

I-3

STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES  
VITAL STATISTICS  
**APPLICATION FOR BURIAL-TRANSIT PERMIT**

NAME OF DECEASED (Type or print)	First Dee	Middle Orville	Last Hokanson	DATE OF DEATH	Month Nov.	Day 13,	Year 1978
PLACE OF DEATH COUNTY	CITY, TOWN, OR LOCATION		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				
Alachua	Gainesville		North Fla. Reg. Hosp.				
Attending Physician <input checked="" type="checkbox"/>	(Name of Medical Certifier)			(Address)			
Medical Examiners <input type="checkbox"/>	Dr. Charles L. Cusumano			916 N.W. 66th St. Gainesville, Fla.			
Funeral Home	(Name)			(Address)			
Williams-Thomas Funeral Home	404 N. Main St.			Gainesville, Fla.			

Check One A ☒ A completed certificate of death accompanies this application.

B ☐ Dr. \_\_\_\_\_ was contacted on \_\_\_\_\_, 19\_\_\_\_.  
He has assured me that this death was from natural causes and that he will complete and sign the medical certification of cause of death.

C ☐ The attending physician was unavailable or this death comes within the Medical Examiners jurisdiction. The body was released to me by \_\_\_\_\_  
on \_\_\_\_\_, 19\_\_\_\_.

Marcus A. Milam, III

1483

Nov. 14, 1978

(Signature)

(Fla. Lic. No.)

(Date Signed)

Funeral  
Director

Marcus A. Milam, III

**BURIAL TRANSIT PERMIT**

Permit  
No.

301-78-273

Permission is hereby granted to dispose of this body by burial, transportation out of state, storage or cremation. For cremation a waiting period of 48 hours after death must be observed and the Medical Examiner's approval must also be obtained.

☐ A five day extension of time for filing the death certificate has been requested and granted.

Signature of  
Registrar

Herbert L. Gilliland - Sec

Date  
Issued

Nov. 14, 1978

**CEMETERY OR CREMATORY**

Method of Disposition

- ☒ BURIAL  
☐ CREMATION  
☐ STORAGE  
☐ OTHER (Specify)

Date of

Disposition Nov. 16, 1978

Place of

Disposition Woodlawn Cem. Vermontville, Mich.

Signature of Sexton  
or Person in Charge

Robert Halliwell

This permit must be endorsed by the sexton or person in charge (or by the funeral director when there is no sexton) and returned within 10 days to the local county health department.