

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9526**
Registrar's No. **360**

FILED APR 14 1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5466**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, S. Campbell Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Little Rock	
c. LENGTH OF STAY (in this place) 5 mo. 7 days		8030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners		d. STREET ADDRESS (If rural, give location) Unknown	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Vernon c. (Last) Smyrl			4. DATE OF DEATH (Month) (Day) (Year) April 5, 1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH October 25, 1905	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Texas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Thomas Smyrl	13b. MOTHER'S MAIDEN NAME Hattie Dee Loftin	14. NAME OF HUSBAND OR WIFE Divorced
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME FILE: M.C.F.P., Springfield, Missouri	ADDRESS
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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) Constrictive Pericarditis				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		DUE TO (b) Metastatic Carcinoma of the Lung		
		DUE TO (c) Primary Bronchiogenic Carcinoma of the left upper lung.		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 162x	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) -----
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ----- m.	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 **the Medical Staff Oct. 28, 1952, to April 5, 1953,** that I last saw the deceased alive on **April 5, 1953,** and that death occurred at **2:45 a.m.,** from the causes and on the date stated above.

23a. SIGNATURE E. C. RINCK, M.D. (Degree or title) Clinical Director	23b. ADDRESS Medical Center for Fed. Prisoners; Springfield, Mo.	23c. DATE SIGNED 4-6-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/7/1953	24c. NAME OF CEMETERY OR CREMATORY -----	24d. LOCATION (City, town, or county) (State) Jacksonville, Texas
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DATE REC'D BY LOCAL REG. 4-6-53	REGISTRAR'S SIGNATURE Edith Williamson Registrar	25. FUNERAL DIRECTOR'S SIGNATURE AYRE-GOODWIN FUNERAL SERVICE, Spg fld	ADDRESS
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623 West Walnut
SPRINGFIELD, MISSOURI
WRITE PLAINLY—USING UNFADING INK—MISSOURI PERMANENT RECORD

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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.....

Harry C. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 4594

P. O. Address Springfield, Missouri

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.