THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Act 368 of 1978 and Act 299 of 1980

Full name of deceased TRELLIS M. COX Date of death Sept. 16 1988

Cause of death Cardiac Arrest

Place of death Barry (County) Hastings Twp. (Township or village or city) Race White Sex F Age 86

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, Mich. 48849 to dispose of body of said deceased.

Signature Roger L Yerger Date September 19 19 88

(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Sept. 19 1988 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 4 - Lot 236

B-26 5/84

DATE April 11, 1988 Number C- 6555

CREMATED REMAINS OF

KARL F. DILLENBECK age 64 yrs

Evergreen Mortuary & Cemetery

MORTUARY

Buried June 4, 1988 in Woodland Memorial Park

Evergreen CREMATORY

3015 North Oracle Road

Tucson, Arizona 85705

105 L. Chase Sexton Plot 5 Lot no. 189 A

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased DAVID JOHN BRODBECK Date of death Feb. 6, 1988

Cause of death Traumatic cardiac arrest

Place of death Ingham (County) Lansing (Township or village or city) Race W Sex M Age 61

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner Date 19

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapel (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date February 9, 1988

(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on Feb. 9 1988 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 6 Lot 48

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased Viola E. Cappon Date of death Jan. 10 1988

Cause of death Congestive Heart Failure

Place of death Barry (County) Hastings (Township or village or city) Race White Sex F Age 99

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Cemetery (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner Date 19

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Girrbach Funeral Home (Funeral director or person acting as such) Address Hastings, Michigan to dispose of body of said deceased.

Signature Roy L. Girrbach Date January 13 1988

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on Jan. 13 1988 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 4 Lot 284

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. ✓

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased Danielle Patrice Roach Date of death 6-10 19 89

Cause of death

Place of death Washtenaw (County) Ann Arbor (Township or village or city) Race White Sex F Age 10

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Cemetery (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner Date 19

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Farley-Estes Funeral Home (Funeral director or person acting as such) Address 105 Capital Ave., NE. Battle Creek, MI 49017 to dispose of body of said deceased.

Signature Donald F. Estes Date 19

DFE (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on June 13 19 89 in Cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Thomas (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

B-26 5/84 Plot 1 Lot 127 (OVER)

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased HARRY MELVIN SANDBROOK Date of death Sept. 11 19 89

Cause of death Pneumonia

Place of death Barry (County) Hastings Twp. (Township or village or city) Race White Sex Male Age 85

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner Date 19

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, MI 48849 to dispose of body of said deceased.

Signature Roger S. Krieger Date September 13, 19 89

(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was BURIED (State whether cremated, buried, stored, etc.) on SEPTEMBER 13 19 89 in [redacted] PLOT S LOT 19 (Cemetery or crematory)

Place WOODLAND MEMORIAL PARK Signature Mark Lance (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased Verah G. Bacon Date of death July 11, 19 8

Cause of death Cerebral Pulmonary Arrest

Place of death Washtenaw (County) Superior twp. (Township or village or city) Race White Sex Fe Age 88

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Cemetery (Cemetery or crematory)

APPROVED FOR CREMATION County Barry State Michigan

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby give

to Nie Funeral Home, Inc, (Funeral director or person acting as such) Address Ann Arbor, Michigan

to dispose of body of said deceased.

Signature Douglas R Nie (Check one: ☐ Registrar, ☑ Funeral Director, ☒ Mortuary Science Licensee) Date July 12, 19 8

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on July 14 th 19 88 in cemetery (Cemetary or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

Plat 3 lot 25

B-26 3/87 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Act 368 of 1978 and Act 299 of 1980

Full name of deceased NORMA R. BARLOW Date of death 4-8- 19 88

Cause of death PSEUDOMONAS SEPTICEMIA

Place of death BARRY (County) HASTINGS (Township or village or city) Race WHITE Sex FE Age 67

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

APPROVED FOR CREMATION County BARRY State MI

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is

hereby given to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MI

to dispose of body of said deceased.

Signature Edward C. Wren (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee) Date APR. 9 19 88

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on 4-11- 19 88 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

Plat 4 lot no. 242

B-26 5/84

TRANSIT COPY
(This copy must accompany body to final destination)

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES – VITAL RECORDS SECTION

REGISTRAR'S FILE NO. #205

BURIAL – TRANSIT PERMIT

IDENTIFICATION OF DECEASED

1. NAME OF DECEASED A. FIRST	B. MIDDLE	C. LAST	2. SEX	3. AGE	4. RACE OR COLOR
Darwin	A	Mc Clelland	Male	68	White

5. DATE OF DEATH	6. PLACE OF DEATH A. TOWN OR CITY	B. COUNTY	C. STATE
January 6 1989	Apache Junction	Maricopa	Arizona

7. CAUSE OF DEATH (MUST BE COMPLETED IF BODY IS SHIPPED OUT OF STATE, MOVED BY COMMERCIAL CARRIER, OR A DEATH FROM CERTAIN DISEASES)
Cremated Remains

MANNER AND PLACE OF DISPOSITION

8. ☑ BURIAL ☐ CREMATION ☑ REMOVAL ☐ OTHER (SPECIFY)

9. FUNERAL HOME A. NAME B. ST. ADDRESS C. CITY AND STATE: Bunkers Desert View Chapel 9702 East Apache Trail Mesa Az

10. FUNERAL DIRECTOR'S SIGNATURE: E A Rodgers — 11. DATE SIGNED: 1-11-89

12. PLACE OF BURIAL OR OTHER DISPOSITION A. NAME B. STREET ADDRESS C. CITY AND STATE: Wood Land Memorial Park — Woodland Michigan

REGISTRAR'S AUTHORIZATION FOR DISPOSITION

13. IN ACCORDANCE WITH THE LAWS OF THIS STATE AND THE REGULATIONS OF THE STATE DEPARTMENT OF HEALTH PERTAINING TO DEATH CERTIFICATES AND THE HANDLING OF DEAD HUMAN REMAINS, AUTHORIZATION IS HEREBY GIVEN TO DISPOSE OF THIS BODY IN THE MANNER INDICATED.

14. REGISTRAR'S SIGNATURE: [illegible] — 15. REG. DISTRICT: 0701 — 16. DATE SIGNED:

DISPOSITION OF BODY

BODY WAS: ☑ BURIED ☑ CREMATED (SPECIFY) ☐ OTHER ____

17. CEMETERY OR CREMATORY A. NAME B. STREET ADDRESS C. CITY AND STATE: 18. Woodland Memorial Park Valle rd, Woodland Michigan

19. DATE OF DISPOSITION: 1-31-89 — 20. CEMETERY MANAGER'S SIGNATURE: Lawrence Chase. sexton

OVER

STATE REGISTRAR USE

21. DATE RCV'D. IN STATE OFFICE — 22 A. REGISTRAR'S SIGNATURE: Plot 5 Lot 100B — 22 B. TITLE

VS-7 REV. 7-74

CEMETERY MGR.: MAIL TRANSIT COPY IN 10 DAYS TO VITAL RECORDS, P.O. BOX 3887
DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA 85030

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased RAY F. NEEB — Date of death Dec. 29 19 89

Cause of death G.I. Bleeding - Anemia

Place of death Barry (County) Hastings (Township or village or city) — Race White Sex M Age 91

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, MI 48849 to dispose of body of said deceased.

Signature Elmer S. Koops — Date January 2, 19 90

(Check one) ☐ Registrar, ☑ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Jan 2 19 90 in Woodland Memorial Park (Cemetery or crematory)

Place Plot # 7 lot # 26A — Signature [illegible] (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 5/84

BURIAL—TRANSIT PERMIT No. _____

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Office of the State Registrar and Center for Health Statistics

Full name of deceased CLAUDE C. KILPATRICK Date of death 5-20- 1989

Cause of death RESPIRATORY FAILURE

Place of death CALHOUN (County) BATTLE CREEK (Township or village or city) Race WHITE Sex M Age 86

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

County BARRY State MI

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MI to dispose of body of said deceased.

Signature [signature] Date MAY 21 1989

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on 5-22- 1989 in Cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Laurence Chase (Sexton or person in charge)

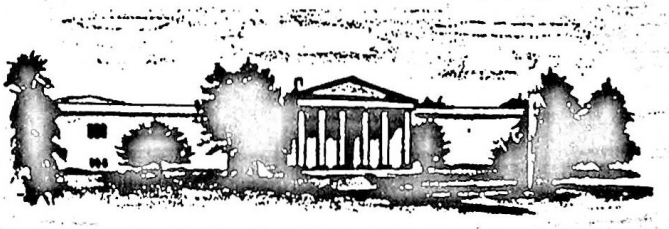
This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

Plot 1 Lot 99

PHONE (6161) 949-0660
4341 CASCADE ROAD S.E.
GRAND RAPIDS, MICHIGAN 49506



MEMBER:
MICHIGAN CEMETERY ASSOCIATION
AMERICAN CEMETERY ASSOCIATION
NATIONAL ASSOCIATION CEMETERIES
NATIONAL CREMATION ASSOCIATION
INTERNATIONAL CREMATION FEDERATION
NATIONAL LOT EXCHANGE
INTERNATIONAL LOT EXCHANGE

GRACELAND
MEMORIAL PARK AND MAUSOLEUM

Name of Deceased ..... James Henry Lucas

Place of Death ..... Hastings, MI Barry County

Age 75

Date of Death ..... October 30, 1989

Date Received ..... October 31, 1989

Date of Cremation ..... October 31, 1989

Destination of Cremains ..... Funeral Home Woodland Memorial Park 7/5/90

Cause of Death ..... Metastatic adenocarcinoma of prostrate

Funeral Director ..... Koops Funeral Chapel, Lake Odessa

STATE OF FLORIDA
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES
VITAL STATISTICS

APPLICATION FOR BURIAL–TRANSIT PERMIT

A. (Type or Print)

1. Name of Deceased	First	Middle	Last	DATE OF DEATH	Month	Day	Year
	Daniel		Kauffman		April	7	1989

2. Place of Death	County	City, Town or Location	Name of Hosp. or Inst. (If neither, give street address)
	Osceola	Kissimmee	1845 Avenue A. Kissimmee, Fl

3. Name of Medical Certifier		Address	Phone Number
9th District Medical Examiner	☐ Physician ☑ Medical Examiner	1401 Lucerne Terrace ORl.	244-7130

4. Funeral Home/ Direct Disposer	Name	Address	Phone Number (Area Code)
	Cox- Parker Carey Hand Guardian Chapel	1350 W. Fairbanks Ave. W.P	647-1942

5. Check Appropriate Box

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

b ☐ _____ was contacted on _____ within 72 hours after death. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death.

c ☑ Medical Examiner 9Th District was contacted on 4-8-89. He/she verified that M.E. 9 Th District, Medical Examiner, will complete and sign the medical certification.

6. Funeral Director/ Direct Disposer	Signature	Fla. Lic. No./Reg. No.	Date Signed
	Catherine A. Coates	3416	4-9-89

B. BURIAL–TRANSIT PERMIT

Permit No. 300-9502

Permission is hereby granted to dispose of this body.

☐ A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted as undue hardship would result from filing within the normal time limit. If the certificate cannot be filed within this extended time limit, a "Funeral Director/Direct Disposer Report" will be filed with the Local Registrar of the County in which death occurred.

☑ No extension of time for filing the death certificate requested.

Registrar or Subregistrar Signature: Amelia Whitby — Date Issued: 4-9-89 — Date Certificate Due: _____

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

Signature _____, Medical Examiner Date _____

or

Medical Examiner, _____, gave authorization by telephone to _____ Funeral Director/Direct Disposer. Date _____

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. CEMETERY OR CREMATORY

Method of Disposition:

☒ BURIAL ☐ STORAGE

☐ CREMATION ☑ OTHER (Specify) REMOVAL/BURIAL

Place of Disposition: Woodland Memorial Park

Date of Disposition: April 12, 1989

Signature of Sexton or Person-in-Charge: Laurence Chase

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the County where disposition occurred.

Plot 5 - Lot 211

HRS Form 326, Oct 87 (Replaces May 86 edition which may be used)
(Stock Number: 5740-000-0326-2)

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased JAMES DUFFY HOGAN Date of death Sept. 17, 19 89

Cause of death Metastatic carcinoma of the colon

Place of death Ionia (County) Ionia (Township or village or city) Race white Sex M Age 78

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michian

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19___

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date Sept. 20, 1989

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was BURIED (State whether cremated, buried, stored, etc.) on SEPTEMBER 20 89 in WOODLAND MEMORIAL PARK (Cemetery or crematory)

Place P107 S LOT 149 Signature _____ (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased MYEREL E. KIDDER Date of death 7-21 19 89

Cause of death CEREBRAL VASCULAR ACCIDENT

Place of death KENT (County) GRAND RAPIDS (Township or village or city) Race WHITE Sex M Age 41

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIALPARK (Cemetery or crematory)

County BARRY State MI

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19___

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MI to dispose of body of said deceased.

