

Health, Welfare, Public Service  
 300  
 -56  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Robert S. Higgins  
 MEDICAL CERTIFICATION  
 Doctor, coroner, etc. must be casually related. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

1460  
 STATE FILE NUMBER  
 7294-57 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 277

FILED FEB 4 1957

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hosp.</b>		Length of stay in Inst. <b>45 mins</b>	
d. STREET ADDRESS <b>401 E. Armour</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Infant MARK SEWARD</b>		4. DATE OF DEATH <b>Jan 18 1957</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>Jan 18, 1957</b>	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) <b>45</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>	
11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>John Angrave Seward</b>		14. MOTHER'S MAIDEN NAME <b>Marilyn Grace Schneider</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>F John A. Seward</b>		Address <b>401 E. Armour</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Sepsis - prematurity - immaturity</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Premature rupture of internal membranes</b> DUE TO (c) <b>7615</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b> <b>Unknown</b> <b>7615</b>
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
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		COUNTY STATE	
21. I attended the deceased from <b>18 Jan. '57</b> to <b>18 Jan. '57</b> and last saw <sup>her</sup> him alive on <b>18 Jan. '57</b> Death occurred at <b>8:30 A. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Robert S. Higgins M.D.</b>		22b. ADDRESS <b>411 Nichols Pl. N. C. Mo.</b>	
22c. DATE SIGNED <b>1-19-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-21-1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>		23d. LOCATION (City, town, of county) <b>Kansas City, Missouri</b>	
24. FUNERAL DIRECTOR <b>Mellody-MC Gilley-Eylar</b>		25. DATE RECD. BY LOCAL REG. <b>1-19-57</b>	
ADDRESS <b>1800 E. Linwood</b>		26. REGISTRAR'S SIGNATURE <b>Neve Minshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

Fire Robert J. ...  
411 Nichols ...  
We 1-3631

12:30 - 3:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed .....  
Licensed Embalmer No. ...

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.