

FILED OCT 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33930**

BIRTH NO. _____		REG. DIST. NO. <b>383</b>		PRIMARY REG. DIST. NO. <b>5655</b>		Registrar's No. <b>21</b>	
1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Mt. Vernon, Mo.</b>		c. LENGTH OF STAY (in this place) <b>11 days</b>		c. CITY OR TOWN <b>Boonville</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. State Sanatorium</b>				e. STREET ADDRESS (If rural, give location) <b>110 West Water</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Milton</b>			b. (Middle) <b>S.</b>		c. (Last) <b>O'Bryan</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 19, 1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>April 17, 1909</b>		9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sand Plant Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William F. O'Bryan (?)</b>			13b. MOTHER'S MAIDEN NAME <b>Effie Marx ?</b>		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) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>San. records, Mo. State San., Mt. Vernon, Mo.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive pulmonary hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. . . DUE TO (b) <b>Bronchogenic Carcinoma, right</b>				DUE TO (c)			5 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>16 2x</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) m.		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 <b>Oct. 8, 1955</b> , to <b>Oct. 19, 1955</b> , that I last saw the deceased alive on <b>Oct. 18, 1955</b> and that death occurred at <b>6:00 a m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>O. A. Grasher M. D.</b>				23b. ADDRESS <b>Mt. Vernon, Mo.</b>		23c. DATE SIGNED <b>10-19-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-19-55</b>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Boonville Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Oct. 20, 1955</b>		REGISTRAR'S SIGNATURE <b>Cecil Handrucker</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Max L. Forest Mt. Vernon, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 *Max L. Fessett*.....

Licensed Embalmer No. *42*.....

P. O. Address *W. W. ...*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.