



Lincoln County

Lincoln County

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

**CERTIFICATE OF DEATH**      STATE FILE NO. 60-554

REGISTRAR'S NO. 214

1. PLACE OF DEATH: STATE OF NEVADA a. COUNTY <u>Clark</u>		4. USUAL RESIDENCE (If deceased born, if deceased born in Nevada, list Nevada residence) a. STATE <u>Nevada</u> b. COUNTY <u>Lincoln</u>	
3. CITY, TOWN, OR LOCATION <u>Overton</u> c. Length of stay in 12 months <u>4 months</u>		5. CITY, TOWN, OR LOCATION <u>Piocha</u> 6. STREET ADDRESS <u>Piocha</u>	
8. NAME OF HOSPITAL OR INSTITUTION (If not at hospital, give exact address) <u>TrailerHouse Overton, Nev.</u>		7. STREET ADDRESS <u>Piocha</u>	
9. IS PLACE OF DEATH WITHIN CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		10. IS RESIDENCE LARGE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
11. NAME OF DECEASED a. (Last) <u>John</u> b. (First) <u>William</u> c. (Middle) <u>Cole</u>		12. DATE OF DEATH (Month) (Day) (Year) <u>March 5, 1960</u>	
13. SEX <u>Male</u>		14. DATE OF BIRTH (Month) (Day) (Year) <u>Jan 17, 1907</u>	
15. USUAL OCCUPATION (What kind of work was done and of varying life, age or years) <u>Recher</u>		16. BIRTHPLACE (State or foreign country) <u>Naphi, Utah</u>	
17. FATHER'S NAME <u>John William Cole</u>		18. MOTHER'S MARRIAGE NAME <u>Sarah E. Tidwell</u>	
19. MARITAL STATUS (At time of death) <u>Mar.</u>		20. SOCIAL SEC. NO. <u>5-25700</u>	
21. CAUSE OF DEATH (Show any conditions pertinent to (a), (b), (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocardial disease</u> 30 min.		22. INTERMEDIATE CAUSE (b) <u>Acute coronary occlusion</u> 30 min.	
23. CONDITION (If any, when death occurred) <u>None</u>		24. PERIOD OF ILLNESS (If any, when death occurred) <u>None</u>	
25. PART II. Other Department Certificates Contributing to Death (See how related to the Terminal Disease on the Certificate in Part I) <u>None</u>		26. WAS DEATH REPORTED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
27. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> 28. DECEASED HOW INJURED OCCURRED (Show nature of injury in Part I or Part II of this form) <u>None</u>		29. TIME OF DEATH (Month) (Day) (Year) <u>Mar. 5, 1960</u>	
30. PLACE OF INJURY (If, in reported injury, show city, town, or location) <u>None</u>		31. CITY, TOWN, OR LOCATION <u>Piocha, Nevada</u>	
32. I attended the deceased from <u>Mar. 5, 1960</u> to <u>Mar. 5, 1960</u> and had seen (them) (her) (her) on <u>Mar. 5, 1960</u> . I died at <u>11:45 P.M.</u> on the date stated above; and to the best of my knowledge, from the person stated above.		33. SIGNATURE (Print or Type) <u>John A. Lawrence M.D.</u>	
34. BIRTHPLACE (State or foreign country) <u>Utah</u>		35. ADDRESS <u>Box 7, Overton, Nevada</u>	
36. SOCIAL SEC. NO. <u>5-25700</u>		37. DATE OF DEATH <u>Mar. 15, 1960</u>	
38. GENERAL SIGNATURE <u>John A. Lawrence</u>		39. ADDRESS <u>Callente</u>	
40. LOCAL REG. NO. <u>13-25700</u>		41. REGISTRATION <u>John A. Lawrence</u>	

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

DATE RECORDED MAR 21 1960 COUNTY REGISTRAR

I hereby certify that the foregoing is a true and correct copy of the original document now of record in this office, in book 91 of Callente page 462 of Lincoln County Nevada.

Date: November 24, 1997  
 Recorder Yuriko Setzer  
Janice Borcher, Deputy

60-554  
 RECORDED AS DECEASED OF  
 Lawrence Stever  
 July 23, 1999  
 AT 55 MARSHALL LODGE  
 IN BOOK 91 OF CLERICAL  
 RECORDS PAGE 462  
 COUNTY NEVADA  
 FRANK C. RILEY  
 COUNTY RECORDER  
Frank C. Riley  
 DEPUTY

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DATED this 24<sup>th</sup> day of January, 2003.

John D Cole  
JOHN D. COLE

Kathleen M. Cole  
KATHLEEN M. COLE

SUBSCRIBED and SWORN to before me this

24<sup>th</sup> day of January, 2003.

Brandi Lewis  
NOTARY



119357

FILED FOR RECORDING  
AT THE REQUEST OF  
Kathleen Cole  
2003 JAN 24 AM 9 34  
L. O. O'NEILL, CLERK  
FILED  
LESLIE BOJCHER, DEPUTY