Signature David C. Wren Date JULY 22 19 89

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was _____ (State whether cremated, buried, stored, etc.) on _____ 19___ in _____ (Cemetery or crematory)

Place Lot 46 Block 1 Location #1 Signature _____ (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. ✓

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased STEVEN LEE FENSTEMAKER Date of death May 30 19 89

Cause of death Multiple Injuries from Auto Accident

Place of death Eaton (County) Charlotte (Township or village or city) Race White Sex M Age 37

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Avenue Lake Odessa, 48849 to dispose of body of said deceased.

Signature Roger D. Koops Date June 1, 19 89

(Check one: ☑ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on June 1 19 89 in Cemetery (State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Laurence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

Plot 5 Lot 59

(OVER)

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. ✓

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Office of the State Registrar and Center for Health Statistics

Full name of deceased DOROTHY V. FRIEND Date of death 6-9- 1989

Cause of death RESPIRATORY FAILURE

Place of death BARRY (County) HASTINGS (Township or village or city) Race WHITE Sex FE Age 79

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

County BARRY State MI

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MI to dispose of body of said deceased.

Signature Maurice A. Wren Date JUNE 12 19 89

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on June 13 1989 in Cemetery (State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Laurence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

Plat 6 Lot 45-A

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased MARIAN M. FARLEE Date of death July 29 19 89

Cause of death Stroke

Place of death Kent (County) Grand Rapids (Township or village or city) Race White Sex F Age 65

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, Mich 48849 to dispose of body of said deceased.

Signature Roger S. Geiger (Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee) Date August 1, 19 89

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was BURIED (State whether cremated, buried, stored, etc.) on 8 - 1 - 1989 in WOODLAND MEMORIAL PAR (Cemetery or crematory)

Place PLOT 5 LOT 38 Signature Mark T (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Office of the State Registrar and Center for Health Statistics

Full name of deceased ADAM ANSON FENDER Date of death Dec. 4, 19 89

Cause of death Aspiration pneumonia, hypoxemia

Place of death Barry (County) Hastings (Township or village or city) Race white Sex M Age 79

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapel (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature [signature] (Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee) Date Dec. 7 19 89

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Dec 7 19 89 in Woodland Memorial Park (Cemetery or crematory)

Place Plot #5 Lot # 60 Signature Mark (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/84 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased ROBERT LUTHER BORN Date of death Sept. 30 19 89

Cause of death Cerebral Vascular Accident

Place of death Barry (County) Hastings Twp. (Township or village or city) Race White Sex M Age 93

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, Mic 48849 to dispose of ~~body~~ of said deceased.

Signature Roger D. Yerger (Check one: ☐ Registrar, ☑ Funeral Director, ☐ Mortuary Science Licensee) Date October 4, 19 89

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was BURIED (State whether cremated, buried, stored, etc.) on Oct 4 19 89 in Woodland Memorial Park (Cemetery or crematory)

Place PLAT HA LOT 12 Signature [signature] (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased ROBERT BRANDT Date of death Sept. 22, 19 89

Cause of death Ventricular Fibrillation

Place of death Ionia (County) Ionia (Township or village or city) Race white Sex M Age 73

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature [signature] (Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee) Date Sept. 25, 19 89

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was BURIED (State whether cremated, buried, stored, etc.) on SEPTEMBER 26 19 89 in Woodland Memorial Park (Cemetery or crematory)

Place PLOT 7 LOT 42 A Signature [signature] (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Act 368 of 1978 and Act 299 of 1980

Full name of deceased ELIZABETH OLIVE BAKER Date of death Mar. 17, 19 89

Cause of death Myocardial infarction

Place of death Barry (County) Hastings (Township or village or city) Race White Sex F Age 82

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapel (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature [signature] Date March 20, 19 89

(Check one: ☑ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Woodland Memorial on March 20 1989 in Cemetery (State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 4 Lot 288

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased EUGENE F. BARLOW Date of death 12-24- 19 89

Cause of death RESPIRATORY FAILURE

Place of death CALHOUN (County) BATTLE CREEK (Township or village or city) Race WHITE Sex M Age 74

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

County BARRY State MICH

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MICH to dispose of body of said deceased.

Signature [signature] Date DEC. 26 19 89

(Check one: ☐ Registrar, ☐ Funeral Director, ☑ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Dec. 28 1989 in Woodland Mem. Pk. (Cemetery or crematory)

Place Plot C Lot 242 Signature Mel Lewis (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased LARRY GEORGE VROMAN Date of death 2-25- 1990

Cause of death RESPIRATORY FAILURE

Place of death BARRY (County) HASTINGS (Township or village or city) Race WHITE Sex M Age 39

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

County BARRY State MI

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MI to dispose of body of said deceased.

Signature Harold C. Wren Date FEB. 26 1990

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Feb 27 19 90 in Woodland Memorial Pk (Cemetery or crematory)

Place Plot 7 lot 33 Signature Mat Town (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

1-24-90 40.50

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980 Paula

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DISPOSITION PERMIT
THIS COPY MUST BE RETAINED BY THE PERSON AUTHORIZED TO HANDLE THE DISPOSITION

CERTIFICATION OF A FETUS BORN DEAD

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Office of the State Registrar & Center for Health Statistics
By Authority of Act 368, P.A. 1978

Failure to provide the required information is a misdemeanor punishable by imprisonment of not more than one year or a fine of not more than $1,000.00 or both.

Name of Fetus
Or
Fetus of: Woods, Boy (Mother) Disiree Lynn Vosmeer

Fetus was delivered dead on May 8 19 90 Signature: X CR Barnett M (Attendant)

Place of Delivery: Barry (County) Hastings (Township or Village or City)

Method of final disposition (check one): ☑ Burial ☐ Cremation ☐ Storage ☐ Donation ☐ Other

APPROVED FOR CREMATION BY: _____ Date _____ 19__
(Signature of Medical Examiner)

AUTHORIZATION FOR FINAL DISPOSITION OF SAID FETUS IS GIVEN BY:

Name Gary R. Koops - Koops Funeral Chapels, Inc. Plot 7 - lot 30
(CHECK ONE) ☐ MORTUARY SCIENCE LICENSEE ☐ INSTITUTION DIRECTOR ☐ AGENCY AUTHORIZED TO ACCEPT DONATED BODIES

Signature of Mother X [signature] Date 5-8-90

Signature of Father _____ Date _____

MORTUARY SCIENCE LICENSEE OR FACILITY USE

Final Disposition was on May 10, 19 90 in Woodland Memorial Park (Cemetery, Crematory or Facility)

Place: Barry (County) Woodland Twp. (Township or Village or City) Signature [signature] (Mortuary Science Licensee or Institution Director)

Lot 30 Plot 7

B-26B 6/85 PART II (OVER)

HRS State of Florida, Department of Health and Rehabilitative Services, Vital Statistics

APPLICATION FOR BURIAL — TRANSIT PERMIT

A. (Type or Print)

1. Name of Deceased	First	Middle	Last	DATE OF DEATH	Month Day Year
	EDNA	MAE	TOWNS		Feb. 26,, 1990

2. Place of Death	County	City, Town or Location	Name of Hosp. or Inst. (If neither, give street address)
	Lake	Leesburg	Leesburg Health Care Center

3. Name of Medical Certifier		Address	Phone Number
Cesar F. Sarmiento, MD	☐ Medical Examiner ☒ Physician	1027 W. Main St., Leesburg, Fl.	787-7850

4. Name of Funeral Home/ ~~Direct Disposer~~	Address	Fla. Lic. No./Reg. No.	Phone Number (Area Code)
Beyers Funeral Home	1123 West Main St. Leesburg, Fl.	173	904/787-4343

5. Check Appropriate Box

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

b ☒ Dr. Sarmiento was contacted on 2/26 within 72 hours after death. 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.

c ☐ _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification.

6. Place of Final Disposition: ☐ In state cemetery/ crematory - name/county: ☒ Removal from state ☐ Donation

7. Funeral Director/ ~~Direct Disposer~~ Joe H. Sellers — Signature: Joe H. Sellers — F.E. No./Reg. No. 1125 — Date Signed Feb. 27, 1990

B. BURIAL — TRANSIT PERMIT

Permit No. 173-4508

Permission is hereby granted to dispose of this body.

☐ A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted as undue hardship would result from filing within the normal time limit. If the certificate cannot be filed within this extended time limit, a "Funeral Director/Direct Disposer Report" will be filed with the Local Registrar of the County in which death occurred.

☐ No extension of time for filing the death certificate requested.

Registrar or Subregistrar Signature Marjorie L. Beyers — Date Issued: 2-27-90 — Date Certificate Due: 3-5-90

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

Signature _____, Medical Examiner Date _____

or

Medical Examiner, _____, gave authorization by telephone to _____ Funeral Director/Direct Disposer. Date _____

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. CEMETERY OR CREMATORY

Methods of Disposition:

☒ BURIAL ☐ STORAGE

☐ CREMATION ☐ OTHER (Specify)

Place of Disposition Woodland Memorial Park, Woodland, Michigan

Date of Disposition March 2, 1990

Signature of Sexton) or Person-in-Charge) Mark Jones

Plot 4 lot 283

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local HRS County Public Health Unit in the County where disposition occurred.

HRS Form 326, Feb 89 (Replaces Oct 87 edition which may be used)
(Stock Number: 5740-000-0326-2)

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased LINDA R. THOMPSON Date of death 4-28 1990

Cause of death CARCINOMATOSIS

Place of death KALAMAZOO (County) KALAMAZOO (Township or village or city) Race WHITE Sex FE Age 46

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

County BARRY State MICH

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MI to dispose of body of said deceased.

Signature Harold C. Wren Date APR. 30 1990

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on 5-2- 1990 in Woodland Memorial Pk (Cemetery or crematory)

Place Plot 5 - Lot 162 Signature _____ (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased CATHERINE C. RAIRIGH Date of death 12-3- 1990

Cause of death CHRONIC RENAL FAILURE

Place of death BARRY (County) HASTINGS TWP. (Township or village or city) Race WHITE Sex FE Age 79

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

County BARRY State MI

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MI to dispose of body of said deceased.

Signature Harold C. Wren Date DEC. 4 1990

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Dec 6 1990 in Woodland Memorial Park (Cemetery or crematory)

Place Plot 6 Lot 37D Block Location Signature _____ (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased FRANK E. STANGER Date of death Nov. 9, 1990

Cause of death Acute and chronic anoxic encephalopathy

Place of death Grand Rapids (County) Kent (Township or village city) Race White Sex M Age 63

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given

to Koops Funeral Chapel (Funeral director or person acting as such) Address Lake Odessa, Michigan

to dispose of body of said deceased.

Signature [signature] Date Nov. 12, 1990

(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Nov 12 1990 in Woodland Memorial Park (Cemetery or crematory)

Place Lot 1898 Plot 5 Signature [signature] (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased THOMAS JON SWIFT Date of death 1-8- 1990

Cause of death SUFFOCATION

Place of death BARRY (County) WOODLAND TWP. (Township or village city) Race WHITE Sex M Age 17

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

County BARRY State MI

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given

to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MI

to dispose of body of said deceased.

Signature [signature] Date JAN. 9 1990

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Jan 11 1990 in Woodland Memorial (Cemetery or crematory)

Place Plot 1 Lot 71 Signature [signature] (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased RAYMOND GILBERT McLEOD Date of death Jan. 30 19 90

Cause of death Carcinoma of Lung

Place of death Kent (County) Grand Rapids (Township or village or city) Race white Sex M Age 84

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date Feb. 2, 19 90

(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Feb 2 19 90 in Woodland Memorial Park (Cemetery or crematory)

Place Plot # 5 lot # 99 Signature Mark Irons (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased CLIFTON JAMES SAWDY Date of death Jan. 23, 19 90

Cause of death Massive Stroke

Place of death Barry (County) Hastings (Township or village or city) Race White Sex M Age 84

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Ionia State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date January 26, 19 90

(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Jan 25 19 90 in Woodland Memorial Park (Cemetery or crematory)

Place Plot # 4 lot # 324A Signature Mark Irons (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

4 301 B 40.50 (OVER)

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. 125

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased RUTH E. HIBBARD Date of death 4-8 19 90

Cause of death A.S.H.D.

