

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5320

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 25

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) OR TOWN <u>Rural - Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Prairie</u>	
c. LENGTH OF STAY (In this place) <u>22 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>4 Mi. W. Lee's Summit, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Mi. W. Lee's Summit</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u> b. (Middle) <u>LeRoy</u> c. (Last) <u>Sproul</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18, 1956</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 2, 1881</u>	9. AGE (In years last birthday) <u>74</u>	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) <u>Horse Trainer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Horses</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Linn County, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
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13a. FATHER'S NAME <u>W. B. Sproul</u>		13b. MOTHER'S MAIDEN NAME <u>Randa Fisher</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Sproul - Deceased</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-36-1740A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records</u> ADDRESS <u>Langsford Funeral Home, Lee's Summit</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> 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 Conditions contributing to the death but not related to the disease or condition causing death. <u>Mental Encephalogram Normal</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> <u>1 month</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) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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?	
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22. I hereby certify that I attended the deceased from 1-11, 1956, to 1-18, 1956, that I last saw the deceased alive on 1-18, 1956, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William J. Bell M.D.</u>		23b. ADDRESS <u>Lee's Summit, Mo</u>		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 21, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lee's Summit, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>2-21-56</u>		REGISTRAR'S SIGNATURE <u>N. B. Langsford</u> 483		25. FUNERAL DIRECTOR'S SIGNATURE <u>Langsford Funeral Home</u> ADDRESS <u>Lee's Summit</u> MO	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *D. B. Langford*

Licensed Embalmer No. *4962*

P. O. Address *Lee's Summit 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.