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STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
VITAL STATISTICS

APPLICATION FOR BURIAL-TRANSIT PERMIT

NAME OF DECEASED (Type or print)	First: CLAIR	Middle: AUGUST	Last: HERRING	DATE OF DEATH: Month: Nov.	Day: 3 Year: 1979
PLACE OF DEATH COUNTY: Pinellas	CITY, TOWN, OR LOCATION: Largo	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Suncoast Hospital			
Attending Physician [X] / Medical Examiners [ ]	(Name of Medical Certifier): William P. Williams, D.O.,	(Address): 22 Huntington Dr., Largo, Florida 33540			
Funeral Home	(Name): MOSS FUNERAL HOME, INC.,	(Address): 2451 East Bay Drive, Clearwater, Florida 33516			

Check One

A [ ] A completed certificate of death accompanies this application.

B [ ] Dr. _____ was contacted on _____, 19____. He has assured me that this death was from natural causes and that he will complete and sign the medical certification of cause of death.

C [X] The attending physician was unavailable or this death comes within the Medical Examiners jurisdiction. The body was released to me by Suncoast Hospital on November 3, 19 79.

Funeral Director (Signature)	(Fla. Lic. No.)	(Date Signed)
	1394	November 4, 1979

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