Place of death KALAMAZOO (County) KALAMAZOO (Township or village or city) Race WHITE Sex F Age 86

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

APPROVED FOR CREMATION County BARRY State MICHIGAN

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby give

to TRUESDALE-ANSELL FUNERAL HOME (Funeral director or person acting as such) Address 5933 S. WESTNEDGE, KALAMAZOO, MI

to dispose of body of said deceased.

Signature _____ (Check one: ☐ Registrar ☐ Funeral Director ☐ Mortuary Science Licensee) Date APR 10 1990 19__

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was BURIED (State whether cremated, buried, stored, etc.) on 10 APRIL 19 90 in Woodland Memorial Park (Cemetery or crematory)

Place Plot 3 Lot 136 Signature _____ (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased JOHN HARRY LONG Date of death June 6, 19 90

Cause of death Acute Myocardial Infarction

Place of death Barry (County) Hastings (Township or village or city) Race white Sex M Age 82

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

APPROVED FOR CREMATION County Barry State Michigan

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given

to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan

to dispose of body of said deceased.

Signature _____ (Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee) Date June 8, 19 90

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on 6-8 19 90 in Woodland Memorial Pa (Cemetery or crematory)

Place Plot 5 Lot 31 Signature _____ (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased Glenna Colette Greiner Date of death 11-11- 1990

Cause of death RESPIRATORY FAILURE

Place of death BARRY (County) HASTINGS (Township or village or city) Race WHITE Sex FE Age 83

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARI (Cemetery or crematory)

APPROVED FOR CREMATION County BARRY State MI

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby giver

to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MI

to dispose of body of said deceased.

Signature Edward C. Wren Date NOV. 11 1990

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Nov 13 1990 in Woodland Memorial Gr. (Cemetery or crematory)

Place Lot 244 Plot No 4 Grave 3 Signature Roger Tolan Sexton (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Act 368 of 1978 and Act 299 of 1980

Full name of deceased CARL H. HEISE Date of death Jan 27 1990

Cause of death Pneumonia

Place of death Kent (County) Grand Rapids (Township or village or city) Race W Sex M Age 96

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

APPROVED FOR CREMATION County Barry State Michigan

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is

hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan

to dispose of body of said deceased.

Signature [redacted] Date January 31, 1990

(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Jan 31 1990 in Woodland Memorial Park (Cemetery or crematory)

Place Plot # B.A. lot # 9 Signature Mark Tuma (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 5/84

(This copy must accompany body to final destination)

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS

REGISTRAR'S FILE NO. 257

DISPOSAL - TRANSIT PERMIT

IDENTIFICATION OF DECEASED

NAME OF DECEASED	A. FIRST	B. MIDDLE	C. LAST	SEX	AGE	RACE OR COLO
1.	LaVerne	George	Clum	2. Male	3. 69	4. White

DATE OF DEATH	PLACE OF DEATH	A. TOWN OR CITY	B. COUNTY	C. STATE
5. 4 April 1990	6.	Yuma	Yuma	Arizona

CAUSE OF DEATH (MUST BE COMPLETED IF BODY IS SHIPPED OUT OF STATE, MOVED BY COMMERCIAL CARRIER, OR A DEATH FROM CERTAIN DISEASES)
7. Cardiorespiratory Arrest

MANNER AND PLACE OF DISPOSITION

8. ☐ BURIAL ☐ CREMATION ☒ REMOVAL ☐ OTHER (SPECIFY)

FUNERAL HOME — A. NAME: 9. Sunset Vista Funeral Home — B. ST. ADDRESS: 11357 E. 40th St. — C. CITY AND STATE: Yuma, Ariz.

FUNERAL DIRECTOR'S SIGNATURE: 10. [signature] — DATE SIGNED: 11. 4 April 1990

PLACE OF BURIAL OR OTHER DISPOSITION — A. NAME: 12. Woodland Memorial Park — B. STREET ADDRESS: Belte Rd. — C. CITY AND STATE: Woodland Michigan

REGISTRAR'S AUTHORIZATION FOR DISPOSITION

13. IN ACCORDANCE WITH THE LAWS OF THIS STATE AND THE REGULATIONS OF THE STATE DEPARTMENT OF HEALTH PERTAINING TO DEATH CERTIFICATE AND THE HANDLING OF DEAD HUMAN REMAINS, AUTHORIZATION IS HEREBY GIVEN TO DISPOSE OF THIS BODY IN THE MANNER INDICATED.

REGISTRAR'S SIGNATURE: 14. [signature] Deputy — REG. DISTRICT: 15. 1402 — DATE SIGNED: 16. 4 April 1990

DISPOSITION OF BODY

BODY WAS: 17. ☑ BURIED ☐ CREMATED ☐ (SPECIFY) OTHER

CEMETERY OR CREMATORY — A. NAME: 18. Woodland Memorial Park — B. STREET ADDRESS: Velte Rd. — C. CITY AND STATE: Woodland, Michigan

DATE OF DISPOSITION: 19. April 12, 1990 — CEMETERY MANAGER'S SIGNATURE: 20. [signature]

STATE REGISTRAR USE

DATE RCV'D. IN STATE OFFICE: 21. — REGISTRAR'S SIGNATURE: 22 A. — TITLE: 22 B.

VS-7 REV. 8/88

CEMETERY MGR.: MAIL TRANSIT COPY IN 10 DAYS TO VITAL RECORDS, P.O. BOX 3887 DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA 85030

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased MYRNA J. FINNIE Date of death 4-5- 1990

Cause of death METASTATIC CARCINOMA

Place of death BARRY (County) HASTINGS TWP. (Township or village or city) Race WHITE Sex FE Age 84

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

County BARRY State MI

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given

to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MI

to dispose of body of said deceased.

Signature Harold C. Wren Date APR. 5 1990

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on April 7 1990 in Woodland Memorial Park (Cemetery or crematory)

Place Plot 3 lot 39 Signature [signature] (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased ELTON LEON VANDECAR Date of death Feb. 14, 1991

Cause of death Carcinoma

Place of death Barry (County) Woodland (Township or village or city) Race white Sex M Age 66

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature [signature] Date February 23, 1991

(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Feb 23 1991 in Woodland Memorial Park (Cemetery or crematory)

Place PLOT 5 Lot 52B Loc 5 Signature [signature] (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased OLIVE ELIZABETH VANDECAR Date of death May 16, 1991

Cause of death Congestive heart failure

Place of death Crawford (County) Grayling (Township or village or city) Race white Sex F Age 83

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature [signature] Date May 18, 1991

(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on May 18 1991 in Woodland Memorial Park (Cemetery or crematory)

Place PLOT 5 Lot 106 Loc 5 Signature [signature] (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased Keith Vroman Date of death Sept. 3 19 85

Cause of death cardio Respiratory arrest

Place of death Barry (County) Hastings (Township or village or city) Race W Sex M Age 57

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michian

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R Koops Date Sept. 5 19 85

(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Sept. 5 19 85 in Cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 7 Lot 27

B-26 5/84

Extension to the north of Lot 27 a 4' x 10'

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased TREVADON O. CULLER Date of death Jan 20 1991

Cause of death Chronic Renal Failure

Place of death Muskegon (County) Muskegon (Township or village or city) Race White Sex F Age 85

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, MI 48849 to dispose of body of said deceased.

Signature Robert S Koops (Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee) Date January 24, 1991

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Jan 24 1991 in Woodland Memorial (Cemetery or crematory) park

Place plot H.A. Lot 18 Sec 1 Signature Roger Tobias (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Office of the State Registrar and Center for Health Statistics

Full name of deceased FLORENCE J. ECKARDT Date of death Nov. 20, 1991

Cause of death Congestive heart failure

Place of death Eaton (County) Charlotte (Township or village or city) Race white Sex F Age 96

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Robert S Koops (Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee) Date November 23, 1991

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Nov 23 1991 in Woodland Memorial park (Cemetery or crematory)

Place plot 5 Lot 51 Lot 6 Signature Roger Tobias (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased Keith Albert Ayres Date of death 9/25/ 19 9

Cause of death AAA Aortic Aneurism

Place of death Marquette (County) Marquette (Township or village or city) 906-226-6589 Race W Sex M Age 64

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Cemetery (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Swanson-Lundquist FH (Funeral director or person acting as such) Address Marquette, Michigan to dispose of body of said deceased.

Signature _____ Date Sept. 27, 19 91

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Sept 30 19 91 in Woodland Memorial Park (Cemetery or crematory)

Place Plot 5 Lot 202A Loc 6 Signature Roger Tolvas (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased Virgil CONRAD Date of death April 13 19 91

Cause of death Cancer

Place of death Barry (County) Hastings (Township or village or city) Race White Sex M Age 75

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Girrbach Funeral Home (Funeral director or person acting as such) Address Hastings, Michigan to dispose of body of said deceased.

Signature Ray L. Girrbach (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee) Date April 15 19 91

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on April 15 19 91 in Woodland Memorial (Cemetery or crematory) park

Place Plot 5 Lot 134 Loc 6 Signature Roger Tolvas (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased Paul Franklin Fisher Sr. Date of death May 27 19 92

Cause of death Parkinson's Disease

Place of death Eaton (County) Sunfield (Township or village or city) Race White Sex M Age 71

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodlawn Memorial Park (Cemetery or crematory)

APPROVED FOR CREMATION County Barry State Michigan

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Rosier Funeral Home (Funeral director or person acting as such) Address 193 Jackson St. Sunfield, MI 48890 to dispose of body of said deceased.

Signature N L S #8249 (Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee) Date May 30 19 92

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on May 31 19 92 in Woodlawn Memorial Park (Cemetery or crematory)

Place Plot 5 Lot 161 Sec. 6 Signature Roger Tolan (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 5/84

PHONE (616) 949-0660
4341 CASCADE ROAD S.E.,
GRAND RAPIDS, MICHIGAN 49506



MEMBER:
MICHIGAN CEMETERY ASSOCIATION
AMERICAN CEMETERY ASSOCIATION
NATIONAL ASSOCIATION CEMETERIES
NATIONAL CREMATION ASSOCIATION
INTERNATIONAL CREMATION FEDERATION
NATIONAL LOT EXCHANGE
INTERNATIONAL LOT EXCHANGE

GRACELAND

MEMORIAL PARK AND MAUSOLEUM

Name of Deceased Alfred Gordon Hone

Place of Death Hastings, MI Barry County

Age 74

Date of Death January 19, 1985

Date Received January 21, 1985

Date of Cremation January 21, 1985

Destination of Cremains Funeral Home

Cause of Death Cardiorespiratory failure

Funeral Director Koops Funeral Chapel, Inc. Lake Odessa, MI

Plot 5 lot 122 B
Cremains buried
May 3, 1985

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased KENNETH VON MAKLEY Date of death June 14 1985

Cause of death Acute Myocardial Infarction

Place of death Barry (County) Hastings (Township or village or city) Race white Sex M Age 71

Method of disposal Burail (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner Date 19

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapel (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date June 17, 1985

(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on June 17 1985 in Cemetery (Cemetery or Crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

Plot 7 54B

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased RUDY T. OTHMER Date of death June 1 19 91

Cause of death Myocardial Infarction

Place of death Barry (County) Hastings (Township or village or city) Race White Sex M Age 92

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death or fetal death having been filed as required by the laws or regulations of this state, permission i

hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, MI 48849

to dispose of body of said deceased.

Signature Roger B Yeager Date June 4, 19 91

(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on June 4 19 91 in Woodland Memorial Park (Cemetery or crematory)

Place Plot 6 Lot 43 B Loc 3 Signature Roger Tobias (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is n sexton).*

B-26

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased CLEO MARIE SAWDY Date of death Sept. 4 1991

Cause of death MI

Place of death Calhoun (County) Battle Creek (Township or village or city) Race White Sex F Age 87

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park Cemete (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given

to Richard A. Henry Funeral Home Inc. (Funeral director or person acting as such) Address Battle Creek, Michigan

to dispose of body of said deceased.

Signature Richard A Henry Date September 4 19 91

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Sept 11 19 91 in Woodland Memorial Park (Cemetery or crematory)

Place plot 5 Lot 33 Loc 4 Signature Roger Tobias (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased GAROLD R. McMILLEN Date of death Dec. 20, 1991

Cause of death Pneumonia

Place of death Barry (County) Hastings (Township or village or city) Race white Sex M Age 86

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby give

to Koops Funeral Chapel (Funeral director or person acting as such) Address Lake Odessa, Michigan

to dispose of body of said deceased.

