

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Geo. E. CookName of deceased Michael AhoAge about 35 years \_\_\_\_\_ months \_\_\_\_\_ daysPlace of death MiddlefieldDate of death Aug 29 1923Cause of death Killed on R.R. trackInterment at Pine Grove Cem. MiddlefieldDate permit issued Aug Sept. 1<sup>st</sup>Certified by Chas H Mace M.D.

see p 45



SECRETARY OF THE COMMONWEALTH

No. 4

**OFFICIAL BURIAL (OR REMOVAL) PERMIT**Division of  
Vital Statistics

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.]

Huntington (City or town) Nov. 2 19 81 (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Healy - Hease, B. D. (Name) Huntington (Address)

for the removal from ~~Brenda Barry~~ and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, of the

body of Brenda L. Barry who died Oct 29 19 81  
(Give full name of deceased) (Month) (Day) (Year)

age 19 years, months, days.

Cause of death Asphyxiation by strangulation

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death Maple St. Huntington

John L. DeHill, Town Clerk

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

## The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. ....

**OFFICIAL BURIAL (OR REMOVAL) PERMIT**

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.]

Pittsfield 2/24 1981  
 (City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Genard Claxe Westfield, Mass.  
 (Name) (Address)

for the removal from Pittsfield, and the interment  
 (To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, Mass.

body of Edward Joseph Barorski who died 20 24 81  
 (Give full name of deceased) (Month) (Day) (Year)

age 54 years, ..... months, ..... days.

Cause of death Probable Acute Myocardial Infarct

If a U. S. War Veteran, specify what war, organization, etc. WW II

Residence at time of death 57 1/2 Ave. Trail, Middlefield, Mass.

Chief Stanley Stankovic (C.S.)

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

No. 75

Division of  
Vital statistics

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, locally written in ~~black~~ black ink.

WESTFIELD, MASS.  
(City or town)Mar. 13, 1959  
(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

F. C. Haley  
(Name)Chester, Mass.  
(Address)for the removal from ..... and the interment  
(To be filled out in case of removal)

at New Cemetery Cemetery in Westfield, of the

body of Raymond Benjamin who died Mar. 11, 1959  
(Give full name of deceased) (Month) (Day) (Year)

age 81 years, 3 months, 18 days.

Cause of death Gangrene - Arterial Occlusion

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death Main St. Chester, Mass.

Hugo V. Casault, M.D.  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)



Always write with black ink.

CONNECTICUT STATE DEPARTMENT OF HEALTH  
Hartford, Connecticut, U. S. A.

# REMOVAL, TRANSIT AND BURIAL PERMIT

(This permit is sufficient for removal of a body to any town and also for interment)

No. of permit 1699

Date September 12, 1952

The certificates required by the state statutes have been received and recorded, that the body has been prepared in accordance with the Sanitary Code. [Permission is granted to remove the body of

Patricia Phullis Bingley

If veteran  
name war

who died at St. Francis Hospital on \_\_\_\_\_

Date of Birth	Age (in years last birthday)	If under 1 year		If under 1 day	
		Months	Days	Hours	Mins.
<u>2/11/1938</u>	<u>14</u>				

Sex Female Race or Color White

Cause of death Encephalitis (Virus)

for Burial in Middlefield Cemetery in Middlefield, Massachusetts  
(Name of Cemetery) (Town) (State)

Issued to Ahern Funeral Home Fun. Dir.  
or  
Embalmer

Address Hartford, Connecticut

Embalmer's License No. 1158

Anne D. Stack  
Ass't. Registrar of Vital Statistics

THIS IS NOT A CREMATION PERMIT

Town of Hartford

The Commonwealth of Massachusetts A-22 ✓

JOHN F. X. DAVOREN

SECRETARY OF THE COMMONWEALTH

No. ....

Division of  
Vital Statistics(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed.,  
as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.]

Pittsfield  
(City or town)Nov. 17 19 74  
(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

J. Edward Dery 54 Bradford St Pittsfield  
(Name) (Address)

for the removal from Pittsfield (To be filled out in case of removal), and the interment

at Pine Grove Cemetery in Middlefield, of the

body of Philip Bingley who died 11 15 19 74  
(Give full name of deceased) (Month) (Day) (Year)

age 83 years, 1 months, 25 days.

Cause of death Acute Myocardial Infarction

If a U. S. War Veteran, specify what war, organization, etc. W W I

Residence at time of death Baycroft Road Middlefield, Mass.

Chief Public Health Officer  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

FP



CA-17 ✓

**The Commonwealth of Massachusetts**  
**EDWARD J. CRONIN**  
 SECRETARY OF THE COMMONWEALTH

No. 1

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
Vital Statistics

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Middlefield October 21 1972 ✓  
 (City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Frederick P. O'Keefe Chester  
 (Name) (Address)

for the removal from \_\_\_\_\_, and the interment  
 (To be filled out in case of removal)

at Pinch Grove Cemetery in Middlefield; of the

body of George Louis Bradley who died Oct 18 1972 ✓  
 (Give full name of deceased) (Month) (Day) (Year)

age 57 years, 0 months, 0 days.

Cause of death Acute Coronary Thrombosis

If a U. S. War Veteran, specify what war, organization, etc. WWI

Residence at time of death 588 Main St. Palmer Mass

George W. O'Keefe  
 (Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)



Office of the Secretary  
Division of Vital Statistics

# The Commonwealth of Massachusetts

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of chapter 114, General Laws.)

[This permit can be signed only by the agent of the board of health (or in towns where there is no board of health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Middlefield ..... Jan 4 1932  
(City or town) (Date)

All the preliminary requirements of law having been complied with, including the filing of a satisfactory certificate of death, legibly written in durable black ink, permission is hereby

given to Frank H. Carter .....  
(Name) (Address)

for the removal from ..... (To be filled out in case of removal) and the interment

at New ..... Cemetery in Middlefield ..... of the

body of May Carland who died Jan 1 1932,  
(Give full name of deceased) (Month) (Day) (Year)

age 79 years, ..... months, ..... days.

Cause of death, Chronic Myocarditis .....

Residence at time of death, Judith Perry State Hospital  
Poughkeepsie N.Y. .....

George W. Olds  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Edward J. FoleyName of deceased Harold S. LaneAge 75 years 8 months ✓ daysPlace of death MilledaleDate of death August 5, 1959Cause of death Cancer of sigmoid colonInterment at Pine Grove CemeteryDate permit issued August 8, 1958Certified by William E. Farrell M. D.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Edward J. FoleyName of deceased Kathleen (Havin) ConnAge 72 years ..... months ..... daysPlace of death MiddlefieldDate of death Sept. 17, 1956Cause of death Carcinoma of Breast with metastasis to BrainInterment at Pine Grove Cemetery MiddlefieldDate permit issued Sept. 19, 1956Certified by B. Nees M. D.



