1784

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STATE OF ALABAMA
CERTIFICATE OF DEATH

PRINT IN
ENT INK

STATE FILE NUMBER

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 YEAR: DAYS	UNDER 1 DAY: HOURS	UNDER 1 DAY: MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
3. White	4. Male	5a. 86	5b.		5c.		6. 2-22-1890	7a. 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 037064	7c. yes	7d. Lloyd Noland Hospital 20

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	13a. Laborer	13b. U. S. Steel

RESIDENCE—STATE	COUNTY	CITY, TOWN, or LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Alabama 063X X8	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
Lloyd Noland W. O. Pardue, MD	Mrs. Myrtice Lewis
17a. ADDRESS Hosp. F'fld., Alabama	17b. ADDRESS Rt 1, Box 216-C Vance, Alabama

MEDICAL CERTIFICATION

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18.

IMMEDIATE CAUSE (a) Acute M I

DUE TO, OR AS A CONSEQUENCE OF:

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (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)	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.)
Basilar artery thrombosis.	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)
20e.	20f.	20g.

CERTIFICATION—PHYSICIAN: I ATTENDED THE	MONTH DAY YEAR	TO	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE (HOUR)	and to the best of my knowledge, due to the cause(s) stated.
21a. DECEASED FROM	1-9-74		21b. 6-20-76	21c. 6-20-76	21d. 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
22a.	M.	22b.	M.

CERTIFIER—PHY., CORONER OR HEALTH OFFICER (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. W.O. Pardue, M.D./mg	23b.		23c. 6-23-76

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
23d. Lloyd Noland Hospital	Fairfield, Ala.	35064	785-2121

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN	STATE
24a. Burial	24b. Pleasant Grove Cemetery	24c. Tuscaloosa	County, Alabama

DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. 6-21-76	25a. Brown Service F/H 1300-4th. Ave, N, Bessemer, Alabama 35020

FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
25b. M. Lanes Fortson	26a. Lelie E Hartley	26b. JUN 28 1976

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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.

M.D.
Health Officer

August 17, 1976
Date of Issue

Lelie E Hartley
Registrar of Vital Statistics

Authorized Bureau Clerk

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

315 NE 17th Ave
Pals Fla 32677

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

19760817000078090 1/1 $.00
Shelby Cnty Judge of Probate, AL
08/17/1976 12:00:00 AM FILED/CERT