

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

STATE FILE NUMBER		CERTIFICATE OF DEATH				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				7053 23425	
DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME		2a. DATE OF DEATH—MONTH DAY YEAR	2b. HOUR	
	Addie	M	Snider		Dec 2, 1960	2 A	
	3. SEX	4. COLOR OR RACE	5. BIRTHPLACE	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR	
	Female	cauc	Kansas	Feb 7, 1888	72 YEARS	IF UNDER 24 HOURS	
	8. NAME AND BIRTHPLACE OF FATHER		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER		10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	
Harry C. Goodno— Ohio		Emma Ray Mead— unknown		U.S.A.	550-07-6329		
12. LAST OCCUPATION		13. NUMBER OF YEARS IN THIS OCCUPATION	14. NAME OF LAST EMPLOYING COMPANY OR FIRM		15. KIND OF INDUSTRY OR BUSINESS		
housewife		35 yrs	own home		own home		
16. IF DECEASED WAS EVER IN U. S. ARMED FORCES		17. SPECIFY MARRIED NEVER MARRIED WIDOWED DIVORCED		18a. NAME OF PRESENT SPOUSE		18b. PRESENT OR LAST OCCUPATION OF SPOUSE	
no		widowed					
PLACE OF DEATH	19a. PLACE OF DEATH—NAME OF HOSPITAL			19b. STREET ADDRESS			19c. CITY OR TOWN
	View Park Hosnital			5035 Colisium Drive			Los Angeles
LAST USUAL RESIDENCE	20a. LAST USUAL RESIDENCE—STREET ADDRESS		20b. IF INSIDE CITY CORPORATE LIMITS		21a. NAME OF INFORMANT		21b. ADDRESS OF INFORMANT
	1701 W. 51 Place		<input checked="" type="checkbox"/> CHECK HERE		Ethel Renner		1949 W. 66th St. Los Angeles, California
PHYSICIAN'S OR CORONER'S CERTIFICATION	22a. PHYSICIAN		22c. PHYSICIAN OR CORONER		22e. DATE SIGNED		
	I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM [] TO [] AND THAT I LAST SAW THE DECEASED ALIVE ON [] AT []		I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD []		12/2/60		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23. SPECIFY BURIAL, ENTOMBMENT OR CREATION	24. DATE	25. NAME OF CEMETERY OR CREMATORY		29. LOCAL REGISTRAR		
	entombment	12-5-60	Inglewood Mausoleum		George M. W. H. M. D.		
MEDICAL AND HEALTH DATA	27. NAME OF FUNERAL DIRECTOR		28. DATE ACCEPTED FOR REGISTRATION		30. CAUSE OF DEATH		
	Pierce Bros. Los Angeles		12-8-60		PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <i>Acute Myocardial Infarction</i> (B) <i>Coronary Thrombosis</i> (C) <i>Coronary Arteriosclerosis</i>		
OPERATION AND AUTOPSY	31. OPERATION—CHECK ONE		32. DATE OF OPERATION		33. AUTOPSY—CHECK ONE		
	<input checked="" type="checkbox"/> OPERATION PERFORMED				<input checked="" type="checkbox"/> NO AUTOPSY PERFORMED		
INJURY INFORMATION	34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34b. DESCRIBE HOW INJURY OCCURRED		35b. INJURY OCCURRED		
					<input type="checkbox"/> WHILE AT WORK		
35a. TIME OF INJURY		35c. PLACE OF INJURY		35d. CITY, TOWN, OR LOCATION			

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Beatriz Valdez
BEATRIZ VALDEZ
Registrar-Recorder/County Clerk

DEC 14 1994
19-168004

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