State of Florida, Department of Health, Vital Statistics  
APPLICATION FOR BURIAL - TRANSIT PERMIT

*Pin Home  
to 18 Sec. B.  
Entered Journal*

A. (Type or Print)

1. Name of Deceased: First DOROTHY, Middle MARIE, Last COOK. DATE OF DEATH: Month 02, Day 06, Year 98.

2. Place of Death: County MANATEE, City, Town or Location BRADENTON. Name of Hosp. or Inst. MANATEE MEMORIAL. (If neither, give street address)

3. Name of Medical Certifier: DAVID KRULL, M.D..  Medical Examiner, Address 606 4TH. AVE. W. PALMETTO, FL 34221, Phone Number (941) 722-7785.  Physician.

4. Name of Funeral Home/ Direct Disposer: PALMETTO FUNERAL HOME. Address 204 7TH. ST. W. PALMETTO, FL 34221. Fla. Lic. No./Reg. No. #2232, Phone Number (Area Code) (941) 722-7704.

5. Check Appropriate Box:  
 a  The medical certification has been completed and signed. A completed certificate of death accompanies this application.  
 b  DR. KRULL's office was contacted on 2/9/98 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  \_\_\_\_\_ 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: Signature [Signature], F.E. No./Reg. No. #1768, Date Signed 2/8/98.

B. BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body. Permit No. 2232-033

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 [Signature], Date Issued: 2/8/98, Date Certificate Due: 2/11/98

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 \_\_\_\_\_, Date of Disposition \_\_\_\_\_

Signature of Sexton or Person-in-Charge \_\_\_\_\_

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.

Pine Grove A Sec. # 1  
R-309 LOT 28K

# The Commonwealth of Massachusetts



DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

R-309

No. 16

No. 16

## BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

### OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Hinsdale Nov 25 19 91  
(City or town) (Date)

to Town Clerk  
(Office issuing permit)

City or Town of Hinsdale Mass.

Name of deceased Charles Edward Cook

If a U. S. War Veteran, specify what war, organization, etc.

None

A satisfactory certificate of death having been filed, permission is hereby given to

John O'Brien Huntington, MA  
(Name) (Address)

for the removal from ..... , and the interment

(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, of the

body of Charles Edward Cook who died Nov 24 19 91  
(Give full name of deceased) (Month) (Day) (Year)

age 90 years, ..... months, ..... days.

Cause of death Cardiorespiratory Arrest

If a U. S. War Veteran, specify what war, organization, etc. None

Residence at time of death Skyline Trail, Middlefield, Me

Dave J. Fernald  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

### ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at .....  
(Name of cemetery or crematory) (City or town)

on .....

Certified by .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



## The Commonwealth of Massachusetts

Division of  
Vital Statistics

SECRETARY OF THE COMMONWEALTH

No. 16

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.]

Peru 4/16 1997  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Daniel A. Dew 54 Bradford St Pittsfield  
(Name) (Address)

for the removal from Peru, Ma, and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield Ma, of the

body of Edward M. Cook who died 4 11 1997  
(Give full name of deceased) (Month) (Day) (Year)

age 44 years, \_\_\_\_\_ months, \_\_\_\_\_ days.

Cause of death Traumatic Chest Injury

If a U. S. War Veteran, specify what war, organization, etc. \_\_\_\_\_

Residence at time of death 87 Highland Ave Russell Ma 01071

Mary M. Wheeler  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

SECTION B, Plot #18 ✓

No. 16

## BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk  
(Office issuing permit)

City or Town of Peru Mass.Name of deceased Edward M. Cook

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Pine Grove Cemetery  
(Name of cemetery or crematory) (City or town)

on APRIL 18 1997

Certified by Larry Pease - Cem. Comm.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

MARGIN RESERVED FOR BINDING—WRITE PLAINLY WITH UNFADING INK.  
THIS IS A PERMANENT RECORD.

## Permit for Burial, Entombment or Removal.

Issued to Mr. J. Waley No. \_\_\_\_\_

County of Windham STATE OF VERMONT.

Town or City of Brattleboro

Date of Death Aug. 3 1939

Full Name Etta Lucretia Cook Age 78 10 29  
YEARS MONTHS DAYS

Place of Death Brattleboro

Disease causing death Chronic Myocarditis

Medical attendant Horace G. Ripley

Proposed date of burial, entombment or removal Aug. 5 1939

Proposed place of burial, entombment or removal Middlefield, Mass.

What cemetery or tomb \_\_\_\_\_

Manner of burial, entombment or removal Removal & burial

Undertaker Mr. J. Waley

Address Middlefield, Mass.

A Certificate of death (or removal or transit permit) having been filed in my office in accordance with law, I hereby authorize the removal & burial of the body of said deceased person as stated above.  
(BURIAL, ENTOMBMENT OR REMOVAL)

E. K. Wheelock

Asst. Town or City Clerk.

Date Aug. 4 1939

This Permit, if properly made and signed, is authority for the burial or entombment in any cemetery or tomb in this State.

BURIAL PERMIT

FOR

*Etta Lucretia Cook*

Filed *Aug. 8* 1939

INSTRUCTIONS.—This permit must be delivered to the Clerk of the town or city in which the burial or entombment is made during the first week of the month following such burial or entombment.

*Middlefield Mass. Aug 7* 1939  
I Herby Certify, That I did, on the *5* day of *August* 1939

deliver the body described in this permit to *Olaf S. Dyer*  
Sexton or Keeper of *New* Cemetery for *Burial*

Signed *Frederick B. Haley, Funeral Director*  
(State title here.)

*Burial*  
(State what disposition was made of the body.)  
the body described in this permit.

Signed *Olaf S. Dyer*  
(Sexton, or Keeper.)

NO. 61, ACTS OF 1923

AN ACT RELATING TO THE ISSUANCE OF BURIAL PERMITS.

It is hereby enacted by the General Assembly of the State of Vermont:

Section 1. The town clerk of each town shall receive all certificates of deaths occurring within his own town, and shall issue burial permits and receive fees therefor as provided by sections 8801, 8806, 3811, 3812, 3813, 8814, 8818, 8819 and 8820 of the General Laws; provided that burial permits in cases of deaths from communicable diseases shall not be issued by a town clerk except in accordance with instructions to be issued by the local health officer or the State board of health and to be kept on file by the town clerk.



# The Commonwealth of Massachusetts

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Division of Vital Statistics

SPRINGFIELD

(City or town)

Feb. 1, 1938

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

E. A. Byron

(Name)

(Address)

for the removal from Springfield, Mass., and the interment

(To be filled out in case of removal)

at Waco Cemetery in Middlefield, Mass., of the

body of George C. Cook who died Jan. 31, 1938

(Give full name of deceased)

(Month)

(Day)

(Year)

age 64 years, 4 months, 21 days.

