HRS State of Florida, Department of Health and Rehabilitative Services, Vital Statistics

D-60

APPLICATION FOR BURIAL — TRANSIT PERMIT

A. (Type or Print) Cremated remains of:

1. Name of Deceased	First	Middle	Last	DATE OF DEATH	Month	Day	Year
	Helen	Rose	Ames		October	7,	1990

2. Place of Death	County	City, Town or Location	Name of Hosp. or Inst. (If neither, give street address)
	Palm BEach	West Palm Beach	315 Almeria Road, #204

3. Name of Medical Certifier		Address	Phone Number
Jose Martinez, MD	☐ Medical Examiner	1590 South Congress Ave.,West Palm Beach, FL 33406	407
	☒ Physician		969-1244

4. Name of Funeral Home/ Direct Disposer	Address	Fla. Lic. No./Reg. No.	Phone Number (Area Code
Quattlebaum-Holleman-Burse Funeral Home	1201 S.Olive Ave., West Palm Beach, FL 33401	297	407 832-5171

5. Check Appropriate Box

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

b ☐ _____ was contacted on _____ within 7 hours after death. He/she verified that this death was from natural causes, that there was no accide nor other external cause of death, and that _____ will comple and sign the medical certification of cause of death.

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

6. Place of Final Disposition:		In state cemetery/ crematory - name/county:		Removal from state	Donatio
	☒	Scobee-Combs Crematory/ Palm Beach County		☐	☐

7. Funeral Director/ Direct Disposer	Signature	F.E. No./Reg. No.	Date Signed
	[signature]	2049	October 8, 1990