J-33

FLORIDA DEPARTMENT OF HEALTH

(TYPE)

State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

Name of Deceased: First	Middle	Last	Date of Death: Month Day Year
GLADYS	JEANETTE	TURK	JANUARY 21, 2005

Place of Death: County	City, Town or Location	Name of Hosp. or Inst. (If neither, give street address)
VOLUSIA	ORMOND BEACH	MEMORIAL HOSPITAL ORMOND BEACH buried 4-16-05 SF

Name of Medical Certifier	Address	Phone Number
BHAWESH PATEL, M.D. ☐ Medical Examiner ☒ Physician	875 STERHAUS AVE. ORMOND BEACH, FL 32174	(386)304-3827

Name of Funeral Home/Direct Disposal Establishment	Address	Fla. Lic. No./Reg. No.	Phone No. (Area Code)
ALLEN-SUMMERHILL FUNERAL HOME	126 E. NEW YORK AVE. DELAND, FL 32724	2015	(386)734-4663

Check Appropriate Box

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

b. ☐ _____ was contacted on _____. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death within 72 hours.

c. ☐ _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.

Funeral Director/ Direct Disposer	Signature	F.E. No./Reg. No.	Date Signed
	[signature]	3645	1/24/05