Cause of death Myelogenous leukemia

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death Middlefield, Mass.

Jacob R. Sackett

Agent, Health Department

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk.)

## The Commonwealth of Massachusetts

A ✓



JOSEPH D. WARD  
SECRETARY OF THE COMMONWEALTH

No. 317

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
Vital Statistics

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

WESTFIELD, MASS.

Oct 5,

19 60

(City or town)

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

F. C. Haley

(Name)

Chester, Mass.

(Address)

for the removal from ..... and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, Mass., of the

body of Helen (Wright) Cook who died Oct 3, 19 60  
(Give full name of deceased) (Month) (Day) (Year)

age 87 years, 7 months, 24 days.

Cause of death Carcinoma of caecum

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death Middlefield, Mass.

Hugh V. Ascolillo M.D. a  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

PINE GROVE Sat 28A -  
Entered J

# The Commonwealth of Massachusetts

No. 3**OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT***(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)*

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City or Town Hinsdale Date Feb 15 1986

A satisfactory death certificate having been filed for

Helen Prentice Cook  
Full name of decedent

born on September 18, 1907, who died of

Hepatic Malignancy, on Feb 14, 1986,  
give immediate cause date of death

Permission is hereby given to

O'Brien Shilton Funeral Home  
name of facility

27 Russell Road Huntington, Ma 01050  
address

for (check all appropriate boxes):

Removal from: .....  
name and address of original disposition

Disposition at: Pine Grove Cemetery Middlefield, Ma  
name and address of cemetery or crematory

Transportation to: .....  
name and address of immediate destination of remains

If a U.S. War Veteran, specify what war, organization, etc. \_\_\_\_\_

Residence at time of death Skyline Trail Middlefield, Ma  
01243

David Grissell

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

## The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH

No. 65

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
Vital Statistics(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed.,  
as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Acton - Mass. March 15 1965  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

R. T. Perkins, 30 Prospect St, Acton, Mass.  
(Name) (Address)

for the removal from \_\_\_\_\_, and the interment  
(To be filled out in case of removal)at Five Acre Cemetery in Middlefield, Mass., of thebody of Lewis A. Cottrell who died March 15 1965  
(Give full name of deceased) (Month) (Day) (Year)age 54 years, 6 months, 2 days.Cause of death Rupt. Esophageal Varices

If a U. S. War Veteran, specify what war, organization, etc. \_\_\_\_\_

Residence at time of death 3 Berham St. Bedford, Mass.

Francis P. Ryan (E.S.)  
(Signature of Agent of Board of Health, or, in towns where there is no  
Board of Health, of Town Clerk)



B-38

*Pine Grove - entered*  
**The Commonwealth of Massachusetts** ✓



DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 266

**OFFICIAL BURIAL (OR REMOVAL) PERMIT**

*(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)*

*(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)*

Cittizfield April 20 19 90  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Raid A. Perry 54 Bradford St. Pittzfield  
(Name) (Address) 01201

for the removal from Pittzfield and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield of the

body of John Edward DeMass Sr. who died April 19 19 90  
(Give full name of deceased) (Month) (Day) (Year)

age 71 years,  months,  days.

Cause of death Cardiac Arrest

If a U. S. War Veteran, specify what war, organization, etc.....

Residence at time of death Arthur Peace Rd., Middlefield  
Louis A. Balducci 01243

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

**BURIAL (OR REMOVAL) PERMIT**

*This coupon to be returned immediately, properly endorsed*

to Health Dept.  
(Office issuing permit)

City or Town of Pittzfield Mass.

Name of deceased John Edward DeMass Sr.

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at \_\_\_\_\_  
(Name of cemetery or crematory) (City or town)

on \_\_\_\_\_

Certified by \_\_\_\_\_  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



## The Commonwealth of Massachusetts



Division of  
Vital Statistics

SECRETARY OF THE COMMONWEALTH

No. ....

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.]

..... **SPRINGFIELD** ..... *May 2* 19*78* .....

(City or town)

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

*Ernest A. Byron, Jr.* ..... *Spfld. Mass.* .....

(Name)

(Address)

for the removal from *Hillcrest Park Rec. Vanot Spfld. Mass.* ..... and the interment

(To be filled out in case of removal)

at *Pine Grove* ..... Cemetery in *Middlefield, Mass.* ..... of the

body of *LIZZIE DILLER* ..... who died *February 16*, 19*78* .....

(Give full name of deceased)

(Month) (Day) (Year)

age *78* ..... years, ..... months, ..... days.

Cause of death ..... *Congestive heart failure* .....

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death ..... *Spfld. Mass.* .....

*John S. Ayres, M.D.* ..... Commissioner of Public Health

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

The Commonwealth of Massachusetts  
JOHN F. X. DAVOREN

SECRETARY OF THE COMMONWEALTH

No. 12

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
Vital Statistics

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.]

Hinsdale Mass. Aug. 31 1977  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Bruce H. Grunow Dartton  
(Name) (Address)

for the removal from Hinsdale, and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield Mass. of the

body of Robert J. Doane who died Aug 29 1977  
(Give full name of deceased) (Month) (Day) (Year)

age 20 years, 0 months, 29 days.

Cause of death Comp. Fractures of skull with brain laceration

If a U. S. War Veteran, specify what war, organization, etc. NO

Residence at time of death Stirling, MA Middlefield

Glenn D. Munn  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

C-8V

Pine Grove. 8c

Entered 9

VITAL RECORDS  
THE CITY OF NEW YORK  
DEPARTMENT OF HEALTH  
BOROUGH OF MANHATTAN

DEPARTMENT OF HEALTH

BUREAU OF VITAL RECORDS

BURIAL / CREMATION / TRANSPORTATION  
OF HUMAN REMAINS

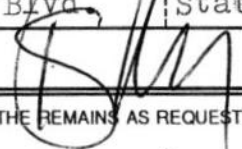
156-90-015388

APPLICATION **MAR 13 11 37 AM '90**

DEATH CERTIFICATE NO. (If Assigned)

NAME OF DECEASED	FIRST AVIS	MIDDLE	LAST DOWSEY	AGE 88	SEX M	DATE OF DEATH	MONTH 03	DAY 10	YEAR 90
PLACE OF DEATH	NEW YORK CITY	BOROUGH Manhattan	NAME OF HOSPITAL OR INSTITUTION OR STREET ADDRESS Lenox Hill Hospital						
CERTIFIER	NAME OF PHYSICIAN OR MEDICAL EXAMINER'S NUMBER Stephen M. Block		METHOD OF DISPOSAL <input checked="" type="checkbox"/> BURIAL	<input type="checkbox"/> OTHER <input type="checkbox"/> CREMATION		CREMATION APPROVED BY: DR. _____ M.E. # _____			
PLACE OF DISPOSITION	NAME OF CEMETERY OR CREMATORY (OR DESTINATION) Pine Grove Cemetery		CITY OR COUNTY AND STATE Middlefield, Mass.		DATE OF DISPOSITION	MONTH 3	DAY 16	YEAR 90	

THE CERTIFICATE OF DEATH HAVING BEEN FILED AS REQUIRED BY THE HEALTH CODE, AND ALL LAWS AND REGULATIONS GOVERNING THE PREPARATION AND DISPOSAL OF HUMAN REMAINS HAVING BEEN COMPLIED WITH, PERMISSION IS HEREBY REQUESTED TO DISPOSE OF THE REMAINS AS IDENTIFIED ABOVE.

