A-199

STATE OF FLORIDA
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES
VITAL STATISTICS

APPLICATION FOR BURIAL–TRANSIT PERMIT

A. (Type or Print)

1. Name of Deceased — First: Evelyn — Middle: — Last: Sprague — DATE OF DEATH: Month Day Year: July 19, 1983

2. Place of Death — County: Manatee — City, Town or Location: Bradenton — Name of Hosp. or Inst. (If neither, give street address): Bradenton Manor

3. Name of Medical Certifier — xx☒ Physician ☐ Medical Examiner — Dr. Wentzel — Address: Professional Bldg., Bradenton, Fl.

4. Funeral Home/ Direct Disposer — Name: Griffith-Cline — Address: 720 Manatee Ave.W., Bradenton, Fl. 33505

5. Check Appropriate Box

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

b ☒ Dr. Wentzel was contacted on 7/21/83. He/she verified tha this death was from natural causes, that there was no accident nor other external cause of death, and tha he will complete and sign the medical certification o cause of death.

c ☐ _____ was contacted on _____. He/she verified tha _____, Medical Examiner, will complete and sign th medical certification.

6. Funeral Director/ Direct Disposer — Signature: Barry K. Riley — Fla. Lic. No./Reg. No.: #1746 — Date Signed: 7/21/83