G.A.

PERMIT FOR DISPOSITION OF HUMAN REMAINS

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

DECEDENT DATA

NAME OF DECEDENT			DATE OF DEATH
Gaylord Wayne Dean			March 6, 1967
SEX	**COLOR OR RACE**	**BIRTHPLACE (STATE OR FOREIGN COUNTRY)**	**DATE OF BIRTH**
Male	Cauc.	Michigan	February 11, 1940
PLACE OF DEATH—CITY OR TOWN		**PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)**	
Los Angeles		Los Angeles	

DISPOSITION

CHECK ONE: ☒ BURIAL (XX) ☐ ENTOMBMENT ☐ CREMATION ☐ DISINTERMENT AND REINTERMENT

NAME AND ADDRESS OF CEMETERY OR COLUMBARIUM WHERE REMAINS ARE TO BE INT: WOODLAWN CEMETERY--VERMONTVILLE, MICHIGA

FUNERAL DIRECTOR AND INFORMANT

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	NAME OF SPOUSE OR OTHER INFORMANT	ADDRESS OF SPOUSE OR OTHER INFORMANT
Pierce Bros. Los Angeles	Vogt Funeral Home 204 No.	Queen Nashville, Michigan

LOCAL REGISTRAR

In accordance with provisions of the California Health and Safety Code permission is hereby granted for disposition as specified in this permi

DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR
MAR 7 1967	▶ Garland Snyder MD

CEMETERY OR COLUMBARIUM

DATE CREMATED OR INTERRED	SIGNATURE OF PERSON IN CHARGE OF CEMETERY OR COLUMBARIUM
	▶

SEE INSTRUCTIONS ON REVERSE

REV. 1-1-57. FORM VS-9