Signature _____ Date December 23, 19 9

(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Dec 23 19 91 in Woodland Memorial Gdns (Cemetery or crematory)

Place Plot 5 Lot 113 Sec 2 Signature Roger Tobias (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Act 368 of 1978 and Act 299 of 1980

Full name of deceased Richard Theodore Morgan II Date of death 5-29 19 91

Cause of death Hepatorenal syndrome

Place of death Eaton (County) Eaton Rapids (Township or village or city) Race White Sex M Age 45

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Cemetery (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is

hereby given to Pray Funeral Home, Inc. (Funeral director or person acting as such) Address 401 W. Seminary Charlotte, MI 48813

to dispose of body of said deceased.

Signature Joseph E. Pray

(Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee) Date _____ 19__

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW Park

Body was Buried (State whether cremated, buried, stored, etc.) on June 19 91 in Woodland Memorial (Cemetery or crematory)

Place Plot 5 Lot 212 Loc 1 Signature Roger Tobias (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 5/84

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Jean W. Kelley Date of death Aug. 18, 1991

Cause of death Carcinoma of the lung with metastases

Place of death Kent (County) Grand Rapids (Township or village or city) Race white Sex M Age 83

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date August 21, 1991

(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on AUG 22 1991 in Woodland Memorial Park (Cemetery or crematory)

Place plot 5 lot 130 loc 2 Signature Roger Tobias (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased OGAL JASPER JORDAN Date of death Nov. 1, 1991

Cause of death Subarachnoid hemorrhage

Place of death Ingham (County) Lansing (Township or village or city) Race white Sex M Age 56

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date November 4, 1991

(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Nov 4 1991 in Woodland Memorial Park (Cemetery or crematory)

Place plot 5 lot 163B loc 2 Signature Roger Tobias (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased CLARA V. HERZEL Date of death Dec. 21, 1985

Cause of death Congestive heart failure, acute

Place of death Barry (County) Hastings (Township or village or city) Race white Sex F Age 82

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapel (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops (Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee) Date Dec. 24, 1985

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Dec 24 1985 in Cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 3 Lot 19

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased LEWIS HERZEL Date of death June 16, 1985

Cause of death Congestive heart failure

Place of death Barry (County) Hastings (Township or village or city) Race white Sex M Age 86

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapel (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops (Check one: ☑ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee) Date June 20, 1985

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on June 20 1985 in Cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 3 Lot 19

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased MARJORIE OLETA McARTHUR Date of death April 30, 19 85

Cause of death Respiratory failure

Place of death Barry (County) Hastings (Township or village or city) Race White Sex F. Age 54

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner Date 19

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date May 3, 19 85

(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on May 3 19 85 in Lawn Cem. (State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat six Lot 503

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Hazel C. Henney Date of death Feb. 21, 19 85

Cause of death Cardiac arrest

Place of death Barry (County) Hastings (Township or village or city) Race white Sex Fem. Age 90

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner Date 19

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date Feb. 23, 19 85

(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried Feb 25 1985 in cemetery (State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 5 Lot 96A

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Morris C. Carey Date of death Feb.21, 1985

Cause of death Massive left hemisphere intracerebral hemorrhage

Place of death Barry (County) Hastings (Township or village or city) Race white Sex Male Age 80

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner Date 19

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date February 23, 1985

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Feb 23 1985 in Cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 5 lot 150

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased KATHRYN L. CLUM Date of death 1-31- 1985

Cause of death CARDIAC FAILURE

Place of death BARRY (County) HASTINGS (Township or village or city) Race WHITE Sex FE Age 92

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEM. PARK (Cemetery or crematory)

County BARRY State MICH.

APPROVED FOR CREMATION

Signature of Medical Examiner Date 19

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to WREN FUNERAL HOME, INC. (Funeral director or person acting as such) Address HASTINGS, MICH. to dispose of body of said deceased.

Signature David C. Wren Date FEB. 2 1985

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Feb. 4 1985 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 6 lot 20A

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased MYRTLE M. RAIRIGH Date of death Mar. 10, 19 86

Cause of death Pneumonia

Place of death Barry (County) Hastings (Township or village or city) Race W Sex F Age 87

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michiga

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Dale B. Koops Date March 14, 19 86

(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on 3-14- 1986 in Cemetery (State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 3 lot 178

B-26 5/84

January 25th 1986

Burials since the last Bd. Meeting

Dec 14 Buried Richard Stas-Gaug, age 72 (cremation)

Dec. 24 Buried Clara Herzel 82

Dec. 30 Buried Bruce Eckardt 61

Jan. 18 Buried Essie Lehman 93

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased ADRON G. McCLELLAND Date of death 10-8- 1986

Cause of death BRAIN TUMOR

Place of death BARRY (County) HASTINGS TWP. (Township or village or city) Race WHITE Sex M Age 77

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEM. PARK (Cemetery or crematory)

APPROVED FOR CREMATION County BARRY State MI

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MI to dispose of body of said deceased.

Signature David C. Wren Date OCT. 10 1986

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was _____ (State whether cremated, buried, stored, etc.) on _____ 19____ in _____ (Cemetery or crematory)

Place _____ Signature _____ (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 3 Lot 62

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased CELESTIA MAE McCLELLAND Date of death 11-15- 1986

Cause of death RESPIRATORY FAILURE

Place of death BARRY (County) HASTINGS TWP. (Township or village or city) Race WHITE Sex FE Age 99

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

APPROVED FOR CREMATION County BARRY State MI

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to WREN FUNERAL HOME, INC. (Funeral director or person acting as such) Address HASTINGS, MICHIGAN to dispose of body of said deceased.

Signature David C. Wren Date NOV. 15 1986

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on 11-18- 1986 in Cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Crouse (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 4 Lot 312

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased OWEN M. HYNES Date of death 7-23- 1986

Cause of death STROKE

Place of death BARRY (County) HASTINGS TWP. (Township or village or city) Race WHITE Sex M Age 90

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEM. PARK (Cemetery or crematory)

County BARRY State MI

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to VOGT CHAPEL-WREN FUNERAL HOMES (Funeral director or person acting as such) Address NASHVILLE, MI to dispose of body of said deceased.

Signature David C. Wren Date JULY 24 1986

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on July 25 1986 in Cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 4 Lot 296A

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased ESSIE MAY LEHMAN Date of death Jan 16. 1986

Cause of death Repeated extension of cerebral vascular accident

Place of death Barry (County) Hastings (Township or village or city) Race white Sex F Age 93

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapel (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date January 18, 1986

(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on 1-18- 1986 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 3 Lot 112

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased CARL JOHN GERLINGER Date of death Nov. 29 1986

Cause of death Irreversible cardiogenic shock

Place of death Barry (County) Hastings (Township or village or city) Race White Sex M Age 68

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date December 2, 1986

(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on ~~Nov~~ Dec. 2 1986 in _____ (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 4 Lot 262

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased Paul E. Gould, Sr. Date of death 4-3- 1986

Cause of death Cardiopulmonary Arrest

Place of death Barry (County) Hastings (Township or village or city) Race White Sex M Age 65

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Barker-Leik Funeral Home (Funeral director or person acting as such) Address Mulliken, Michigan 48861 to dispose of body of said deceased.

Signature Donald H. Leik Date April 7, 1986

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on April 7th 1986 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 7 Lot 25

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Act 368 of 1978 and Act 299 of 1980

Full name of deceased NORMAN G. COX Date of death Feb. 3 19 86

Cause of death Cardio Pulmonary Arrest

Place of death Barry (County) Hastings (Township or village or city) Race White Sex M Age 63

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Gary R. Koops (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, Mich 48849 to dispose of body of said deceased.

Signature Gary R. Koops Date February 7 19 86

(Check one: ☐ Registrar, ☐ Funeral Director, ☑ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Feb. 7 1986 in Cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 4 Lot 241

B-26 5/84

January 25th 1986

Burials since the last Bd. Meeting

Dec 14 Buried Richard Stasenberg age 72 (cremains)

Dec. 24 Buried Clara Herzel 82

Dec. 30 Buried Bruce Eckardt 61

Jan. 18 Buried Essie Lehman 93

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased ROSA E. VELTE Date of death Aug. 5 19 87

Cause of death Acute Pulmonary Edema

Place of death Barry (County) Hastings (Township or village or city) Race White Sex F Age 92

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, Mich 48849 to dispose of body of said deceased.

Signature Roger B. Heyer (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee) Date August 7. 19 87

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Aug 7 19 87 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 2 Lot 55

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased GERTRUDE B. ROWLADER Date of death May 20 19 87

Cause of death Congestive Heart Failure

Place of death Barry (County) Hastings (Township or village or city) Race White Sex F Age 93

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, MI 48849 to dispose of ~~body~~ of said deceased.

Signature Roger B Heiger Date May 22, 19 87

(Check one: ☐ Registrar. ☐ Funeral Director. ☑ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on May 22 19 87 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence E. Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 6 Lot 27

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased (FANNY) FANNIE ALMA SMITH Date of death Feb. 3 19 87

Cause of death Congestive Heart Failure

Place of death Barry (County) Hastings (Township or village or city) Race White Sex F Age 84

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, Michigan 48849 to dispose of body of said deceased.

Signature Roger B Heiger Date February 6, 19 87

(Check one: ☐ Registrar, ☑ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on Feb. 6th. 19 87 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence E. Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 4 Lot 339

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased INEZ O. POWERS Date of death May 24, 1988

Cause of death Cardio-pulmonary arrest

Place of death Sylvester (County) Albany, Georgia (Township or village or city) Race white Sex F Age 87

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapel (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date May 28, 1988

(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on May 26 1988 in cemetery (State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 5 (circle) lot 102 B

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased LORRAINE H. ROGERS Date of death Nov. 3, 1987

Cause of death Respiratory arrest

Place of death Barry (County) Hastings (Township or village or city) Race white Sex F Age 70

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Od4ssa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date November 6, 1987

(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on 11/04 6 Th 1987 in cemetery (State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 5 (circle) lot 190 B

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased PAULA JEAN MUSBACH Date of death Dec. 23 19 87

Cause of death Respiratory Arrest

Place of death Barry (County) Woodland (Township or village or city) Race White Sex F Age 4

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

APPROVED FOR CREMATION

County Barry State Michigan

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, MI 48849 to dispose of body of ~~said~~ deceased.

Signature Roger J. Jerack Date December 26, 19 87

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on 12-26-87 19 87 in Cemetery (State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Phase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 5 (circle) lot 200

B-26 5/84

Carol -
April 24th 1987
We buried The Musbach's
Misplaced Nowicke
We have no burial Permit
However we buried on lot 77 in
Plot 5 - her husband Joe is
there -
Lawrence Chase

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased GLADYS L. CROCKFORD Date of death Feb. 26 19 87

Cause of death Cardio Pulmonary Arrest

Place of death Barry (County) Hastings (Township or village or city) Race White Sex F Age 89

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Ionia State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, Mich. 48849 to dispose of body of said deceased.

Signature Roger B. Heiger Date February 28, 19 87
(Check one: ☐ Registrar, ☑ Funeral Director, ☑ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Feb 28 19 87 in cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase
(Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) PARROTT Addition Lot 6

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased SAMUEL S. FETTERMAN Date of death Nov. 27 19 87

Cause of death Acute Myocardial Infarction

Place of death Barry (County) Hastings (Township or village or city) Race White Sex M Age 75

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, Mich 48849 to dispose of body of said deceased.

Signature Roger B. Heiger Date November 30, 19 87
(Check one: ☐ Registrar, ☐ Funeral Director, ☑ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on Nov. 30 19 87 in cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase
(Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 5 Lot 96 B

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased KATHRYN E. POTTER Date of death Aug. 7 19 88

Cause of death Respiratory Arrest

Place of death Barry (County) Woodland (Township or village or city) Race White Sex F Age 72

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 _____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Avenue Lake Odessa, MI 48849 to dispose of body of said deceased.

Signature Roger B. Koops Date August 10, 19 88

(Check one: ☐ Registrar, ☑ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Aug. 10 19 88 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 6 Lot 60A

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased STELLA SMITH Date of death Sept. 9, 19 88

Cause of death Pneumonia

Place of death Barry (County) Hastings (Township or village or city) Race white Sex F Age 81

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 _____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapel (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature [signature] Date September 12, 19 88

(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on Sept. 9 19 88 in Cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat H.A. Lot 10

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased MARY A. OSTROTH Date of death 5-31- 19 88

Cause of death CARDIO RESPIRATORY ARREST

Place of death BARRY (County) HASTINGS (Township or village or city) Race WHITE Sex FE Age 73

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

County BARRY State MICH

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MICH to dispose of body of said deceased.

