D-27 Jackson COUNTY HEALTH DEPARTMENT

(Type or Print) **PROVISIONAL NOTIFICATION OF DEATH - BURIAL TRANSIT PERMIT** 745660

A - REPORT OF DEATH (To be completed by facility where death occurred)

NAME OF DECEASED Daniel Pixley DATE OF DEATH 9-26-08 TIME 1449 (local) AM ___ PM ✓ (Please check)

First Middle Last

COUNTY OF DEATH Jackson CITY OF DEATH Seymour AGE 63 SEX M RACE C

PLACE OF DEATH 411 N Tipton

(Give street address if not facility such as hospital, nursing home, etc.)

Name of Medical Certifier ___ Address ___ Phone ___

(Official certifier of cause of death)

B - RELEASE (To be completed by person having authority to release remains)

AUTHORIZATION IS HEREBY GRANTED TO RELEASE THE REMAINS OF THE ABOVE NAMED TO:

LAKE FUNERAL HOME IONIA MI

(Funeral Home) (City) (State)

Jerry Foster

(Signature of representative of facility releasing remains) (Name of next of kin or legal representative authorizing release)

C - BURIAL - TRANSIT PERMIT (To be completed by funeral director or representative)

I, REPRESENTING Voss & Sons Seymour IN 522-5559

(Name of funeral home) (City) (State) (Phone)

HEREBY ACCEPT THE REMAINS OF THE ABOVE NAMED AND AGREE TO SECURE AND FILE A COMPLETE CERTIFICATE OF DEATH WITHIN THE TIME LIMIT ESTABLISHED BY LAW.