FUNERAL ESTABLISHMENT	FIRM NAME John Vincent Scalia F.D.	ADDRESS 28 Eltingville Blvd.	CITY AND STATE Staten Island, NY	STATE REG. # 1766
APPLICANT	NAME OF N.Y. STATE LICENSED FUNERAL DIRECTOR Kevin Moran	SIGNATURE 	N.Y. STATE LIC. # 08985	


PERMIT

PERMISSION IS HEREBY GRANTED TO DISPOSE OF THE REMAINS AS REQUESTED ABOVE.

NOTICE: This permit not valid without the raised seal of the Department; or if it has been corrected, interlined or altered in any manner.

MAR 13 1990

  
CITY REGISTRAR M

Per 



The Commonwealth of Massachusetts  
**EDWARD J. CRONIN**  
 SECRETARY OF THE COMMONWEALTH

Lot 24A  
 sec B

No. #2

MIDDLEFIELD

**OFFICIAL BURIAL (OR REMOVAL) PERMIT**

Division of  
 Vital Statistics

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1920, and Chapter 48, Acts of 1927.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

MIDDLEFIELD JUNE 18 1983  
 (City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

ROBERT E. CUSACK 94 MAIN ST., WESTFIELD  
 (Name) (Address)

for the removal from MIDDLEFIELD, and the interment  
 (To be filled out in case of removal)

at PINE GROVE Cemetery in MIDDLEFIELD, of the

body of JOHN H. DUFFEY who died 6 15 1983  
 (Give full name of deceased) (Month) (Day) (Year)

age 29 years, months, days.

Cause of death ASPHYXIATION BY HANGING

If a U. S. War Veteran, specify what war, organization, etc. —

Residence at time of death ROOT RD, MIDDLEFIELD

Edith P. Rice  
 (Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

# The Commonwealth of Massachusetts

## EDWARD J. CRONIN

### SECRETARY OF THE COMMONWEALTH

No. ....



Division of  
Vital statistics

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.

..... Washington ..... Oct 5, 1963  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

..... F. C. Haley ..... Chester, Mass  
(Name) (Address)

for the removal from Washington to Middlefield, and the interment  
(To be filled out in case of removal)

at Roe Grove Cemetery in Middlefield, of the

body of Max Johnson Dyer who died 10-3 1963  
(Give full name of deceased) (Month) (Day) (Year)

age 88 years, 7 months, 11 days.

Cause of death Acute pulmonary edema

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death Middlefield Mass

..... Lorraine A. Deane .....  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

Pine Grove, B-26, #3

1992

# Proprietors of the Pittsfield Cemetery

203 Wahconah Street  
Pittsfield, MA 01201

## CREMATION CERTIFICATE

General Laws, Chap. 114, Sec. 48

The undersigned, being on this date the person having charge of the Crematory at Pittsfield Cemetery, hereby certifies that the Burial Permit and Certificate of the Medical Examiner prerequisite to the cremation of the body

of BLANCHE I. FAY late of Hinsdale, Mass. who died April 21, 1992  
DATE

at Pittsfield, Mass. have been duly presented.  
CITY STATE

Cause of death Pneumonia

Age 83 years 0 months 8 days.

Cremation No. 4478

Date April 23, 1992

*Randy Johnson*  
Superintendent

This certificate should accompany these remains to their destination.

SECTION B ✓  
Plot #26 #3

## Pittsfield Cemetery Crematory

203 Wahconah Street Pittsfield, Massachusetts

d. 4/21  
1992

## CREMATION CERTIFICATE

Name BLANCHE I. FAY

Cremation No. 4478

This Certificate should accompany these remains to their destination.

(DERY FUNERAL HOME)

*ashes were placed in  
States Vault*

*Deed  
died  
April 21, 1992, at 83*

1499

# Proprietors of the Pittsfield Cemetery

B-26

203 Wahconah Street

## CREMATION CERTIFICATE

General Laws, Chap. 114, Sec. 48

The undersigned, being on this date the person having charge of the Burial Permit and Certificate of the Medical Examiner prerequisite to

of Kenneth Lloyd Fay late of Chester

at Pittsfield, Massachusetts  
CITY STATE

Cause of death Ruptured Aneurysm

Age 64 years 11 months 5 days.

Date March 11, 1965

The ashes of Kenneth Lloyd Fay were transferred from Pittsfield to Pine Grove Cemetery in the cemetery lot of William Slater. Section B - Lot #26. Mr. Fay was the father of Mrs. William Slater.

Carl E. Alderman, Sexton  
Pine Grove Cemetery

Cremation No. 281

*Freewood H. Congdon*  
Superintendent

This certificate should accompany these remains to their destination.

1499

# Proprietors of the Pittsfield

203 Wahconah Street

## CREMATION CERTIFICATE

General Laws, Chap. 114, Sec. 48

The undersigned, being on this date the person having charge of the Crematory at Pittsfield Cemetery, hereby certifies that the Burial Permit and Certificate of the Medical Examiner prerequisite to the cremation of the body

of Kenneth Lloyd Fay late of Chester, Mass. who died March 7, 1965  
DATE

at Pittsfield, Massachusetts have been duly presented.  
CITY STATE

Cause of death Ruptured Aneurysm

Age 64 years 11 months 5 days.

Cremation No. 281

Date March 11, 1965

*Linwood H. Conydon*  
Superintendent

This certificate should accompany these remains to their destination.