Signature David C. Wren Date JUNE 1 19 88

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on June 3 19 88 in _____ (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 5, 64B

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased GERALD W. POTTER Date of death Aug. 6 19 88

Cause of death Myocardial Failure

Place of death Barry (County) Hastings (Township or village or city) Race White Sex M Age 77

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, Mich. 48849 to dispose of ~~body of~~ said deceased.

Signature Roger D. Koops Date August 10, 19 88

(Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Aug. 10 19 88 in Cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 6 Lot 60A

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased HOMER LONG Date of death Nov. 10, 19 88

Cause of death Cardio pulmonary arrest

Place of death Barry (County) Hastings (Township or village or city) Race White Sex M Age 69

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date November 12, 19 88

(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Nov. 12 19 88 in cemetery (Cemetery or crematory)

Plat Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 6 Lot 35

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased LLOYD L. MAKLEY Date of death Oct. 26, 19 88

Cause of death Cardiac arrest

Place of death Barry (County) Hastings (Township or village or city) Race white Sex M Age 81

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date October 29, 19 88

(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Oct. 29 19 88 in cemetery (Cemetery or crematory)

Plat Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 6 Lot 19

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased EVERETT W. JOHNSTON Date of death Aug 18, 1988

Cause of death Respiratory arrest

Place of death Barry (County) Hastings (Township or village or city) Race white Sex M Age 69

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date August 20, 1988

(Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Aug 20 1988 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Lot 56B Plot 6

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased HENRY FORD LANDIS Date of death May 21, 1988

Cause of death Cardiac arrest

Place of death Barry (County) Hastings (Township or village or city) Race White Sex M Age 71

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date May 26, 1988

(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on May 26 1988 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 5 circle Lot 6

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased JAMES P. TYLER Date of death Nov. 24, 1989

Cause of death Congestive heart failure

Place of death Barry (County) Hastings (Township or village or city) Race white Sex M Age 94

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given

to Koops Funeral Chapel (Funeral director or person acting as such) Address Lake Odessa, Michigan

to dispose of body of said deceased.

Signature Gary R. Koops (Check one: ☐ Registrar. ☒ Funeral Director. ☒ Mortuary Science Licensee) Date Nov. 27, 1989

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on Nov 27 19 89 in Woodland Memorial Park (Cemetery or crematory)

Place Plot 2 Lot 43 Signature Mark T. Trout (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased MAUDE A. YERTY Date of death 12-19- 1989

Cause of death CONGESTIVE HEART FAILURE

Place of death BARRY (County) HASTINGS (Township or village or city) Race WHITE Sex FE Age 74

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

County BARRY State MI

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given

to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MI

to dispose of body of said deceased.

Signature David C. Wren (Check one: ☐ Registrar. ☐ Funeral Director. ☒ Mortuary Science Licensee) Date DEC. 20 1989

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Dec. 22 19 89 in Woodland Memorial Park (Cemetery or crematory)

Place Plot 5 Lot 21 Signature Mark Trout (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. ✓

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased RACHEL AGNES HAGER Date of death June 5, 1989

Cause of death Myocardial Infarction

Place of death Barry (County) Hastings (Township or village or city) Race W Sex F Age 76

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19___

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date June 7, 19 89

(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Woodland Buried on June 89 19 89 in cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase
(Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

Plot 5 Lot 39

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased ROBERT LYLE HAZEL Date of death Aug. 19 19 89

Cause of death Pneumonia

Place of death Barry (County) Hastings (Township or village or city) Race White Sex M Age 66

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19___

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, Mich 48849 to dispose of body of said deceased.

Signature Roger S Koops Date August 22, 19 89

(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Aug 22 19 89 in Woodland memorial Park
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Plot 7 Lot # 31 Signature Mark T Francis
(Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased CHARLES FURLONG Date of death 01-09 1989

Cause of death CARDIAC ARREST

Place of death BARRY (County) HASTINGS TWP. (Township or village or city) Race WHITE Sex M Age 93

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

County BARRY State MICH

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to VOGT CHAPEL/WREN F.H. (Funeral director or person acting as such) Address NASHVILLE, MICHIGAN to dispose of body of said deceased.

Signature Richard A. Heather Date Jan. 10, 1989

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on Jan 13 1989 in cemetery (State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

Plot 5 Lot 47

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Office of the State Registrar and Center for Health Statistics

Full name of deceased JAMES C. GARDNER Date of death 3-16-89 19____

Cause of death CARDIAC ARREST

Place of death BARRY (County) WOODLAND TWP. (Township or village or city) Race WHITE Sex M Age 64

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

County BARRY State MICH

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MI to dispose of body of said deceased.

Signature David C. Wren Date MAR. 23 1989

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on Mar 24 1989 in Cemetery (State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

Plot 7 Lot 413

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased ETHLYN C. BURKLE Date of death Sept 6 19 89

Cause of death Cerebral Casculr Insufficency

Place of death Barry (County) Hastings (Township or village or city) Race White Sex F Age 95

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, Mich 48849 to dispose of body of said deceased.

Signature Roger D. Yeager Date September 8, 19 89

(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was BURIED (State whether cremated, buried, stored, etc.) on SEPTEMBER 8 1989 in WOODLAND MEMORIAL PARK (Cemetery or crematory)

Place PLOT 3 LOT 59 Signature [signature] (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. ✓

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased JENNIE DUITS Date of death June 16 1989

Cause of death _____

Place of death Barry (County) Hastings (Township or village or city) Race white Sex F Age 80

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. Address Lake Odessa, Michigan (Funeral director or person acting as such) to dispose of body of said deceased.

Signature [signature] Date June 19, 19 89

(Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Cremated (State whether cremated, buried, stored, etc.) on June 19 1989 in Cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

Plot 5 Lot 91 (OVER)

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased Cecil C. Bennett Date of death April 6, 1990

Cause of death cardiac dysrhythmia

Place of death Barry (County) Hastings (Township or village or city) Race white Sex M Age 76

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary L Koops (Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee) Date April 9, 19 90

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on April 9 19 90 in Woodland memorial Park (Cemetery or crematory)

Place Plot 7 lot 42B Signature Mal Frame (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased LAWRENCE LEVI CHASE Date of death May 19, 1990

Cause of death Renal Failure

Place of death Barry (County) Woodland (Township or village or city) Race white Sex M Age 82

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary L Koops (Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee) Date May 22, 19 90

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on May 22 19 90 in Woodland memorial Park (Cemetery or crematory)

Place Plot 6 Lot 18 Signature Mal Frame (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased VICTOR MELVIN WARNER Date of death 2-28- 19 9

Cause of death CARDIAC ARREST

Place of death BARRY (County) HASTINGS TWP. (Township or village or city) Race WHITE Sex M Age 7

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEM. PARK (Cemetery or crematory)

County BARRY State MI

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MI to dispose of body of said deceased.

Signature David C. Akers Date FEB. 28, 1991 19__

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on March 4 19 91 in Woodland Mem. Pk. (Cemetery or crematory)

Place Plot 6 Lot 74 Loc 4 Signature Roger Tabor (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased DOROTHY RUTH WISE Date of death Dec. 23, 1991

Cause of death Cardiac arrest

Place of death Barry (County) Woodland Twp. (Township or village or city) Race white Sex F Age 85

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapel (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature David E. Koops Date Dec. 27, 1991

(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Dec. 27 19 91 in Woodland Memorial Pk. (Cemetery or crematory)

Place Plot 6 Lot 4 Loc 5 Block 6 Signature Roger Tabor (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased ARLIE B. SLOCUM Date of death April 6 19 91

Cause of death Acute Heart Failure

Place of death Barry (County) Hastings (Township or village or city) Race White Sex F Age 9

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

APPROVED FOR CREMATION County Barry State Michigan

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, MI 48849 to dispose of body of said deceased.

Signature [signature] (Check one: ☐ Registrar. ☑ Funeral Director. ☐ Mortuary Science Licensee) Date April 9, 19 91

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on April 9 19 91 in Woodland Memorial (Cemetery or crematory) Park

Place Plot 6 Lot 6 Loc 2 Signature [signature] (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased CLARENCE C. REEVES Date of death Mar. 8, 19 91

Cause of death Pnemonia

Place of death Barry (County) Hastings (Township or village or city) Race shite Sex M Age 73

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

APPROVED FOR CREMATION County Barry State Michigan

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature [signature] (Check one: ☐ Registrar. ☒ Funeral Director. ☐ Mortuary Science Licensee) Date March 11, 1991

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on March 11 19 91 in Woodland Memorial (Cemetery or crematory) Park

Place Plot 4 Lot A331 Location Signature [signature] (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased MABEL P. FURLONG Date of death 07-15 1991

Cause of death CONGESTIVE HEART FAILURE

Place of death BARRY (County) (Township or village or city) Race WHITE Sex FE Age 83

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

APPROVED FOR CREMATION County BARRY State MICHIGAN

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby give

to MAPLE VALLEY CHAPEL-GENTHER FU. HO. (Funeral director or person acting as such) Address NASHVILLE, MI.

to dispose of body of said deceased.

Signature Richard Genther (Check one: ☐ Registrar, ☐ Funeral Director, ☑ Mortuary Science Licensee) Date April 16 19 91

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on July 17 1991 in Woodland Memorial (Cemetery or crematory)

Place Plot 4 Lot 318 Loc 5 Signature Roger Tobias (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased GRACE HILDRED HESTERLY Date of death Sept 28 19 91

Cause of death Pneumonia

Place of death Barry (County) Hastings Twp (Township or village or city) Race White Sex F Age 88

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

APPROVED FOR CREMATION County Barry State Michigan

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given

to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, MI 48849

to dispose of body of said deceased.

Signature Roger D. Koops (Check one: ☐ Registrar, ☑ Funeral Director, ☐ Mortuary Science Licensee) Date October 1, 19 91

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Oct 1 19 91 in Woodland Memorial Park (Cemetery or crematory)

Place PLOT 5 LOT 16 Loc 1 Signature Roger Tobias (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased SALLY J. HALE Date of death April 8 1992

Cause of death Gunshot Wound to Head

Place of death Barry (County) Woodland Twp (Township or village or city) Race White Sex F Age 16

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 Fourth Ave. Lake Odessa MI 48849 to dispose of body of said deceased.

Signature Roger D. Koops (Check one: ☐ Registrar. ☒ Funeral Director. ☐ Mortuary Science Licensee) Date April 11, 1992

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on Apr 11 19 92 in Woodland Mem. Park (Cemetery or crematory)

Place Plot 1 Lot 52 Location 4 Signature Carol A. Sullivan (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased JOSEPH A. VROMAN, JR. Date of death March 21 1992

Cause of death Cardiac Arrest

Place of death Barry (County) Hastings (Township or village or city) Race White Sex M Age 68

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, Mich 48849 to dispose of body of said deceased.

Signature Roger D. Koops (Check one: ☐ Registrar. ☐ Funeral Director. ☐ Mortuary Science Licensee) Date March 24, 1992

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was _____ (State whether cremated, buried, stored, etc.) on _____ 19__ in _____ (Cemetery or crematory)

Place Plot 7, Lot 69, Place #5 Signature _____ (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased RUSSELL D. BOOHER Date of death March 22, 19 92

Cause of death Congestive Heart Failure

Place of death Barry (County) Vermontville (Township or village or city) Race White Sex M Age 85

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, Mich 48849 to dispose of ~~body~~ of said deceased.

