HRS

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

G-37

APPLICATION FOR BURIAL — TRANSIT PERMIT

#12

A. (Type or Print)

1. Name of Deceased	First	Middle	Last	DATE OF DEATH	Month Day Year
	DELILAH	W.	VERBOSKY		August 29, 1994

2. Place of Death County	City, Town or Location	Name of Hosp. or Inst. (If neither, give street address)
Pinellas	ST. PETERSBURG	BAYFRONT MEDICAL CENTER

3. Name of Medical Certifier		Address	Phone Number
DR. DAVIS	[X] Medical Examiner [ ] Physician	10850 ULMERTON RD. LARGO FLORIDA 34648	

4. Name of Funeral Home/ Direct Disposer	Address	Fla. Lic. No./Reg. No.	Phone Number (Area Code
National Cremation Society	4945 E. Bay Dr. Clearwater Florida 34624	KB229	813 536-0494

5. Check Appropriate Box

a [X] The medical certification has been completed and signed. A completed certificate of death accompani 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 t medical certification.

6. Place of Final Disposition: [X] In state cemetery/crematory - name/county: Southeastern Crematory Pinellas [ ] Removal from state [ ] Donati

7. Funeral Director/ Signature) F.E. No./Reg. No. Date Signed