F-15

STATE OF FLORIDA
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES
VITAL STATISTICS

APPLICATION FOR BURIAL—TRANSIT PERMIT

A. (Type or Print)

1. Name of Deceased — First: MARY — Middle: MARJORIE — Last: SLOUT — DATE OF DEATH (Month Day Year): July 13, 1983

2. Place of Death — County: Palm Beach — City, Town or Location: Boynton Beach — Name of Hosp. or Inst. (If neither, give street address): Bethesda Memorial Hospital

3. Name of Medical Certifier: Harold J. Lynch, Jr. — ☒ Physician ☐ Medical Examiner — Address: 275 N. E. 8th St. Delray Beach, FL 33444

4. Funeral Home/ ~~Direct Disposer~~ — Name: Scobee-Ireland-Potter Funeral Home — Address: 320 N.E. Fifth Ave. Delray Beach, FL 33444

5. Check Appropriate Box

a ☐ The medical certification has been completed and signed. A completed certificate of death accompanies this application.

b ☒ Nurse at M.D.'s office was contacted on 7-13-83. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that Dr. Lynch will complete and sign the medical certification of cause of death.

c ☐ _____ 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

David A. Nyquist — David A. Nyquist — 1738 — July 13, 1983