Signature Roger L. Koops (Check one) ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee) Date March 25, 19 92

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on 3-25 19 92 in Woodland Mem Park (Cemetery or crematory)

Place Lot 153-B Plot 5 Loc 4 Signature Carol Tolan (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Office of the State Registrar and Center for Health Statistics

Full name of deceased KENDAL S. CURTIS Date of death Feb. 27, 19 92

Cause of death Small cell lung cancer

Place of death Barry (County) Woodland (Township or village or city) Race White Sex M Age 80

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19__

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapel (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Roger L. Koops (Check one) ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee) Date March 2, 19 92

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on March 2 19 92 in Woodland Memorial Park (Cemetery or crematory)

Place Plot 5 Lot 173 Loc 6 Signature Roger Tolan (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER)

B-26 4/88 Authority: Act 368 of 1978 and Act 299 of 1980

LF _____

CF _____

0921708

STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

CERTIFICATE OF DEATH

DECEDENT

1 DECEDENT NAME — FIRST: DONALD — MIDDLE: N. — LAST: WILLIAMS, JR.

2 SEX: MALE

3 DATE OF DEATH (Mo., Day, Yr.): MAY 27, 1986

4 RACE - (e.g. White, Black, American Indian, etc.) (Specify): WHITE

5a AGE - Last Birthday (Yrs.): 25

5b UNDER 1 YEAR — MOS: | DAYS:

5c UNDER 1 DAY — HOURS: | MINS:

6 DATE OF BIRTH (Mo., Day, Yr.): NOV. 23, 1960

7a COUNTY OF DEATH: BARRY

7b LOCATION OF DEATH (Check one and specify): [ ] INSIDE CITY LIMITS OF [X] INSIDE VILLAGE LIMITS OF WOODLAND [ ] TWP OF

7c HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number): RES: 190 AMASA ST.

8 STATE OF BIRTH (If not in U.S.A. name country): MICHIGAN

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER

11 SURVIVING SPOUSE (If wife, give maiden name):

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): NO

IF DEATH OCCURRED IN INSTITUTION, SEE MANUAL REGARDING COMPLETION OF RESIDENCE ITEMS

13 SOCIAL SECURITY NUMBER: 385-72-1910

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

14b KIND OF BUSINESS OR INDUSTRY: GENERAL BUILDING

15a CURRENT RESIDENCE STATE: MICHIGAN

15b COUNTY: BARRY

15c LOCALITY (Check one and specify): [ ] INSIDE CITY LIMITS OF [X] INSIDE VILLAGE LIMITS OF WOODLAND [ ] TWP OF

15d STREET AND NUMBER: 190 AMASA ST.

PARENTS

16 FATHER-NAME — FIRST: DONALD — MIDDLE: N. — LAST: WILLIAMS

17 MOTHER-MAIDEN NAME — FIRST: BETTY — MIDDLE: — LAST: SAWDY

INFORMANT

18a (Signature) ▶MR. DONALD N. WILLIAMS

MAILING ADDRESS — STREET OR R F D NO — CITY OR TOWN — STATE — ZIP

18b 325 MAPLE ST. NASHVILLE, MI 49073

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

19 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — Interval between onset and death

PART I

(a) Exanguinating Hemmorrhage — Immediate

DUE TO, OR AS A CONSEQUENCE OF:

(b) Gun Shot Wound To Head — Immediate

DUE TO, OR AS A CONSEQUENCE OF:

(c)

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I

20 AUTOPSY (Specify Yes or No): Yes

21 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No): Yes

CERTIFIER

CERTIFYING PHYSICIAN

PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify): 22a AT HOME

IF HOSP. OR INST., indicate DOA, OP, Emer. Rm., Inpatient (Specify): 22b

23a. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated.

(Signature and Title) ▶

DATE SIGNED (Mo., Day, Yr.): 23b

HOUR OF DEATH: 23c M

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 23d.

MEDICAL EXAMINER

24a [ ] This case reviewed and determined not to be a medical examiner's case [X] On the basis of examination and or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.

(Signature and Title) ▶ Kent Bailey M.D.

DATE SIGNED (Mo., Day, Yr.): 24b May 31, 1986

HOUR OF DEATH: 24c 12:30 a. M

PRONOUNCED DEAD (Mo., Day, Yr.): 24d ON May 27, 1986

PRONOUNCED DEAD (Hour): 24e AT 3:32 a. M

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type or Print)

25 KENT BAILEY M.D. 3970 WHISPERING WAY #21 GRAND RAPIDS, MI 490506

ACC, SUICIDE, HOM, NATURAL OR PENDING INVEST (Specify): 26a Homicide

DATE OF INJURY (Mo., Day, Yr.): 26b May 27, 1986

HOUR OF INJURY: 26c 12:30 a.

DESCRIBE HOW INJURY OCCURRED: 26d 32 Calibur Gunshot To Right Eye

INJURY AT WORK (Specify Yes or No): 26e No

PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): 26f At Home

LOCATION — STREET OR R F D NO — CITY, VILLAGE, OR TOWNSHIP — STATE: 26g 190 Amasa Woodland, Mi

DISPOSITION

BURIAL, CREMATION, REMOVAL, OTHER (Specify): 27a CREMATION

CEMETERY OR CREMATORY - NAME: 27b CENTRAL MICHIGAN CREMATORY

LOCATION — CITY, VILLAGE, OR TOWNSHIP — STATE: 27c BATTLE CREEK, MICHIGAN

DATE (Mo., Day, Yr.): 27d MAY 28, 1986

NAME OF FACILITY: 28a VOGT CHAPEL WREN FUNERAL HOMES

ADDRESS OF FACILITY: 28b 204 N. QUEEN ST. NASHVILLE, MI 49073

FUNERAL SERVICE LICENSEE (Signature): 28c ▶ David C. Olsen

REGISTRAR (Signature): 29a ▶ Nancy L. Bassom Wright

DATE RECEIVED BY REGISTRAR (Mo., Day): 29b June 2 1986

B-36a 5/83

STATE OF MICHIGAN)
)
COUNTY OF BARRY)

I, Norval E. Thaler, Clerk of the County of Barry and of the Circuit Court thereof, the same being the Court of Record having a Seal, do hereby certify that the above is a true and correct copy of the record thereof, on file in my office. Signed and sealed at Hastings, Michigan.

This 12 day of June 1986

By: Nancy L. Bassom Deputy Clerk

NORVAL E. THALER, COUNTY CLERK

Lot 152 of #3

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Act 368 of 1978 and Act 299 of 1980

Full name of deceased Ronald Warren Rivett Date of death 7-13-85 19____

Cause of death acute myocardial infarction

Place of death Kent (County) Walker (Township or village or city) Race white Sex M Age 50

Method of disposal burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Woodland State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Home (Funeral director or person acting as such) Address 935 Fourth Ave., Lake Odessa to dispose of body of said deceased.

Signature Maurice J. Koops (Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee) Date JULY 16 19 85

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on July 18 19 85 in Cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 5 Lot 29

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased FRANCES E. SAWDY Date of death April 1 19 85

Cause of death Cerebral hemorrhage

Place of death Washtenau (County) Chelsea (Township or village or city) Race white Sex F. Age 79

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapel (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Maurice J. Koops (Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee) Date April 3, 19 85

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on April 4 19 85 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 5 Lot 140 B

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Richard G. Stambaugh	Male	Aug. 7, 1913	Nov. 26, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Sacramento	Sacramento	Pauline Stambaugh 2209 Waterford Road Sacramento, Ca. 95815

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Andrews & Greilich	F 136

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED East Lawn Crematory, Sacramento, Ca.	DATE CREMATED 12-2-85	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Albert E. Viel
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Woodland Woodbury Cemetery, ~~Woodbury~~, Mich. Woodland		COUNTY ~~Tonia~~ Barry
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Woodland Memorial Park		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED 12/2/85	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Bert T. Adam M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON Dec. 14 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Lawrence Chase

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS TO THE LOCAL REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR TO THE LOCAL REGISTRAR OF THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA.

COPY 1 — STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS — (REV. 5-78) FORM VS-9

Plat 4 Lot 273A

85 93650

STATE OF FLORIDA
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES
VITAL STATISTICS

APPLICATION FOR BURIAL–TRANSIT PERMIT

Age 81

A. (Type or Print)

	First	Middle	Last	DATE OF DEATH Month Day Year
1. Name of Deceased	ZOE	ENID	GUY	JULY 8, 1985

	City, Town or Location	Name of Hosp. or Inst.	(If neither, give street address)
2. Place of Death County: PASCO	ZEPHYRHILLS	ZEPHYR HAVEN NURSING HOME	

3. Name of Medical Certifier: WM. C. CHANDLER, M.D. ☒ Physician ☐ Medical Examiner — Address: 905 6TH STREET, ZEPHYRHILLS, FLORIDA 34248

4. Funeral Home/ Direct Disposer — Name / Address: KELLY FUNERAL HOME - 403 8TH STREET - ZEPHYRHILLS, FLORIDA 34248

5. Check Appropriate Box

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

b ☒ DR. CHANDLER was contacted on 7/9/85. 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.

c ☐ _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification.

6. Funeral Director/ Direct Disposer: JOHN W. KELLY, JR.	Signature	2058 Fla. Lic. No./Reg. No.	JULY 9, 1985 Date Signed

B. BURIAL–TRANSIT PERMIT

Permit No. 1357-234

Permission is hereby granted to dispose of this body.

☒ A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted. If it cannot be filed within this time limit, a "Funeral Director/Direct Disposer Report" will be filed with the Local Registrar of the County in which death occurred.

Registrar or Sub-Registrar Signature: Brenda Ann Kelly (SUB) Date Issued: JULY 9, 1985

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

Signature _____, Medical Examiner Date _____

or

Medical Examiner, _____, gave authorization by telephone to _____ Funeral Director/Direct Disposer. Date _____

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. CEMETERY OR CREMATORY

Method of Disposition:

☒ BURIAL ☐ STORAGE

☐ CREMATION ☒ OTHER (Specify) (SHIP TO: VOGT CHAPEL OF WREN FUNERAL HOME - NASHVILLE, MICHIGAN)

Place of Disposition: Woodland Memorial Par,

Date of Disposition: 7-12-85

Signature of (Sexton) or Person-in-Charge: Lawrence Chase

Plat 4 Lot 307 B

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the County where disposition occurred.

HRS Form 326, APR. 81
(replaces previous editions which may be used.)

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Paul Wotring Smith Date of death May 26 19 85

Cause of death Natural Causes

Place of death Antrim (County) Forest Home Twp. (Township or village or city) Race White Sex M Age 70

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Wren Funeral Home (Funeral director or person acting as such) Address Hastings, Michigan 49058 to dispose of body of said deceased.

Signature James O. Bargar Date May 27 19 85

(Check one:) ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on May 29 1985 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Haas (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Pg 1 D.C. of 5

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased MRS. MILDRED E. OSGOOD Date of death June 13, 19 85

Cause of death Mesenteric Infarction

Place of death Barry (County) Hastings Township (Township or village or city) Race White Sex F Age 80

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park Cemetery (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Richard A. Henry Funeral Home Inc (Funeral director or person acting as such) Address Battle Creek, MI to dispose of body of said deceased.

Signature Richard A Henry (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee) Date June 17, 19 85

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on 6-17- 1985 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 5 Lot 36

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased L Jean Potter Date of death July 6 19 85

Cause of death Cardio pulmonary arrest

Place of death Eaton (County) Charlotte (Township or village or city) Race white Sex F Age 68

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Lake R Koops (Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee) Date July 9, 19 85

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on July 9 19 85 in (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 6 Lot 603

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. 10096

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Mabel Egelkroud Date of death Sept. 29, 19 85

Cause of death Acute Cardiac Arrest

Place of death Wayne (County) Detroit (Township or village or city) Race White Sex Female Age 92

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Cemetery (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Colonial Chapel-Edward Korkoian (Funeral director or person acting as such) Address 19621 W. McNichols, Detroit, Michigan 48219 to dispose of body of said deceased.

Signature Edward A. Korkoian OCT 1 1985 Date _____ 19 ____

(Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Oct 2 1985 in Cemetery (State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) circle 5 lot 72

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Act 368 of 1978 and Act 299 of 1980

Full name of deceased BRUCE HENDERSON ECKARDT Date of death Dec. 27, 19 85

Cause of death Multiple severe trama head, chest, abdomen

Place of death Barry (County) Hastings (Township or village or city) Race white Sex M Age 61

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date Dec. 30, 19 85

(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Dec 30 1985 in Cemetery (State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence E Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Part 5 Lot 51

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased ROY MINER CROTHERS Date of death 01/21 19 85

Cause of death Infectious complications of Diabetes Mellitus I

Place of death INGHAM (County) LANSING (Township or village or city) Race WHITE Sex M Age 44

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND CEMETERY (Cemetery or crematory) BARRY County MI State

APPROVED FOR CREMATION

Signature of Medical Examiner Date 19

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to GORSLINE-RUNCIMAN COMPANY (Funeral director or person acting as such) Address 900 E. Michigan Avenue Lansing, Michigan 48912 to dispose of body of said deceased.

