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and State or Foreign Country): Moscow, Ky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: J. L. Bragg
13b. MOTHER'S MAIDEN NAME: Sarah R. Jackson
14. NAME OF HUSBAND OR WIFE: Wm. L. Zachary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: unk
17. INFORMANT'S SIGNATURE OR NAME: Charlene Garth
ADDRESS: East Prairie, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Hypertension
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 332X
20. AUTOPSY? YES ☐ NO ☒

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) m.
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* 5-17, 1952, *to* 5-29, 1952, *that I last saw the deceased alive on* 5-29, 1952, *and that death occurred at* 11:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wilfred B. Lunstead M.D.
23b. ADDRESS: East Prairie Mo
23c. DATE SIGNED: 6-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-1-52
24c. NAME OF CEMETERY OR CREMATORY: Woodman of World
24d. LOCATION (City, town, or county) (State): East Prairie, Mo

DATE REC'D BY LOCAL REG.: 6/4/1952
REGISTRAR'S SIGNATURE: Anna Harper Deputy
FUNERAL DIRECTOR'S SIGNATURE: Graves Shelby
ADDRESS: East Prairie, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 6 REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed JUN 6 1952

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.