## The Commonwealth of Massachusetts

No. 626-06

## OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

*(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)**This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.*City/Town Pittsfield Date Nov 16, 2006

A satisfactory death certificate having been filed for

Full name of decedent Helen Lucille Ferriswho died on Nov 14, 2006 US War Veteran NOVborn on Oct 31, 1922, who resided at195 Elberon AvenuePittsfield MA 01201and who died of Metastatic Lung Cancer

Permission is hereby given for (check all appropriate boxes):

 Removal from: \_\_\_\_\_*name and address of original disposition* Disposition at: Rose Grove Cemetery Middlefield*name and address of cemetery or crematory* Transportation to: \_\_\_\_\_*name and address of immediate destination of remains*

Permission is hereby given to: \_\_\_\_\_

Derry Funeral Home54 South Street PittsfieldPhilip Adams

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

No. 626-06

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

*This section to be returned immediately to the issuing City/Town, properly endorsed*to Pittsfield Health Dept.City/Town of 70 Allen St-Pittsfield Mass.Name of Decedent Helen Lucille Ferris

If a U.S. War Veteran, specify what war, organization, etc.

NO

## ENDORSEMENT

*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at \_\_\_\_\_ (Name of cemetery or crematory) (City/Town)

on \_\_\_\_\_

Final Disposition \_\_\_\_\_

Certified by \_\_\_\_\_ (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

# BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Frank Jay

Name of deceased John Walter Ferris

Age 42 years 3 months 17 days

Place of death Middlefield

Date of death April 14, 1932

Cause of death Lobar pneumonia

Interment at New Cemetery Middlefield

Date permit issued April 16, 1932

Certified by William Smith M.D.



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 05-1

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AETER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.]

SECRET JAN 13 19 2005  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to  
Kelly FUNERAL HOME 3 MAIN ST. HEN, MA  
(Name) (Address)

for the removal from ..... (To be filled out in case of removal) ..... and the interment

at Pine Grove Cemetery in Middlefield MA, of the

body of WAITER D. FULLER who died JAN 12 2005  
(Give full name of deceased) (Month) (Day) (Year)

age 63 years, ..... months, ..... days.

Cause of death CARDIOPULMONARY ARREST

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death 250 Wells Rd BARKET, MA

Jeanne W. [Signature]  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to J. P. Haley

Name of deceased Alice Potter Gardner

Age 67 years 5 months 16 days

Place of death Middlefield

Date of death Sept. 20, 1941

Cause of death Coronary Embolism  
Coronary Sclerosis

Interment at New Cemetery

Date permit issued Sept. 22, 1941

Certified by John A. Huffmire M.D.



# The Commonwealth of Massachusetts

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

[ This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink. ]

Division of Vital Statistics

SPRINGFIELD  
(City or town)

Jan 15 1935  
(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Ernest a Byron Springfield  
(Name) (Address)

for the removal from Wesson Memorial Hosp and the interment  
(To be filled out in case of removal)

at New Cemetery Cemetery in Middlefield Mass of the

body of Arthur Gardner who died Jan 14 1935  
(Give full name of deceased) (Month) (Day) (Year)

age 48 years, 7 months, 21 days.

Cause of death Pyloric Ulcer

If a U. S. War Veteran, specify what war, organization, etc. \_\_\_\_\_

Residence at time of death Middlefield, Mass.

\_\_\_\_\_  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

Entered in Log - PINE GROVE, LOT 5, Sec. B, - # 4

R-309

# The Commonwealth of Massachusetts

No. 331-98

## OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City or Town Pittsfield Date June 16, 1998

A satisfactory death certificate having been filed for  
Janet Evelyn Gardner  
Full name of decedent

who died on June 14, 1998 US War Veteran   
date of death

born on Mar 11, 1910, who resided at  
date of birth

11 Skyline Trail  
Middlefield ma 01243

and who died of Respiratory Failure  
give immediate cause

Permission is hereby given for (check all appropriate boxes):

Removal from: .....  
name and address of original disposition

Disposition at: Pine Grove Cemetery - Middlefield  
name and address of cemetery or crematory

Transportation to: .....  
name and address of immediate destination of remains

Permission is hereby given to:

O'Brien Hilltown Funeral Home  
name of facility  
Russell Rd - Huntington ma 01050  
address of facility

Stephen E. D'Angelo Jr  
Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk

R-309

No. 331-98

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Pittsfield Health Dept  
Office issuing permit

City or Town of Pittsfield Mass. 01201

Name of Decedent Janet Evelyn Gardner

If a U.S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at .....  
(Name of cemetery or crematory) (City or Town)

on .....

Final Disposition .....

Certified by .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

## The Commonwealth of Massachusetts

107 #  
51 sec 02

SECRETARY OF THE COMMONWEALTH

No. 705

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
Vital Statistics

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.]

Pittsfield Dec 8 1977  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

J. Edward Dery  
(Name)Pittsfield  
(Address)

for the removal from

Pittsfield

(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield Mass of the

body of Leon Arthur Farbankes Gardner who died

(Give full name of deceased)

Dec 7 1977  
(Month) (Day) (Year)

age 71 years, 10 months, 0 days

Cause of death ~~arteriosclerotic heart disease~~  
presumible arrhythmia - sudden death

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death Skyline Trail - Middlefield

Ante M. Nucifera (Signature)  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)



# The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. ....

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Westfield ..... May 25 19 89  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Samuel Pearson, 29 Broad ..... Westfield  
(Name) (Address)

for the removal from ..... Westfield ..... and the interment  
(To be filled out in case of removal)

at ..... Pine Grove ..... Cemetery in ..... Middlefield ..... of the

body of Lyndon T. Gilmore ..... who died Jan 7 19 89  
(Give full name of deceased) (Month) (Day) (Year)

age 80 years, ..... months, ..... days.

Cause of death Cardiac Arrhythmia .....

If a U. S. War Veteran, specify what war, organization, etc. II .....

Residence at time of death Skyline Trail, Middlefield .....

Naniel J. Pearson  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

No. ....

## BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to HEALTH DEPARTMENT  
(Office issuing permit)  
WESTFIELD, MASS.

City or Town of ..... Mass.

Name of deceased Lyndon T. Gilmore .....

If a U. S. War Veteran, specify what war, organization, etc.  
II .....

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Pine Grove ..... Middlefield MA  
(Name of cemetery or crematory) (City or town)

on May 28 19 89 .....

Certified by Larry J. Pearson - clerk  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



# The Commonwealth of Massachusetts

No. 66-93

## OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

*(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)*

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City or Town Pittsfield Date Feb 8, 1993

A satisfactory death certificate having been filed for

Jack Mackey Guyette  
Full name of decedent

born on Jan 8, 1927, who died of

acute respiratory failure on Feb 6, 1993  
give immediate cause date of death

Permission is hereby given to

Derry Funeral Home  
name of facility

54 Bradford St. Pittsfield, Ma  
address 01201

for (check all appropriate boxes):

Removal from: .....

name and address of original disposition

Disposition at: Pine Grove Cemetery - Middlesfield  
name and address of cemetery or crematory

Transportation to: .....

name and address of immediate destination of remains

If a U.S. War Veteran, specify what war, organization, etc. WW II - U.S. Navy

Residence at time of death River Rd.  
Middlesfield, Ma 01243

Louisa A. Bolduc  
Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

No. 66-93

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Health Dept.  
(Office issuing permit)

City or Town of Pittsfield Mass.

