B-25

STATE OF FLORIDA
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES
VITAL STATISTICS

APPLICATION FOR BURIAL—TRANSIT PERMIT

A. (Type or Print)

1. Name of Deceased — First: JACK; Middle: C.; Last: CHILDS; DATE OF DEATH: Month Day Year: May 24, 1983

2. Place of Death — County: Hillsborough; City, Town or Location: Tampa; Name of Hosp. or Inst. (If neither, give street address): Good Samaritan Hospital

3. Name of Medical Certifier: Leonard D. Vigderman, D.O ☒ Physician ☐ Medical Examiner; Address: 7001 N. Dale Mabry, Tampa, Florida

4. Funeral Home/ Direct Disposer — Name: A. P. Boza; Address: 6902 W. Hillsborough Ave., Tampa, Fla.

5. Check Appropriate Box

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

b ☒ LEONARD VIGDERMAN - D.O. was contacted on _____. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that He 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: Angelo Betancourt; Angelo Betancourt; Fla. Lic. No./Reg. No.: ; Date Signed: May 26-198