

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20959

State File No. ....

FILED JUN 26 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural Joachim</b>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <b>East St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cedar Lake Resort</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>4401 McCausland</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ronald</b>	b. (Middle) <b>Wayne</b>	c. (Last) <b>Barnes</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 10 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>May 2, 1938</b>	9. AGE (In years last birthday) <b>18</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Hullings Cafeteria</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>E. St. Louis, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Charles Barnes</b>	13b. MOTHER'S MAIDEN NAME <b>Maureen Hendrix</b>	14. NAME OF HUSBAND OR WIFE <b>Never Married</b>
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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>488-40-3870</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Charles Barnes, 4401 McCausland, E. St. L.</b>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Accidental Drowning</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>9298</b>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>42</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accidental</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Cedar Lake</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Rt. 1 Penely mo</b> (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Leo Church acting Coroner</b> (Degree or title)	23b. ADDRESS <b>702 Taylor Crystal City Mo</b>	23c. DATE SIGNED <b>6-11-56</b>
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24a. BURIAL, CREMATION, OR OTHER DISPOSITION <b>Interred</b>	24b. DATE <b>6/13/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>E. St. Louis</b>
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DATE REC'D BY LOCAL REG. <b>6-11-56</b>	REGISTRAR'S SIGNATURE <b>James G. [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Vinyard Funeral Home, Inc., Festus, Mo.</b>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

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JEFFERSON COUNTY. HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 22 1956

APR 12 1957

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

*Donald H. Wingard*

Licensed Embalmer No. 460

P. O. Address Featers

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.