Name of Decedent Jack Mackey Guyette

If a U.S. War Veteran, specify what war, organization, etc.

WW II - U.S. Navy

### ENDORSEMENT

*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at .....

(Name of cemetery or crematory)

(City or Town)

on .....

Certified by .....

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

## The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH

No. ....



## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
Vital Statistics(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed.,  
as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns  
where there is no Board of Health by the town clerk) of the city or town in which  
the death occurred AFTER the FILING and acceptance of a satisfactory certificate  
of death, legibly written in durable black ink.]

*Pittsfield* *June 13* 19*62*  
..... (City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

*F. C. Hilary* *Chester*  
..... (Name) (Address)

for the removal from *Pittsfield* ..... and the interment  
(To be filled out in case of removal)

at *Pine Grove* Cemetery in *Middlefield*, of the

body of *Frederick Hoage* who died *June 10* 19*62*  
(Give full name of deceased) (Month) (Day) (Year)

age *82* years, *1* months, ..... days.

Cause of death *Coronary Thrombosis*

If a U. S. War Veteran, specify what war, organization, etc. *NA*

Residence at time of death *Middlefield*

*Chief of Police, Thomas H. Calnan*  
(Signature of Agent of Board of Health, or, in towns where there is no  
Board of Health, of Town Clerk) *Jm*

# The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS



*PINE GROVE  
1A-A #2  
Entered 9*

Board of Health No. ....

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

SPRINGFIELD May 5 1990  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Frederick C. Hilley, 2 Russell St. Huntington, Mass  
(Name) (Address)

for the removal from ..... and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, of the

body of Makion Hathaway who died May 4 1990  
(Give full name of deceased) (Month) (Day) (Year)

age 47 years, ..... months, ..... days.

Cause of death Multiple Organ System Failure  
coronary artery disease

If a U. S. War Veteran, specify what war, organization, etc.....

Residence at time of death Ahmad Cir. Southwick Mass.

[Signature]  
Dir. Env. Health  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

## BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

**HEALTH DEPARTMENT**  
to 114 State Street  
Springfield, Mass. 01109

City or Town of ..... Mass.

Name of deceased Makion Hathaway

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at .....  
(Name of cemetery or crematory) (City or town)

on .....

Certified by .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

The Commonwealth of Massachusetts  
JOHN F. X. DAVOREN

#-1A

✓



Division of  
Vital Statistics

SECRETARY OF THE COMMONWEALTH

No. 190

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed.,  
as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns  
where there is no Board of Health by the town clerk) of the city or town in which  
the death occurred AFTER the FILING and acceptance of a satisfactory certificate  
of death, printed or typed in durable black ink.]

Pittsfield March 14 19 72  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

D.C. Haley, Chester  
(Name) (Address)

for the removal from Pittsfield  
(To be filled out in case of removal)

at Pine Grove Cemetery in Chester, of the

body of William H. Hathaway who died March 12, 19 72  
(Give full name of deceased) (Month) (Day) (Year)

age 72 years, 2 months, 3 days.

Cause of death Carcinoma of prostate with metastasis.

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death Chester Hill Rd. Chester, Mass.

Arthur M. Newford (G.M.B.) Seal  
(Signature of Agent of Board of Health, or, in towns where there is no  
Board of Health, of Town Clerk)

Clerk

# The Commonwealth of Massachusetts

No. 653-11

## OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

*(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)*

*This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.*

City/Town Pittsfield Date Dec 9 2011

A satisfactory death certificate having been filed for William H. Hathaway, Jr.  
Full name of decedent

who died on December 7, 2011 date of death US War Veteran NO

born on October 15, 1940 date of birth, who resided at 11 Olin Ave.

Chester, MA 01011

and who died of Heart failure give immediate cause

Permission is hereby given for (check all appropriate boxes):

Removal from: \_\_\_\_\_  
name and address of original disposition

Disposition at: Pine Grove Cemetery, Middlefield, MA  
name and address of cemetery or crematory

Transportation to: \_\_\_\_\_  
name and address of immediate destination of remains

Permission is hereby given to:

Dery F.H.  
name of facility  
54 Bradford St. Pitts. MA  
address of facility  
Philip Adams JMA  
Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

No. 653-11

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

*This section to be returned immediately to the issuing City/Town, properly endorsed*

to Pittsfield Health Dept.

70 Allen Street  
(Office issuing permit)  
City/Town of Pittsfield, MA 01201 Mass.

Name of Decedent William H. Hathaway, Jr.

If a U.S. War Veteran, specify what war, organization, etc.

NO

## ENDORSEMENT

*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at \_\_\_\_\_  
(Name of cemetery or crematory) (City/Town)

on \_\_\_\_\_

Final Disposition \_\_\_\_\_

Certified by \_\_\_\_\_  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

The Commonwealth of Massachusetts  
DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS



No. ....

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, prepared in ~~indelible~~ durable black ink.]

SPRINGFIELD

(City or town)

January 29, 1980

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Frederick C. Haley

(Name)

Huntington, Mass.

(Address)

for the removal from Springfield, Mass. and the interment

(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, Mass. of the

body of Male Baby who died Jan. 26, 1980

(Give full name of deceased)

(Month) (Day)

(Year)

age 0 years, 0 months, 9 days.

Cause of death

Prematurity

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death

Russell St., Huntington, Mass.

John C. Ayres, M.D.

Commissioner of Public Health

(Signature of Agent of Board of Health, or, in towns where there is no

COMMONWEALTH OF VIRGINIA

BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

DEPARTMENT OF HEALTH

RICHMOND, VIRGINIA

## OUT-OF-STATE TRANSIT PERMIT

FULL NAME OF DECEASED <i>John <sup>(LORD)</sup> Stobart</i>		AGE <i>43</i>
PLACE OF DEATH <i>Manassas,</i> VIRGINIA (City or County)	DATE OF DEATH <i>9/30/70</i> (Month Day Year)	
SEX <i>M</i>	RACE OR COLOR <i>W</i>	
DESTINATION TO WHICH REMAINS TO BE SENT <i>Pine Grove Cmty. Middlefield, Mass</i> (City or County)		(State)
A Certificate of Death having been filed as required by the laws of this State, or conditions outlined in regulations having been complied with, permission is hereby given to:		
Funeral Director <i>J. Dennis Baker</i>	Address <i>Manassas, va.</i>	
To transport said deceased as stated above.		
DATE ISSUED <i>10/2/70</i>	REGISTRATION DISTRICT NO. <i>175</i>	SIGNATURE OF REGISTRAR <i>Georgia Davie</i>

SEE OTHER SIDE

This permit must accompany remains to destination.

