

0-56



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

A. (TYPE)

1. Name of Deceased	First	Middle	Last	Date of Death	Month	Day	Year
Homer	Lynn	Satterlee		February 19, 2007			

2. Place of Death	City, Town or Location	Name of (If neither, give street address)
County Pasco	Dade City	Royal Oak Nursing Center

3. Name of Medical Certifier	Address	Phone Number
Hernando Taboada, MD	37826 Sky Ridge Circle Dade City FL 33525	(813) 780-1235

4. Name of Funeral Home/Direct Disposal Establishment	Address	Fla. Lic. No./Reg. No.	Phone No. (Area Code)
Whitfield Funeral Home	5008 Gall Blvd. Zephyrhills FL 33542	1815	(813) 783-9900

5. Check appropriate Box

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

b. ☒ Dr. Taboada's office was contacted on 02/19/2007. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that Dr. Taboada 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.

6. Funeral Director/Direct Disposer	Signature	F.E. No./Reg. No.	Date Signed
		FE 1745	02/19/07

B. BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body. Permit No. 1815-07077

☐ A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

☒ No extension of time for filing the death certificate has been requested.

Registrar or Subregistrar Signature: *Gene Whitfield* Date Issued: 02-19-07 Date Certificate Due: 02-24-07

C. AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: 70701767 Date: 02-21-07

Medical Examiner, Christopher Wilson, MD, gave authorization by telephone to by fax to Gene Whitfield, FD Funeral Director/Direct Disposer. Date: 02-21-07

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. FOR FUNERAL DIRECTOR/DIRECT DISPOSER USE ONLY

1. Date Burial-Transit Permit (pink copy) was filed with Local Registrar: _____

2. Date Temporary Certificate was filed with Local Registrar: _____

3. Date Permanent Certificate was filed with Local Registrar: _____

4. Follow-up _____

5. Name and _____

6. Funeral D _____

DH 326, 8/97 (Obs
(Stock Number: 5)

Crematory No. 06318	Certificate of Cremation	THIS CERTIFIES that the remains of Homer Lynn Satterlee who died February 19, 2007 was cremated at Palm State Crematory Clearwater, Florida, on February 22, 2007 and these are the cremated remains of said deceased.	Palm State Crematory By <i>[Signature]</i> Funeral Director
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Buried ashes 5/23/07 Blat P lot 56