

STATE OF FLORIDA
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES
VITAL STATISTICS

No. 1088

APPLICATION FOR BURIAL—TRANSIT PERMIT

A. (Type or Print)

1. Name of Deceased	First	Middle	Last	DATE OF DEATH	Month	Day	Year
	Earl	W.	Danbury	March 10, 1982			
2. Place of Death	City, Town or Location			Name of Hosp. or Inst. (If neither, give street address)			
County	Manatee Bradenton			Manatee Memorial Hospital			
3. Name of Medical Certifier	Dr. Agustin Ferreiro			Address			
				4901 26th St. W. Bradenton, Fl. 33507			
4. Funeral Home/ Direct Disposer	Name			Address			
Lew Funeral Home	5750 Swift Rd. Sarasota, Fl.			33581			
5. Check Appropriate Box	a	<input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.					
	b	<input checked="" type="checkbox"/> Rhonda was contacted on 3-11-82 He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that Dr. Ferreiro will complete and sign the medical certification of cause of death.					
	c	<input type="checkbox"/> _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification.					
6. Funeral Director/ Direct Disposer	Signature		Fla. Lic. No./Reg. No.		Date Signed		
	Robert J. Lew		1327		March 11, 1982		

B.

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1483-336