G-85

BURIAL–TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Division for Vital Records

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased **Elaine Ann Woolston** Date of death **June 10** 20**03**

Cause of death **Respiratory Failure** - Metastatic Ovarian Cancer

Place of death **Ingham** (County) Veteran? **No** (Yes or No) Sex **Fe** Age **69**

Method of disposal **Burial** (Whether burial, cremation, storage, etc.) **Woodlawn Cemetery** (Cemetery or crematory)

(Township or village or city) County **Eaton** State **Michigan**

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 20___

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given

to **Maple Valley Chapel** (Funeral director or person acting as such) Address **204 N. Queen Street Nashville, MI 49073**

to dispose of body of said deceased.

Signature Robert C. Shea Date **June 14** 20**03**

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on June 14 20 03 in Woodlawn Cemetery (Cemetery or crematory)

Place Williamsville, Mi Signature John Rathbun (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

DCH-0490A (6/99) Authority: Act 368 of 1978 and Act 299 of 1980

Clat G lot 85