Signature Rita M. Bauman Date 01-23-1985 19

(Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Jan. 26 19 85 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot six lot 57 B

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased JACOB DUITS Date of death JUNE 3, 19 85

Cause of death Congestive heart failure

Place of death Barry (County) Hastings (Township or village or city) Race white Sex Male Age 78

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory) County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner Date 19

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapel (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date June 6 1985

(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on 6-3-85 19 85 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 5 circle) Lot 91

age 92

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Gertrude Price Barnum	Female	Jan. 1, 1893	Jan. 17, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Escondido	San Diego	Dorothy Kline 467 Nantucket Glen Escondido, CA 92027

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Alhiser-Wilson Mortuary	297

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED na		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Eternal Hills Crematory/Oceanside, CA	DATE CREMATED Jan. 18, 1985	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ R.E. Wise
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Woodland Memorial Park/ Woodland Michigan		COUNTY Barry
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION na		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Woodland Memorial Park		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED JAN 18 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 8-12-85 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Lawrence Chase

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS TO THE LOCAL REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR TO THE LOCAL REGISTRAR OF THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA.

COPY 1 — STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS — (REV. 5-78) FORM VS-9

Plot 5 (circle) Lot no. 40

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased Harry Raymond Woodman Date of death Mar.27 19 86

Cause of death Acute myocardial infarction

Place of death Kent (County) Grand Rapids (Township or village or city) Race W Sex M Age 88

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Cemetery (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Ronan VAnderpool Stegenga (Funeral director or person acting as such) Address Wyoming, Michigan to dispose of body of said deceased.

Signature [signature] (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee) Date March 29 19 86

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on 3-29 19 86 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence E Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Pcs 4 5 Cat 19

CREMATION CERTIFICATE

Com. Flint Funeral Home
Prosser Washington

RONALD TUKEY died DATE UNKNOWN

CREMAINS BURIED Oct 20, 1986

Plat 6 Lot 73

Lawrence Chase Sexton

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. 465

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased ALICE IRENE WALKER Date of death APR 24 19 86

Cause of death ARTEROSCLEROTIC CARDIOVASCULAR DISEASE

Place of death WAYNE (County) DEARBORN (Township or village or city) Race WHITE Sex F Age 70

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND (Cemetery or crematory)

County WOODLAND State MICH

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to LESNEY & SON FUNERAL HOME (Funeral director or person acting as such) Address 13201 W WARREN MICH.
to dispose of body of said deceased.

Signature Duane Wisdenbach Date APR 28 1986 19____

(Check one: ☒ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on April 28 1986 in cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase
(Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 3 lot 179

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased ETHEL NEEB Date of death Oct 16 19 86

Cause of death Respiratory Failure

Place of death Barry (County) Hastings (Township or village or city) Race White Sex F Age 79

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, Mich. 48849 to dispose of body of said deceased.

Signature Paul R. Koops Date October 20, 19 86

(Check one: ☐ Registrar ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Oct. 20 19 86 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 4 Lot 26A

B-26 5/84

TRANSIT COPY
(This copy must accompany body to final destination)

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES – VITAL RECORDS SECTION

REGISTRAR'S FILE NO. 5393

BURIAL – TRANSIT PERMIT

IDENTIFICATION OF DECEASED

1. NAME OF DECEASED — A. FIRST: Lincoln; B. MIDDLE: ; C. LAST: Owen
2. SEX: Male
3. AGE: 72
4. RACE OR COLOR: White
5. DATE OF DEATH: December 17, 1986
6. PLACE OF DEATH — A. TOWN OR CITY: St. Joseph's Hospital; B. COUNTY: Tucson; C. STATE: Pima Arizona
7. CAUSE OF DEATH (MUST BE COMPLETED IF BODY IS SHIPPED OUT OF STATE, MOVED BY COMMERCIAL CARRIER, OR A DEATH FROM CERTAIN DISEASES):

MANNER AND PLACE OF DISPOSITION

8. ☐ BURIAL ☐ CREMATION ☐ OTHER (SPECIFY) ☒ REMOVAL of Cremains
9. FUNERAL HOME — A. NAME: BRING FUNERAL HOME, INC.; B. ST. ADDRESS: Bring's Broadway Chapel, P.O. Box 1423; C. CITY AND STATE: Tucson, Arizona 85702
10. FUNERAL DIRECTOR'S SIGNATURE: Charles E. Barger; LICENSE NO.: R580; DATE SIGNED: 12-22-1986
11. PLACE OF BURIAL OR OTHER DISPOSITION — A. NAME: Pickens-Koops; B. STREET ADDRESS: 935 4th; C. CITY AND STATE: Lake Odessa, Michigan 48849

REGISTRAR'S AUTHORIZATION FOR DISPOSITION

13. IN ACCORDANCE WITH THE LAWS OF THIS STATE AND THE REGULATIONS OF THE STATE DEPARTMENT OF HEALTH PERTAINING TO DEATH CERTIFICATES AND THE HANDLING OF DEAD HUMAN REMAINS, AUTHORIZATION IS HEREBY GIVEN TO DISPOSE OF THIS BODY IN THE MANNER INDICATED.
14. REGISTRAR'S SIGNATURE: Louise Kor Deputy
15. REG. DISTRICT: 1016
16. DATE SIGNED: December 22, 1986

DISPOSITION OF BODY

17. BODY WAS: ☐ BURIED ☐ CREMATED (SPECIFY) ☐ OTHER
18. CEMETERY OR CREMATORY — A. NAME: Woodland Memorial Park; B. STREET ADDRESS: Plot 6 Lot 38A; C. CITY AND STATE:
19. DATE OF DISPOSITION:
20. CEMETERY MANAGER'S SIGNATURE:

STATE REGISTRAR USE

21. DATE RCV'D. IN STATE OFFICE:
22 A. REGISTRAR'S SIGNATURE: Lawrence Chase
22 B. TITLE: SEXTON

VS-7 REV. 7-74

CEMETERY MGR.: MAIL TRANSIT COPY IN 10 DAYS TO VITAL RECORDS, P.O. BOX 3887 DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA 85030

P.O. Box 1031
Battle Creek, MI 49016

C(M)C

(616) 982-0333
(517) 374-6656
(616) 963-1554

CENTRAL MICHIGAN CREMATORY

CREMATION CERTIFICATE

NAME Charles L. Faul SEX Male

WAS CREMATED AT CENTRAL MICHIGAN CREMATORY ON

MONTH September DAY 23 YEAR 1986

DATE OF DEATH September 20, 1986

FUNERAL HOME Wren

CERTIFICATE NUMBER 2654

Earl J Butcher Jr

AUTHORIZED SIGNATURE

Buried cremains Sept 26-86 Plot 5 Lot 89

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Full name of deceased H. RUTH FISHER Date of death Dec. 15, 1986

Cause of death Myocardial infarction

Place of death Barry (County) Woodland Twp. (Township or village or city) Race White Sex F Age 93

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park Cemetery (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner Date 19

A certificate of death having been filed as required by the laws or regulations of this state, permission i

hereby given to THOMAS R. SHAW (Funeral director or person acting as such) Address 121 Capital Ave., N.E. Battle Creek, Michigan 49017

to dispose of body of said deceased.

Signature Thomas R. Shaw Date December 17, 1986

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Dec 18 1986 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 6 Lot 40

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased GENEVA N. BRANDT Date of death Jan 31, 1986

Cause of death RESPATORY DISTRESS

Place of death Barry (County) Hastings (Township or village city) Race W Sex F Age 86

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R Koops Date February 3, 19 86

(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Feb. 3 1986 in Cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 6 - Lot 10

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased Norman Cairns Date of death Nov. 17 19 86

Cause of death Respiratory Failure

Place of death Emmet (County) Levering (Township or village city) Race White Sex M Age 57

Method of disposal Burial (Whether burial, cremation, storage, etc.) (Cemetery or crematory)

County _____ State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R Koops Date November 19, 19 86

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on 11-19- 1986 in Cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 5 Lot 142B

B-26 5/84

January 25th 1986

Burials since the last Bd. Meeting

Dec 14 Buried Richard Stas-Baugh age 72 (cremains)

Dec 24 Buried Clara Herzel 82

Dec. 30 Buried Bruce Eckardt 61

Jan. 18 Buried Essie Lehman 93

Name of Deceased HERBERT HAROLD BARNUM

Place of Death CEDAR - G.T. County

Age 70

Date of Death 10-7-86

Date Received 10-10-86

Date of Cremation 10-10-86

Destination of Cremains R.+R. MARTINSON F.H. Wood

Cause of Death CARDIAC ARREST

Funeral Director R. O. MARTINSON Hardware Sexton

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased FRANK VINCENT BARRY Date of death Feb. 9, 1986

Cause of death Squamous cell carcinoma of lung

Place of death Barry (County) Hastings (Township or village or city) Race White Sex M Age 73

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

APPROVED FOR CREMATION County Barry State Michigan

Signature of Medical Examiner Date 19

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapel (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R Koops Date February 12, 1986

(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Feb. 12 1986 in Cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 5 Lot 190A

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased KENNETH B. TRAVIS Date of death OCT 19, 1988

Cause of death LUNG MASS - LYMPHOMA

Place of death ISABELLA (County) SHEPARD (Township or village or city) Race W Sex M Age 87

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEM. CEM. (Cemetery or crematory)

County BARRY State MICH.

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to PAUL FISHER MAPES-FISHER INC. (Funeral director or person acting as such) Address 193 JACKSON ST SUNFIELD, MI - 48890 to dispose of body of said deceased.

Signature Paul Fisher - Fred J. Fisher - Agent Date Oct. 21, 1988
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on Oct. 22 1988 in cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase
(Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 4 lot 294

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased LUCY E. VELTE Date of death Nov. 7, 19 87

Cause of death Pneumonia

Place of death Barry (County) Hastings (Township or village or city) Race W Sex F Age 84

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date Nov. 9, 1987 19____
(Check one: ☑ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on Nov. 9 1987 in cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase
(Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 3 lot 14

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased MARTHA V. SMITH Date of death May 14, 1987

Cause of death Carcinamatosis

Place of death Barry (County) Woodland Twp. (Township or village or city) Race White Sex F Age 86

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops Date May 16, 19 87

(Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on May 16 1987 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) 33B ~ Plat 5

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased Wilda K. Swanson Date of death Aug. 18 19 87

Cause of death Congestive heart failure

Place of death Ingham (County) Lansing (Township or village or city) Race White Sex F. Age 84

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Cemetery (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Estes-Leadley Co. (Funeral director or person acting as such) Address Lansing, MI to dispose of body of said deceased.

Signature Rita M. Bauman Date August 18, 19 87

(Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on 8-21- 1987 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) O. C. Plot 5

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased BERNICE M. OFFLEY Date of death Oct. 22 19 87

Cause of death Resp. Arrest

Place of death Barry (County) Hastings (Township or village or city) Race White Sex F Age 82

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, Mich 48849 to dispose of ~~body~~ of said deceased.

Signature Roger D. Koops Date October 26. 19 87

(Check one: ☐ Registrar, ☐ Funeral Director, ☑ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Oct 26 1987 in cemetery (State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Pt. J 5. Lot 66 A

B-26 5/84

PHONE (616) 949-0660
4341 CASCADE ROAD S.E.
GRAND RAPIDS, MICHIGAN 49506



MEMBER:
MICHIGAN CEMETERY ASSOCIATION
AMERICAN CEMETERY ASSOCIATION
NATIONAL ASSOCIATION CEMETERIES
NATIONAL CREMATION ASSOCIATION
INTERNATIONAL CREMATION FEDERATION
NATIONAL LOT EXCHANGE
INTERNATIONAL LOT EXCHANGE

GRACELAND

MEMORIAL PARK AND MAUSOLEUM

Name of Deceased George T Parrott

Place of Death Hastings, MI Barry County

Age 94

Date of Death August 6, 1987

Date Received August 6, 1987

Date of Cremation August 10, 1987

Destination of Cremains Funeral Home Woodland Memorial Park - Woodland, Mich.

Cause of Death CARDIO Pulmonary Arrest P.A. 1

Funeral Director Koops Funeral Chapels, Lake Odessa, MI buried 8-21-87

Lawrence Chase

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased JESSE R. MULFORD Date of death Aug. 11 19 87

Cause of death Widespread Metastatic Cancer

Place of death Washtenaw (County) Ann Arbor (Township or village or city) Race White Sex M Age 67

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Par (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner Date 19

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, Mich. 48849 to dispose of body of said deceased.

