

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

	STATE		TOTAL SAIN SA	EDTIFICA	TE OF BEATH		EGISTRATION		1405	
	FILE			CERTIFICATE OF DEATH STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH			TAND	53 2	3425	
	NUMBER 1A. NAME OF DE	ECEASED-FIRST NAME		OF CALIFORNIA—L	1c LAST NAME		OF DEATH MONTH	DAY YEAR 28. HO	DUR	
DECEDENT PERSONAL DATA	Addie	•	M		Snider	De	ec 2, 1960	100	2 A .	
	3. SEX	4 COLOR OR RACE	5. BIRTHPLACE	STATE OR FOREIGN	6 DATE OF BIRTH			R 1 YEAR IF UND	ER 24 HOURS	
	female	cauc	Kansas		Feb 7, 1888	72	YEARS			
	B. NAME AND E	BIRTHPLACE OF FATH	ER	9. MAIDEN NAME	AND BIRTHPLACE OF MOTI	HER 10 CITIZI	EN OF WHAT COUNTRY	11 SOCIAL SECUR	RITY NUMBER	
	Harry C.Goodno- Ohio				y Mead- unknow		U.S.A. 550-07-6329			
	12. LAST OCCUI		13 NUMBER OF YEARS			15 KIND	15. KIND OF INDUSTRY OR BUSINESS			
	housewife		35 yrs	own	home		OWN home 188 PRESENT OR LAST OCCUPATION OF S		Z 8 1 5 X	
	16. FORCES GIVE Y	VAS EVER IN U S ARMED VAR OR DATES OF SERVICE		NEVER MARRIED	184 NAME OF PRESENT S	SPOUSE	18s. PRESENT OF	LAST OCCUPAT	ION OF SPOUSE	
	no	4	widowed	1 2			ني الإ		1	
		DEATH-NAME OF HOS			19& STREET ADDRESS		RESS OR LOCATION OF NO	OT USE P. C. BOX NUM HISTORECTTY COMPORATE JMITS	DERS) OF TSIDE CITY	
PLACE OF	View Park Hospital			A CONTRACTOR OF THE PARTY OF TH	5035 Colis					
DEATH	19c. CITY OR TOWN  Los Ingeles						COUNTY OF DEATH CALIFORNIA		SIAT IN	
				120	Los Angeles		7 YEARS	37	YEARS	
LAST USUAL RESIDENCE	OR HURAL ADDRESS OR L	AL RESIDENCE—STRE	ET ADDRESS (GIVE STREET	CORPORATE LIN	IF OUTSIDE CITY CORPORATE	NOT ON A FARM				
(WHERE DID DECEASED	20c. CITY OR TO		°• )√	ZCHECK HERE 20b. COUNTY	IZOE STATE		Ethel Pre	ner	USUAL RESIDENCE	
ENTER RESIDENCE BEFORE			238	Los 'ng	THE SHALL SH	f	1949 W.	66th St		
ADMISSION)	20c. CITY OR TOWN  LOS Angeles  1049 W. 60th St.  Los Angeles  20b. COUNTY  20c. CITY OR TOWN  LOS Angeles  20c. CITY OR TOWN  20c. CITY OR TOWN  20c. STATE  21c. Address of Information understand and place STATE  20c. CITY OR TOWN  20c. CITY OR TOWN  20c. STATE  21c. Address of Information understand and place STATE  20c. CITY OR TOWN  20c. CITY OR TOW									
PHYSICIAN'S OR CORONER'S CERTIFICATION	ABOVE FROM THE	CAUSES STATED BELOW AN	D THAT I ATTENDED THE	DECEASED FROM	1. 30 -	1000	1-1	W.0		
	ABOVE FROM THE CAUSES STATED BELOW AND THAT LATTENDED THE DECEASED FROM 12 70 20 AND THAT LAST SAW THE DECEASED ALIVE ON 14 22 DATE SIGNED  228. CORONER: Hercely certify that Death occurred at the Hour Date and Place Stated  220 ADDRESS  222 DATE SIGNED									
	ON THE REMAINS OF DECEASED AS REQUIRED BY LAW 370 10 1 1 1 2/2/Co									
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23. SPECIFY BURIAL I	ENTONBHENT 24 DAT	3		EMETERY OR CREMATORY	PRIME	ALMER SIGNATURE	STATE OF THE		
	entom		12-5-60	Inglewoo	nd Mausoleum	o Pre	nard E.Bod	ey	4753	
	27. NAME OF F	FUNERAL DIRECTOR	OR PERSON ACTING	28. DATE ACCEPTED	FOR REGISTRA 29 LOCAL RE	GISTRAF CONATURE	m. Well	L 12		
	Pierce	Bros. Los	Angeles	12-	4-60		M . andrew "	W.W.		
	30. CAUSE OF	DEATH		) ENTER'	ONLY ONE CAUSE PER LINE FOR (A).	(B). AND (C)		1:1		
HEALTH DATA OL HEAD HEAD OL HEAD HEAD OL HEAD HEAD HEAD OL HEAD HEAD HEAD HEAD HEAD HEAD HEAD HEAD		TH WAS CAUSED BY:	Acrest	Myra	Sec Juston	r cylin		4 kms	APPROXIMATE INTERVAL	
			2	0 1				. C .	BETWEEN	
	CONDITIONS.	DUE TO (8)	CANON	ony 0	himmotore,		Light Harrist	an:	ONSET AND	
	GAVE RISE TO T ABOVE CAU (A) STATING T	SE >		7	VI 0			Years	DEATH	
	UNDERLYIN CAUSE LAST	DUE TO (C)	Cara	una C	Training A	المساورة المسا		L'EGY !	<u> </u>	
	PART II OTH	IER SIGNIFICANT CONDITI	ONS CONTRIBUTING T	O DEATH BUT NOT R	ELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN	N PART I (A)			
H	31. OPERATION—CHECK ONE: OPERATION PERFORMED—OPERATION PERFORMED—O									
OPERATION	31 OPERATION	CHECK ONE:  OPERATION PERFO FINDINGS USED IN		OPERATION PERFORMED— FINDINGS NOT USED IN		M AUTOPSY	AUTOPSY PERFORMED— GROSS FINDINGS USED IN		UTOPSY PERFORMED— ROSS FINDINGS NOT USEX N DETERMINING ABOVE	
AND AUTOPSY	PERFORMED	FINDINGS USED IN DETERMINING ABO CAUSES OF DEATH	VE STATED	DETERMINING ABOVE STATE CAUSES OF DEATH	OW IN HIEV OCCUPPED	PERFORMED	CAUSES OF BEATH	OULD DE ENTERED IN PART I	TATED CAUSES OF DEATH OR PART II OF ITEE 301	
EDICAL	34A. SPECIFY ACCIDENT. SUICIDE OR HOMICIDE  34B. DESCRIBE HOW INJURY OCCURRED HOME SEQUENCE OF CHARTS WHICH RESULTED IN FRANCE OF CHARTS WHICH RESULTED IN F									
			DAN T YEAR	1 1						
INJURY	SSK TIME		17 1	1 1 1 1		~ 1 1 n	r 444		rick .	
INFORMATION	35s. INJURY OF	M. T	135c. PLACE OF I	NJURY IES IN OR AB	OUT HORE FARM 350 CITY. TO	WN. OR LOCATION	COUNT	Y	TATE	
	WHILE	NOT WHILE		PACTORY STALL	O TO					
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	AT WORK	AT WORK		REV 1-	1-58 FORM VS-11					

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

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Beatriz Vallez

BEATRIZ VALDEZ

Registrar-Recorder/County Clerk

DEC 14 1994 19-168004



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