6-17

DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES
VITAL STATISTICS

APPLICATION FOR BURIAL–TRANSIT PERMIT

A. (Type or Print)

1. Name of Deceased — First: RICHARD; Middle: EUGENE; Last: DELOACH
   DATE OF DEATH — Month Day Year: MAY 5, 1985
2. Place of Death — County: PUTNAM; City, Town or Location: PALATKA; Name of Hosp. or Inst. (If neither, give street address): PUTNAM COMMUNITY HOSPITAL E.R.
3. Name of Medical Certifier: DR. MIKE HARDEN — [X] Physician [ ] Medical Examiner — Address: 609 KINGSLEY AVE.,ORANGE PARK,FLA. 320
4. Funeral Home/ Direct Disposer — Name: MASTERS FUNERAL HOME — Address: 3015 CRILL AVE., PALATKA, FLA. 32077
5. Check Appropriate Box
   a [ ] The medical certification has been completed and signed. A completed certificate of death accompan this application.
   b [X] DR. HARDEN was contacted on ~~5/5/85~~. He/she verified th this death was from natural causes, that there was no accident nor other external cause of death, and th he will complete and sign the medical certification cause of death.
   c [ ] _____ was contacted on _____. He/she verified th _____, Medical Examiner, will complete and sign t medical certification.
6. Funeral Director/ Direct Disposer — Signature: Oliver Tolliver — Fla. Lic. No./Reg. No.: FE 1919 — Date Signed: MAY 6, 1985

B.

BURIAL–TRANSIT PERMIT

Permit No. 16-85-74