

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15541

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5069 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Lamar Twp.		c. CITY (If outside corporate limits, write RURAL and give township) Rural Lamar Twp. 0060	
c. LENGTH OF STAY (In this place) 1 yr.		d. STREET ADDRESS (If rural, give location) Route 2 Lamar 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			
3. NAME OF DECEASED a. (First) David		b. (Middle) Miles	
c. (Last) DeCarlos		4. DATE OF DEATH May 29, 1951	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Apr 11 13, 1946
9. AGE (In years last birthday) 5 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Maurice De Carlo		13b. MOTHER'S MAIDEN NAME Faye Mills	
13c. NAME OF HUSBAND OR WIFE Maurice & Faye De Carlo		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) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Faye DeCarlo, Lamar, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broader House Fire, Burned to death -		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Fire - Burned.	
Conditions contributing to the death but not related to the disease or condition causing death.		89160	
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lamar Barton, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 29 - 1951 11:30 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Fire, Burned to death -			
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 11:00 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M.D. Harmon - Coroner		23b. ADDRESS Lamar, Mo.	
23c. DATE SIGNED 5/29/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/1/1951	
24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery		24d. LOCATION (City, town, or county) (State) Lamar, Missouri	
DATE REC'D BY LOCAL REG. MAY 31 1951		REGISTRAR'S SIGNATURE Marie Korantz	
25. FUNERAL DIRECTOR'S SIGNATURE Chiles Funeral Home, Lamar, Mo.		ADDRESS	

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

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED JUN 4 1951

Dist. File 651-9268

Date Filed 6-3-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Clarence D. Cole

Signed.....  
Student Embalmer

Licensed Embalmer No. 3473

P. O. Address Loma, MD

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.