## The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. ....

**OFFICIAL BURIAL (OR REMOVAL) PERMIT**

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, prepared in indelible or durable black ink.]

SPRINGFIELD

(City or town)

January 29, 1980

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Frederick C. Halsey

(Name)

Huntington, Mass.

(Address)

for the removal from Spfld. Mass. and the interment

(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, Mass. of thebody of Janet Marie Halsey who died Jan. 26, 1980

(Give full name of deceased)

(Month) (Day) (Year)

age 0 years, 0 months, 9 days.Cause of death Prematurity

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death Russell St., Huntington, Mass.John C. Ayres, M.D. Commissioner of Public Health

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)



**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to F. C. NallyName of deceased Baby Holmes,Age 0 years 0 months 0 daysPlace of death MiddletownDate of death March 6, 1950Cause of death PrematurityInterment at Pine Grove CemeteryDate permit issued 3/9/50Certified by Milton J. Sornthal M.D.



# The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 122

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Pittsfield March 11 19 83  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

David A. Dery Pittsfield  
(Name) (Address)

for the removal from Pittsfield and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, Me. of the

body of Edward Frank Koralek who died 12 28 19 83  
(Give full name of deceased) (Month) (Day) (Year)

age 71 years, ..... months, ..... days.

Cause of death right hemithorax, massive

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death Chapman Rd - Middlefield, Me.

Ante M. Neuforo (Sgt)  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)



## SECRETARY OF THE COMMONWEALTH

No. 241

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
Vital Statistics(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed.,  
as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.]

Pittsfield May 9, 1979  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

David A. Dery Pittsfield  
(Name) (Address)

for the removal from Pittsfield, and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, Ma., of the  
body of Laura Reynolds Harold who died May 5, 1979  
(Give full name of deceased) (Month) (Day) (Year)

age 62 years, 5 months, 28 days.

Cause of death Cerebral vascular thrombosis

If a U. S. War Veteran, specify what war, organization, etc. \_\_\_\_\_

Residence at time of death Chipman Rd., Middlefield, Ma.

Anita M. Neufeld  
(Signature of Agent of Board of Health, or, in towns where there is no  
Board of Health, of Town Clerk)



The Commonwealth of Massachusetts

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Division of Vital Statistics

NORTHAMPTON

(City or town)

Feb. 16, 1935

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Wellington and Crossier, Pittsfield

(Name)

(Address)

for the removal from

Northampton

(To be filled out in case of removal)

, and the interment

at New

Cemetery in

Middlefield

, of the

body of Victor Hosker

(Give full name of deceased)

who died Feb. 16, 1935

(Month)

(Day)

(Year)

age 67 years, 11 months, 20 days.

Cause of death General arteriosclerosis

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death

Northampton State Hospital

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

# The Commonwealth of Massachusetts

No. 97-93

## OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City or Town Pittsfield Date Feb. 23, 1993

A satisfactory death certificate having been filed for

Fully name of decedent Lillian - Jacobsonborn on Apr. 5, 1909, who died ofgave immediate cause Empyema on Feb. 22, 1993 date of death

Permission is hereby given to

name of facility O'Brien Hilltown Funeral Homeaddress Russell Rd., Huntington Ms 01050

for (check all appropriate boxes):

 Removal from: name and address of original disposition Disposition at: Civil Grove Cemetery - Middlefield Ma name and address of cemetery or crematory Transportation to: name and address of immediate destination of remainsIf a U.S. War Veteran, specify what war, organization, etc. noResidence at time of death Chester Rd.Middlefield, Ma 01243Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk  
Louis A. Baldus Jr.

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Health Dept.  
(Office issuing permit)City or Town of Pittsfield Mass. 0120Name of Decedent Lillian - Jacobson

If a U.S. War Veteran, specify what war, organization, etc.

no

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at (Name of cemetery or crematory) (City or Town)

on

Certified by (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.



## The Commonwealth of Massachusetts

# OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Division of Vital Statistics

... Westfield ... March 24, 1939  
 (City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

... Frederick C. Haley ... Chateau, Mass.  
 (Name) (Address)

for the removal from ... Westfield ... and the interment  
 (To be filled out in case of removal)

at ... New Cemetery ... Cemetery in ... Middlefield ... of the

body of ... Frank Andrew Johnson ... who died Mar. 23, 1939  
 (Give full name of deceased) (Month) (Day) (Year)

age ... 63 ... years, ... 3 ... months, ... 25 ... days.

Cause of death ... Cerebral Apoplexy, Arterio-sclerosis

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death ... Woburn Hospital ...

... R. M. Mass, M.D. ...  
 (Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

The Commonwealth of Massachusetts**Official Burial (or Removal) Permit**

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.)

Division of  
Vital Statistics

Town Clerk 11-18- 1959  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby

given to F. C. Daley Leicester  
(Name) (Address)

for the removal from Leicester, and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, of the  
body of Alpheus S. Jones who died 11-17 1959  
(Give full name of deceased) (Month) (Day) (Year)

age 30 years, \_\_\_\_\_ months, \_\_\_\_\_ days.  
Cause of death Auto Accident - Fractured Skull

If a U. S. War Veteran, specify what war, organization, etc. None

Residence at time of death Leicester

Lucius Hallorck  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

B, lot 11 ✓

# The Commonwealth of Massachusetts

## EDWARD J. CRONIN

### SECRETARY OF THE COMMONWEALTH

No. ....



Division of  
Vital statistics

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.

Northampton Dec 16 1965  
 (City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

F. C. Hales Chester, Mass.  
 (Name) (Address)

for the removal from Northampton, and the interment  
 (To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield of the  
 body of Alphens Seth Jones Jr. who died Dec 14 1965  
 (Give full name of deceased) (Month) (Day) (Year)

age 63 years, 3 months, 25 days.

Cause of death Coronary Thrombosis

If a U. S. War Veteran, specify what war, organization, etc. No

Residence at time of death Chester

Flame L. Bates R. N. Crainman Bd of Health  
 (Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)



No. 1**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Fred B. HalleyName of deceased Betnie Anthony JonesAge 55 years 2 months 12 daysPlace of death Middlefield Mass.Date of death Jan. 31, 1959Cause of death Cerebral HemorrhageInterment at Pine Grove CemeteryDate permit issued Feb. 3, 1959Certified by John A. Hoffmire M. D.

