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STATE OF ALABAMA
CERTIFICATE OF DEATH

STATE FILE NUMBER

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DECEASED—NAME		FIRST	MIDDLE	LAST	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Stephen		R.		Snow	2. June 20, 1976	
RACE or COLOR	SEX	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
3. White	4. Male	5. 86	6. 59	7. 59	8. 2-22-1890	9. Jefferson
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Fairfield		7c. yes	7d. Lloyd Noland Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Alabama		9. U. S. A.		10. Widowed		11. None
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 417-09-9660		13. Laborer		13b. U. S. Steel		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. Alabama	14b. Tuscaloosa	14c. Vance		14d. No	14e. Route 1, Box 216 C	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. Unknown					16. Fannie Williams	
PHYSICIAN'S NAME (IF ANY)		INFORMANT—NAME		17b. ADDRESS		
Lloyd Noland W. O. Pardue, MD		Mrs. Myrtice Lewis		Rt 1, Box 216-C Vance, Alabama		
17a. ADDRESS		17c. ADDRESS		17d. ADDRESS		
Hosp. F'fld., Alabama		Rt 1, Box 216-C Vance, Alabama		Rt 1, Box 216-C Vance, Alabama		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))						
18. IMMEDIATE CAUSE (a) Acute M T						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Atherosclerosis.						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) 4109						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						
Basilar artery thrombosis.						
AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		WAS THERE A PREGNANCY IN LAST SIX MONTHS (YES, NO, UNK.)		
19a. Yes		19b. Yes		19c. 2		
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.		20b.		20c. M.		20d.
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
21a.		21b.		21c.		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
22a. 1-9-74		22b. 6-20-76		22c. 6-20-76		22d. I did not 1:03
CERTIFICATION—CORONER OR HEALTH OFFICER: On the basis of the examination of the body and/or the investigation, in my opinion death occurred on the date and due to the cause(s) stated.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR		
23a.		23b.		23c.		
CERTIFIER—PHYSICIAN, CORONER OR HEALTH OFFICER (TYPE OF PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)
24a. W.O. Pardue, M.D./mg		24b.		24c.		24d. 6-23-76
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP
25a. Lloyd Noland Hosnital		25b. Fairfield, Ala.		25c. 3506h		25d. 785-2121
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
26a. Burial		26b. Pleasant Grove Cemetery		26c. Tuscaloosa County, Alabama		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
27a. 6-21-76		27b. Brown Service F/H 1300-4th. Ave., N, Bessemer, Alabama 35020		27c.		
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
28a. D. Laves Fort		28b. Felix E. Hartley		28c. JUN 28 1976		

STATE OF ALABAMA
COUNTY OF JEFFERSON

This is to certify that the above is a copy of a certificate as filed in the Bureau of Statistics and Vital Records, Jefferson County Health Department, Birmingham, Alabama.

[Signature] M.D.
Health Officer
August 17, 1976
Date of Issue

[Signature]
Registrar of Vital Statistics
[Signature]
Authorized Bureau Clerk

Not Valid Without Embossed Seal of the Health Officer of Jefferson County, Alabama.

See Deed 279-435
See Mtg 329-804
Clyde Mooney and Lillian Mooney



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Shelby Cnty Judge of Probate, AL
08/17/1976 12:00:00 AM FILED/CERT

315 NE 17th Ave
Tallahassee, Fla 32307

BOOK 16 PAGE 461