

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-003687
STATE FILE NUMBER

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **156**

FILED JAN 11 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Missouri	b. COUNTY Jefferson
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's Hospital		c. CITY OR TOWN De Soto	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b D.O.A.		d. STREET ADDRESS (If outside, give location) Star Route West	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle RAYMOND Last DRONEY	4. DATE OF DEATH Month 1 Day 5 Year 62
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-4-62	9. AGE (last birthday) 5 1/2	IF UNDER 1 YEAR Months 5 Days 15	IF UNDER 24 HR. Hours 8 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) De Soto, Missouri	12. CITIZEN OF WHAT COUNTRY U.S. A.
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13a. FATHER'S NAME Donald R. Droney	13b. MOTHER'S MAIDEN NAME Lorraine Aten	14. NAME OF HUSBAND OR WIFE Single
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT St. Louis, Missouri Ann Pryor 500 So. Kingshighway
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure DUE TO (b) Cardiac Arrest DUE TO (c) Prematurity - Subdural + Subarachnoid Hemorrhage	INTERVAL BETWEEN ONSET AND DEATH 7605
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 5:12 AM Month, Day, Year D.O.A.

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis, Missouri	COUNTY	STATE
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21. I attended the deceased from **5:12 AM** to **D.O.A.** and last saw her/him alive on _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Malcolm Clarke MD	22b. ADDRESS 500 So. Kingshighway St. Louis, Missouri	22c. DATE SIGNED 1-5-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/6/62	23c. NAME OF CEMETERY OR CREMATORY Calvary	23d. LOCATION (City, town, or county) De Soto	(State) MO
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24. FUNERAL DIRECTOR MAHN Funeral Home De Soto, MO	25. DATE RECD. BY LOCAL REG. JAN 5 1962	26. REGISTRAR'S SIGNATURE Neal Smith, M.D.
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

*OK
Holand Taylor
Coroner 1-5-62*

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 Herald J. Mahan

Licensed Embalmer No. 4975

P. O. Address De Soto, MS

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.