



**STATE OF NEVADA**  
 DEPARTMENT OF HUMAN RESOURCES  
 DIVISION OF HEALTH  
 VITAL STATISTICS

BIRTH No. 203 NEVADA STATE DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH STATE FILE No. 55 825 REGISTRAR'S No. 188

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (When deceased lived, if institution; otherwise before death) a. STATE <b>Nevada</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL) Tampine		c. CITY (If outside corporate limits, write RURAL) Pioche	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lincoln Mine</b>		d. STREET ADDRESS (If rural, give location) <b>Pioche</b>	
3. NAME OF DECEASED a. (First) <b>Vern</b> b. (Middle) <b>(N.H.N.)</b> c. (Last) <b>Smith</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 24 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 16, 1904</b>
9. AGE (In years, last birthday) <b>50</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>	11. BIRTHPLACE (State or foreign country) <b>Adair, Okla.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>Emerson Smith</b>		14. MOTHER'S MAIDEN NAME <b>Nevada Reedy</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. CAUSE OF DEATH Enter only causes pertinent to (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, stroke, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Antecedent causes</b> DUE TO (b) <b>Blastin</b> DUE TO (c) <b>head &amp; chest damage</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Impromptu held - 5-24-55</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20a. ACCIDENT SUICIDE HOMICIDE <b>Accident</b>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, work, office building, etc.) <b>Lincoln Mine</b>	
20c. CITY, TOWN, OR TOWNSHIP <b>Tampine</b>		20d. COUNTY <b>Lincoln</b>	
20e. STATE <b>Nevada</b>		20f. HOW DID INJURY OCCUR <b>Walked into a heading where they were blasting</b>	
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.		22. SIGNATURE (Degree or title) <b>Rox Bentley Coroner</b>	
23. ADDRESS <b>Pioche, Nevada</b>		24. DATE SIGNED	
25. BURIAL, CREMATION, REMOVAL (Specify) <b>Funeral</b>		26. DATE <b>5/28/55</b>	
27. NAME OF CEMETERY OR CREMATORY <b>Pioche Cemetery</b>		28. LOCATION (City, town, or county) (State) <b>Pioche Nevada</b>	
DATE REC'D BY LOCAL REG. <b>5/31/55</b>		REGISTRAR'S SIGNATURE <b>H. C. Zerkow</b>	
29. FINANCIAL DIRECTOR ADDRESS <b>Lincoln County Mortuary, California</b>			

This is to certify that the above is a true and correct copy of the certificate on file in this office.  
 Date Issued: JUN 4 1986  
 Deputy Registrar  
 WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.  
 BCCA 70 PAGE 003

COPY

No. 85088

FILED AND RECORDED AT REQUEST OF  
Janice Adams

June 9, 1986

AT 40 MINUTES PAST 10 O'CLOCK  
A.M. IN BOOK 70 OF OFFICIAL  
RECORDS, PAGE 668 LINCOLN  
COUNTY, NEVADA.

YURIKO SETZER  
COUNTY RECORDER

By *Mona Cozzis* Deputy