

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 5774  
470

FILED FEB 18 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>42 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>308 W. 39th Street</u> <u>3488</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CHARLES</u>		b. (Middle) <u>BARKLEY</u>		c. (Last) <u>CALVIRD</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<u>Jan.</u>		<u>25</u>		<u>1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 7, 1869</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Osceola, Missouri</u> <u>0</u>	
						12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Henry T. Calvird</u>			13b. MOTHER'S MAIDEN NAME <u>Susan B. Mc Kibben</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Nora Calvird</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-09-8956</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. L. M. Bascue Kansas City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uræmia</u>							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Pneumonia broncho.</u> <u>1 wk</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>491X</u>
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)		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 <u>1/18, 1953</u> , to <u>1/25, 1953</u> that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>1/24, 1953</u> , and that death occurred at <u>2:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ralph S. Casford, MD</u> (Degree or title)				23b. ADDRESS <u>221 Plaza Medical Bldg</u>		23c. DATE SIGNED <u>1/26/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-27-53</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Osceola, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-26-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Freeman Mortuary Kansas City, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

315  
11/10/10  
11/10/10

1:30 - 5:00  
11/10/10

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 .....  
Student Embalmer

Signed Clayton Barnes

Licensed Embalmer No. 4793

P. O. Address K.C., Mo.

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.