A-26

DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES
VITAL STATISTICS

APPLICATION FOR BURIAL–TRANSIT PERMIT

A. (Type or Print)

1. Name of Deceased — First: DELLA; Middle: SYBIL; Last: WELSHON; DATE OF DEATH: May 8, 1986

2. Place of Death — County: Sarasota; City, Town or Location: Venice; Name of Hosp. or Inst. (If neither, give street address): Venice Nursing Pavilion North

3. Name of Medical Certifier: Victor Baga, M.D. — ☒ Physician ☐ Medical Examiner — Address: 530 S. Nokomis Ave. Venice, Fl. 33595

4. Funeral Home/ Direct Disposer — Name and Address: Farley Funeral Home 265 S. Nokomis Ave. Venice, Florida 33595

5. Check Appropriate Box

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

b ☒ Victor Baga, M.D. was contacted on 5-9-86. He/she verified t this death was from natural causes, that there was no accident nor other external cause of death, and t He will complete and sign the medical certificatior cause of death.

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

6. Funeral Director/ Direct Disposer — Signature: [signature] — Fla. Lic. No./Reg. No.: 1361 — Date Signed: May 9, 1986

B. BURIAL–TRANSIT PERMIT — Permit No. 505-166