Signature Roger S. Hauger Date August 14, 19 87
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on Aug. 14, 1987 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 5 Lot 125

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased DONALD D. MURPHY Date of death 7-30 19 87

Cause of death CARDIO-RESPIRATORY ARREST

Place of death BARRY (County) HASTINGS TWP. (Township or village or city) Race WHITE Sex M Age 84

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND (Cemetery or crematory)

County BARRY State MICH

APPROVED FOR CREMATION

Signature of Medical Examiner Date 19

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MICH to dispose of body of said deceased.

Signature David C. Wren Date JULY 31 19 87
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on Aug. 3rd 19 87 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 3 Lot 128

B-26 5/84

CERTIFICATION OF A FETUS BORN DEAD

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Office of the State Registrar & Center for Health Statistics
By Authority of Act 368, P.A. 1978

Failure to provide the required information is a misdemeanor punishable by imprisonment of not more than one year or a fine of not more than $1,000.00 or both.

Name of Fetus:

Or

Fetus of AMBER HAKLEY Randy Allen McElhaney

Fetus was delivered dead on JUNE 5 1987 Signature: Guy C Lucas
(Attendant)

Place of Delivery: INGHAM
(County)
(Township or Village or City)

Method of final disposition (check one): ☒ Burial ☐ Cremation ☐ Storage ☐ Donation ☐ Other

APPROVED FOR CREMATION BY: _____ Date _____ 19__
(Signature of Medical Examiner)

AUTHORIZATION FOR FINAL DISPOSITION OF SAID FETUS IS GIVEN BY:

Name PICKENS AND KOOPS
(CHECK ONE) ☒ MORTUARY SCIENCE LICENSEE ☐ INSTITUTION DIRECTOR ☐ AGENCY AUTHORIZED TO ACCEPT DONATED BODIES

Signature of Mother [signature] Date 6-5-87

Signature of Father Randy A. McElhaney Date 6-5-87

MORTUARY SCIENCE LICENSEE OR FACILITY USE

Final Disposition was on June 8 19 87 in Woodland Memorial Park Plot 7 Lot 21
(Cemetery, Crematory or Facility)

Place: Barry (County) Woodland (Township or, Village or City) Signature Guy R Kaas
(Mortuary Science Licensee or Institution Director)

B-26B 8/85 PART II (OVER)

1 130.1 DISPOSITION PERMIT MUST BE OBTAINED BY THE PERSON MAKING ARRANGEMENTS TO HANDLE THE DISPOSITION 06/02/87 DCH 101 SEE SUNG

State Form 35423

PERMIT FOR DISPOSITION OF HUMAN REMAINS
INDIANA STATE BOARD OF HEALTH

PERMIT NO: 33

NAME OF DECEASED (Last) (First) (Middle)	DATE OF DEATH (Month, day, year)
Meadows, Edith C.	February 25, 1987

SEX	COLOR OR RACE	AGE	PLACE OF DEATH (City or township) (County) (State)
Female	White	91	Decatur, Adams, IN

METHOD OF DISPOSAL
☒ BURIAL ☐ CREMATION
☐ REMOVAL ☐ OTHER Burial (Specify)

NAME OF CEMETERY OR CREMATORY (City or township, county, State)
Woodland Cemetery, Woodland, Michigan

NAME OF FUNERAL ESTABLISHMENT	BUSINESS ADDRESS
Zwick-Boltz & Jahn Fun'rl Home	520 No. 2nd St., Decatur, In

PROPERLY EXECUTED CERTIFICATE OF DEATH RECEIVED ____ (DATE) ____ (LOCAL NUMBER)

BURIAL TRANSIT PERMIT ISSUED FROM PROVISIONAL CERTIFICATE OF DEATH ____ (DATE) ____ (LOCAL NUMBER)

A CERTIFICATE OF DEATH OR PROVISIONAL CERTIFICATE OF DEATH having been filed as required by law, permission is hereby given for transportation and disposition of this body.

SIGNATURE OF LOCAL HEALTH OFFICER (Address)	DATE ISSUED (Month, day, year)
Norval L Peck M.D. Decatur Indiana	February 25, 1987

DATE OF INTERMENT, CREMATION OR REMOVAL	SIGNATURE OF SEXTON OR PERSON IN CHARGE
February 28, 1987	Lawrence Chase

SDH 06-006

Plot 4 Lot 338

This certifies that

ZELPHA KJOLHEDE HAUER

WHO DIED ON March 24, 1987, WAS CREMATED

THIS C

at the SOUTHERN MICHIGAN CREMATORY SERVICES,
2323 Brooklyn Road, Jackson, Michigan.

ON March 26, 1987

SOUT
MICHI
CREM
SERV

Reg No. 525

Joseph M. Battles
MANAGER

Plot 5 lot 45 Lawrence Chase

A DIVISION OF WILBEE CONCRETE PRODUCTS CO.
JACKSON, MICHIGAN

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased Floyd G. Mahler Date of death July 22 19 87

Cause of death Cardio-Respiratory Arrest

Place of death Gratiot (County) St. Louis (Township or village or city) Race White Sex Male Age 92

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

APPROVED FOR CREMATION County Barry State Michigan

Signature of Medical Examiner Date 19

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Stebbins & Simpson F.H.Inc. (Funeral director or person acting as such) Address 518 N. Camburn St. Stanton, MI., 48888 to dispose of body of said deceased.

Signature William A. Simpson Date July 25 19 87
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on July 25 1987 in cemetery (Cemetery or crematory)

Plac Woodland memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 4 lot 282

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. 1478

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased Clair Maxwell Fuller Date of death Jan. 8 19 87

Cause of death Acute respiratory failure

Place of death Calhoun (County) Battle Creek (Township or village or city) Race White Sex M Age 81

Method of disposal Cremation (Whether burial, cremation, storage, etc.) Oak Hill Crematory (Cemetery or crematory)

APPROVED FOR CREMATION County Calhoun State Michigan

Signature of Medical Examiner [signature] Date Jan 9 1987

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Farley-Estes Funeral Home (Funeral director or person acting as such) Address 105 Capital Ave., N.E. Battle Creek, MI 49017 to dispose of body of said deceased.

Signature John F. Dowdle (Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee) Date January 9 19 87

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was CREMATED (State whether cremated, buried, stored, etc.) on 10 JAN 19 87 in OAK HILL CEMETERY (Cemetery or crematory)

Place BATTLE CREEK Signature Lawrence E. Chase (Sexton or person in charge)

Buried in Woodland Memorial Park

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

B-26 5/84 Lawrence Chase sexton (OVER) Plot 6 Lot 57A

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased Ward W. Jordan Date of death Jan. 18, 19 87

Cause of death Respiratory failure

Place of death Kent (County) Grand Rapids (Township or village or city) Race White Sex M Age 74

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

APPROVED FOR CREMATION County Barry State Michigan

Signature of Medical Examiner Date 19

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapel (Funeral director or person acting as such) Address Lake Odessa, Michigan to dispose of body of said deceased.

Signature Gary R. Koops (Check one: ☐ Registrar, ☒ Funeral Director, ☒ Mortuary Science Licensee) Date January 21, 19 87

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Jan. 21 19 87 in Cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 5 Lot 176

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased JOHN JOSEPH BLACK Date of death 9-7- 19 87

Cause of death RESPIRATORY FAILURE

Place of death KENT (County) GRAND RAPIDS (Township or village or city) Race WHITE Sex M Age 68

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

County BARRY State MICH

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MI to dispose of body of said deceased.

Signature Richard C. Wren Date SEPT. 8 19 87
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on Sept 8 th. 1987 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park. Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 7 lot no. 46

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased ABRAHAM MARK BRODBECK JR. Date of death Aug. 11 19 87

Cause of death Shock Cardiorespiratory arrest

Place of death Kent (County) Grand Rapids (Township or village or city) Race White Sex M Age 2 Wk

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County _____ State _____

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address Lake Odessa, Mich. to dispose of body of said deceased.

Signature Gary R Koops Date August 13. 19 87
(Check one: ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on Aug 13 1987 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 5 (circle) Lot 182

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased HILDA A. BAAS Date of death Aug. 24, 19 87

Cause of death Cardiopulmonary Arrest

Place of death Barry (County) Hastings (Township or village or city) Race White Sex F Age 80

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner Date 19

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, Mich 48849 to dispose of body of said deceased.

Signature Roger D. Koops Date August 26, 19 87
(Check one: ☐ Registrar, ☐ Funeral Director, ☑ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on 8-26- 1987 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 4 Lot 315

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased CLAUDE F. BACKE Date of death 3-11- 19 87

Cause of death CARDIAC FAILURE

Place of death KENT (County) GRAND RAPIDS (Township or village or city) Race WHITE Sex M Age 90

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

County BARRY State MICH

APPROVED FOR CREMATION

Signature of Medical Examiner Date 19

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MICHIGAN to dispose of body of said deceased.

Signature Harold C. Wren Date MAR. 12 19 87
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on March 13 1987 in Cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 2 Lot 61

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased LETHA BELLE SOUTHWELL Date of death May 3, 1988

Cause of death Cardiopulmonary Arrest

Place of death Barry (County) Woodland Twp. (Township or village or city) Race White Sex F Age 62

Method of disposal Burial (Whether burial, cremation, storage, etc.) Woodland Memorial Park (Cemetery or crematory)

County Barry State Michigan

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to Koops Funeral Chapels, Inc. (Funeral director or person acting as such) Address 935 4th Ave. Lake Odessa, MI 48849 to dispose of ~~body~~ of said deceased.

Signature Roger D Koops Date May 5, 1988

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on May 5th 1988 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 5 Lot No. 139

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No._____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased THEDA M.V. WILT Date of death 12-7- 1988

Cause of death CEREBRAL VASCULAR ACCIDENT

Place of death OTTAWA (County) WRIGHT TWP. (Township or village or city) Race WHITE Sex FE Age 86

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

County BARRY State MICH

APPROVED FOR CREMATION

Signature of Medical Examiner_____ Date_____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MI to dispose of body of said deceased.

Signature David C. Wren Date DEC. 9 1988

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried (State whether cremated, buried, stored, etc.) on Dec. 10 1988 in cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plot 5 Lot 78A

B-26 5/84

Dor Hyt McClelland
Plot 5 lot 100 B
Jan 4, 88
Cremains
Burial 3-7-88
per phone Call H. Chase
12:06 P.M. -

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased GALEN S. McCLELLAND Date of death 5-7- 19 88

Cause of death RESPIRATORY FAILURE

Place of death BARRY (County) HASTINGS TWP. (Township or village or city) Race WHITE Sex M Age 76

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

APPROVED FOR CREMATION County BARRY State MICH

Signature of Medical Examiner _____ Date _____ 19 ____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to WREN FUNERAL HOME (Funeral director or person acting as such) Address HASTINGS, MICH to dispose of body of said deceased.

Signature David C. Wren Date MAY 9 1988
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (State whether cremated, buried, stored, etc.) on May 10th 1988 in Cemetery (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase (Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton).*

(OVER) Plat 4 Lot no. 312

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased JOHN JAY DUFF Date of death MAY 14, 1988

Cause of death BRAIN HEMORRHAGE

Place of death EATON (County) SUNFIELD (Township or village or city) Race WHITE Sex M Age 16

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

County BARRY State MICH.

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to PAUL FISHER (Funeral director or person acting as such) Address 193 JACKSON ST. SUNFIELD, MI 48890 to dispose of body of said deceased.

Signature Paul Fisher - Fred F. Fisher Agent Date May 18, 1988
(Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on May 18 1988 in cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase
(Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton)*.

(OVER) Plot 5 (circle) Lot no. 175

B-26 5/84

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

BURIAL—TRANSIT PERMIT

No. _____

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Act 368 of 1978 and Act 299 of 1980

Full name of deceased MARTY M. DUFF Date of death MAY 14, 1988

Cause of death BRAIN HEMORRHAGE

Place of death EATON (County) SUNFIELD (Township or village or city) Race WHITE Sex M Age 16

Method of disposal BURIAL (Whether burial, cremation, storage, etc.) WOODLAND MEMORIAL PARK (Cemetery or crematory)

County BARRY State MICH.

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date _____ 19____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to PAUL FISHER (Funeral director or person acting as such) Address 193 JACKSON ST. SUNFIELD, MI 48890 to dispose of body of said deceased.

Signature Paul Fisher - Fred F. Fisher Agent Date MAY 18, 1988
(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried on May 18 1988 in cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Woodland Memorial Park Signature Lawrence Chase
(Sexton or person in charge)

This permit must be endorsed by the sexton *(or by the funeral director or Mortuary Science licensee where there is no sexton)*.

(OVER) Plot 5 (circle) Lot no. 175

B-26 5/84