

F-16

Department of Health

STATE OF ALABAMA

Bureau of Vital Statistics

## BURIAL-TRANSIT PERMIT

Full Name of Deceased

*Cyda Dee Orione*

Permit No. *54*

Place of Death

*Thomazville*  
(Town, City or Rural)

County *Clarke*

Date of Death

*May 29 1981*  
(month) (day) (year)

Color *White*

Sex *Female* Age *25*

Method of Disposal

*Transit*  
(Burial, Cremation, Storage, Transit)

If transported out of state

*Thomazville, Mich.*  
(Give Destination)

Place

Name of Cemetery or Crematory

Funeral Director

*Lathan - O'Byrne*

Address

*Thomazville, Al.  
1047 E. 1st St. - 205 Queen St. - Thomazville, Mich.*

(County and State)

This permit authorizes

*above*

Name undertaker or other person in charge

to dispose of the body identified above in the manner stated.

Date of Issue

*5 30 81*  
(month) (day) (year)

Signature

*Dee Masey*

(Issuing Registrar or County Health Officer)

## CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was

*Buried*  
(buried, cremated)

on

*6 4 81*  
(month) (day) (year)

in

*Woodlawn*

cemetary  
crematory

Place

*Vernonville, Mich.*

Signature

*Robert L. Halliwell*

Form VS-13

(Sexton or Person in Charge)

INSTRUCTIONS ON REVERSE SIDE MUST BE OBSERVED

This Permit Must Accompany Remains to Destination