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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
	Thelma	Lucille	Tennis		Sept	18	2007

Place of Death: County	City, Town or Location	Name of Hosp. or Inst. (If neither, give street address)
Taylor	Steinhatchee	715 Riverside Drive

Name of Medical Certifier	Address	Phone Number
Dr. Ghulam Mohammed ☐ Medical Examiner ☒ Physician	Steinhatchee Medical Center 1209 First Ave, So(POBOX 727) Steinhatchee, Fl 32359	352-398-5888

Name of Funeral Home/Direct Disposal Establishment	Address	Fla. Lic. No./Reg. No.	Phone No. (Area Code)
ick Gooding Funeral Home	P O Box 1208 Cross City, Fl 32628	2558	352-498-5400

Check Appropriate Box

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

b. ☒ Dr. Mohanned was contacted on 09-19-2007. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that he 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.

Signature | F.E. No./Reg. No. | Date Signed