





DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH  
STATE OF NEVADA - DIVISION OF HEALTH AND WELFARE  
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS

REGISTRAR'S NO. 146 CERTIFICATE OF DEATH STATE FILE NO. 66-3040

1. PLACE OF DEATH: STATE OF NEVADA A. COUNTY <u>Lincoln</u>		B. USUAL RESIDENCE (When deceased lived. If institution: Residence before admission) A. STATE <u>Nevada</u> B. COUNTY <u>Lincoln</u>	
E. CITY, TOWN, OR LOCATION <u>Panaca</u>		C. Length of stay - <u>Life</u>	
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Residence, 5th Street</u>		C. CITY, TOWN, OR LOCATION <u>Panaca</u>	
E. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		D. STREET ADDRESS <u>5th. Street</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>Lester Lloyd Mathews</u>		F. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		G. DATE (Month) (Day) (Year) OF DEATH <u>Nov. 17, 1966</u>	
7. MARRIAGE <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. AGE (In years last birthday) <u>64</u>	
9. DATE OF BIRTH <u>Apr 6, 1902</u>		10. IF UNDER 1 YEAR: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Malt Shop Owner</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Cafe</u>	
11. BIRTHPLACE (State or foreign country) <u>Panaca, Nevada</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles F. Mathews</u>		14. MOTHER'S MAIDEN NAME <u>Helen Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (If yes, give unit or branch) <u>NO</u>		16. SOCIAL SEC. NO. <u>  </u>	
17. INFORMANT <u>Ada Mathews</u>		18. RESIDENCE OF INFORMANT <u>Panaca, Nevada</u>	
19. CAUSE OF DEATH (List only the cause or causes for (a), (b), (c). PART I - (a) - (b) - (c) <u>Unknown</u> <u>for advanced pulmonary Emphysema 15 yrs</u>			
PART II - OTHER MEDICAL CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CAUSE OF DEATH <u>atherosclerosis, malnutrition</u>			
20A. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20B. DESCRIBE HOW INJURY OCCURRED (Specify nature of injury in Part I or Part II of Item 19.)			
20C. TIME OF INJURY: Hour <u>  </u> Month <u>  </u> Day <u>  </u> , Year <u>  </u>			
20D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20E. PLACE OF INJURY (i. e. at or about home, farm, factory, street, office bldg., etc.)	
20F. CITY, TOWN, OR LOCATION		20G. COUNTY STATE	
21. I attended the deceased from <u>1956</u> <u>Nov. 17, 1966</u> (last day (day) after <u>Nov. 17, 1966</u> ) Death occurred at <u>6:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22A. SIGNATURE (Degree or Title) <u>D. Williams M.D.</u>		22B. ADDRESS <u>Cedar City Utah</u>	
22C. DATE SIGNED <u>Nov 19, 1966</u>		22D. SIGNATURE <u>J. B. Dute</u>	
23A. BURIAL OR CREMATION: Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/>		23B. DATE <u>Nov 21, 66</u>	
23C. NAME OF CEMETERY OR CREMATORY <u>Panaca Cemetery</u>		23D. LOCATION (City, town, or county) <u>Panaca, Lincoln, Nevada</u>	
24. FUNERAL DIRECTOR: <u>Lincoln Co. Mortuary</u>		25. DATE REC'D BY LOCAL REG. <u>11-21-66</u>	
26. ESALMER'S LIC. NO. <u>98 Caliente</u>		27. REGISTRAR'S SIGNATURE <u>J. B. Dute</u>	

This is to certify that the above is a true and correct copy of the certificate on file in this office.

By: Catherine S. Long  
Deputy Registrar

Date issued: AUG 02 1985



WARNING IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT