

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-023103  
 State File No.

DECEASED JUN 27 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6214**

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE **MISSOURI** b. COUNTY **Oregon**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS CITY** c. LENGTH OF STAY (In this place) **67** d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes  No   
 c. CITY OR TOWN **TRIOCELA**

d. FULL NAME OF HOSPITAL OR INSTITUTION **41 FRANK EMPLOYEES HOSPITAL ST. LOUIS MISSOURI** e. STREET ADDRESS (If rural, give location) **31 S**

3. NAME OF DECEASED a. (First) **EARNEST** b. (Middle) **E.** c. (Last) **BAEYMAN** 4. DATE OF DEATH (Month) (Day) (Year) **JUNE 17 1958**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **Jan. 15, 1887** 9. AGE (In years last birthday) Months Days Hours Min. **76**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Conductor** 10b. KIND OF BUSINESS OR INDUSTRY **RETIRED CONDUCTOR** 11. BIRTHPLACE (City and State or Foreign Country) **Strawberry, Kansas** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **WILLIAM** 13b. MOTHER'S MAIDEN NAME **MARY BIGGS** 14. NAME OF HUSBAND OR WIFE **BESSIE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **UNKNOWN** 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME **FRANK HOSPITAL RECORD** ADDRESS \_\_\_\_\_

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, asthma, etc. It means the disease, injury, or complication which caused death.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **CARCINOMA TONGUE WITH METASTASES**  
 ANTECEDENT CAUSES **MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.**  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) **141.9**  
 II. OTHER SIGNIFICANT CONDITIONS **ARTERIO-SCLEROTIC HEART DISEASE**  
 Conditions contributing to the death but not related to the disease or condition causing death. **JOINTLY INSURANCE**

19a. DATE OF OPERATION **SEP 1957** 19b. MAJOR FINDINGS OF OPERATION **SQUAMOUS CELL CARCINOMA OF TONGUE** 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) \_\_\_\_\_ 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 **6-13-58**, 19\_\_\_\_, to **6-17-58**, 19\_\_\_\_, that I last saw the deceased alive on **JUNE 17 1958**, and that death occurred at **7:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Earl J. Smith MD** (Degree or title) 23b. ADDRESS **FRANK EMPLOYEES HOSPITAL ST. LOUIS MO** 23c. DATE SIGNED **JUNE 17 1958**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **6-18-58** 24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_ 24d. LOCATION (City, town, or county) (State) **Thayer, Mo.**

DATE REC'D BY LOCAL REG. **JUN 18 1958** REGISTRAR'S SIGNATURE **Earl J. Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Albert H. Hoppe** ADDRESS **1700 Washington Blvd.**

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 9 1958

JUN 27 1958

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 *Laurence O. Hedberg*.....

Licensed Embalmer No. *497*

P. O. Address *St. Louis*

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.