Burial Certificate from the person in Charge of Crematory, required by  
General Laws of Massachusetts, 1921, Chapter 114, Section 48

Springfield, Mass., ..... Jan. 28, ..... 19 92

I, ..... Donald MacKay ..... being on this date the person having charge of the crematory of the  
Proprietors of the Springfield Cemetery, hereby certify that the burial permit and the certificate of the medical examiner  
prerequisite to cremating the body of ..... Isabella C. Jordan .....  
late of ..... Middlefield, Ma. ....  
who died at ..... Pittsfield, Ma. .... have been duly presented.  
Date of death ..... Jan. 23, ..... 19 92, age 78 years ..... months ..... days.  
Cause of death ..... Large cell Lymphoma .....

..... Donald MacKay ..... General Manager  
The Proprietors of the Springfield Cemetery.  
DEC

Form 7-1M-8-69

Pine Grove  
lot 23 B-B-#1  
(1992)

Burial Certificate from the person in Charge of Crematory, required by  
General Laws of Massachusetts, 1921, Chapter 114, Section 48

*Pine Grove  
Dot 23B-B,  
#1 + #1*

*1996*

Springfield, Mass. Sept. 9, 19 96

I, Donald MacKay being on this date the person having charge of the crematory of the Proprietors of the Springfield Cemetery, hereby certify that the burial permit and the certificate of the medical examiner prerequisite to cremating the body of Lesley V. Jordan, Sr. late of Middlefield, Ma. who died at same have been duly presented. Date of death Sept. 6, 19 96, age      years      months      days. Cause of death     

*Donald MacKay* General Manager  
The Proprietors of the Springfield Cemetery.

*BEC*

Form 7-1M-8-69

Len-Hilltown Funeral Home

Box 479

ngton, Ma. 01050

*Pine Grove 23B-B*

*Entered*

THE PROPRIETORS OF THE  
SPRINGFIELD CREMATORY

171 MAPLE STREET  
SPRINGFIELD, MASSACHUSETTS  
01103

BURIAL CERTIFICATE

For

THE CREMATED REMAINS OF

Name Lesley V. Jordan, Sr

*Rec'd  
9/30/96*

Pine Grove  
Lot 26-C, #4

mm

R-309



# The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 81-91

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Acidtown August 27 19 91  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to  
John F. O'Brien, P.O. Box 479, Huntington, Mass.  
(Name) (Address)

for the removal from ..... and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, Mass. of the

body of Mamie Harriet King who died Aug 25 19 91  
(Give full name of deceased) (Month) (Day) (Year)

age 87 years, ..... months, ..... days.

Cause of death Sepsis

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death Cone Ct. Middlefield, Mass.

Ellen Kenedy  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

R-309

No. 81-91

## BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk's  
(Office issuing permit)

City or Town of Acidtown Mass.

Name of deceased Mamie Harriet King

If a U. S. War Veteran, specify what war, organization, etc.  
.....

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at ..... (Name of cemetery or crematory) (City or town)

on .....

Certified by .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

Entered in J09 5/3/98
Rose Grove Cem: Lot # 25, C
(# 3)

A. (Type or Print)

1. Name of Deceased: Eleanor Lois Lamb
DATE OF DEATH: February 10, 1998

2. Place of Death: Hillsborough County, Tampa
Name of Hosp. or Inst.: Tampa General Hospital

3. Name of Medical Certifier: Juan A. Garcia, M.D.
Medical Examiner: xx Physician
Address: 13701 Bruce B. Downs Blvd. Ste. Tampa, FL 33613
Phone Number: (813) 971-2600

4. Name of Funeral Home/Direct Disposer: Mount, Curry & Roel Funeral Homes & Cemeteries
Address: 3207 Bearss Ave. Tampa FL 33618
Fla. Lic. No./Reg. No.: 2214
Phone Number (Area Code): (813) 968-2231

5. Check appropriate Box:
a [ ] The medical certification has been completed and signed.
b [x] Marcia Doct's Receptionist was contacted on 02/10/98 within 72 hours after 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: [x] Removal from state [ ] Donation

7. Funeral Director/Direct Disposer: [Signature] F.E. No./Reg. No. #2017 Date Signed 02/11/98

B. BURIAL - TRANSIT PERMIT
Permission is hereby granted to dispose of this body. Permit No. 2214-708

[x] 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.

[ ] No extension of time for filing the death certificate requested.
Registrar or Subregistrar Signature: [Signature] Date Issued: 02/11/98 Date Certificate Due: 02/20/98

C. AUTHORIZATION for CREMATION, DISSECTION or BURIAL-AT-SEA
Signature: [Signature], Medical Examiner Date: [Date]
Removal # 98-00864 Q

or Medical Examiner, Dr. Russel Vega, gave authorization by telephone to Evelyn Wilson, Funeral Director/Direct Disposer. Date 2-11-98

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: \_\_\_\_\_ Date of Disposition: \_\_\_\_\_
Signature of Sexton or Person-in-Charge: \_\_\_\_\_

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.

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

BURIAL-TRANSIT PERMIT

PERMIT  
NUMBER

0831

PERSONAL DATA ON DECEASED	1. Full name of deceased LARRY DEAN LAMB			2. Date of death (month, day, and year) JULY 12, 1989		3. Death due to communicable disease YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	4. Sex MALE	5. Color or race WHITE	6. Age in years 57	7. Place of death (city or precinct no.) FORT SAM HOUSTON,		(county) BEXAR,	(state) TEXAS
MANNER AND PLACE OF DISPOSAL	Method of disposal		Burial <input checked="" type="checkbox"/>	Cremation <input type="checkbox"/>	Place of burial (name of cemetery or crematorium) (city or town) (state) PINE GROVE CEMETERY, MIDDLEFIELD, MA		
			Removal <input checked="" type="checkbox"/>	Disinterment <input type="checkbox"/>			
	Name of funeral director ARMAND PARRISH			License number 5165	Business address SUNSET FUNERAL HOME		
Name of embalmer (if none, write none) ANDREW HARVEY			License number 5922	Business address S.A., TX			
AUTHORIZA- TION TO DISPOSE OF BODY	A certificate of death having been filed as required by the laws of Texas and all laws and regulations governing the preparation and disposal of dead bodies having been complied with, permission is hereby given to dispose of the body as identified above.						
	Signature of local registrar <i>Wayne Parker</i>			District (city or precinct no.) SAN ANTONIO BEXAR		(county)	Date 7/12/89
DISPOSITION OF BODY	Body was		Name of cemetery or crematory <i>Pine Grove Cemetery</i>				
	Buried <input checked="" type="checkbox"/>	<input type="checkbox"/>	Location (city or town) <i>Middlefield ma.</i>		(county) <i>Hampshire MA.</i>	(state)	Name of sexton or person in charge <i>Larry S. Pease - Clerk Cemetery</i>
	Cremated <input type="checkbox"/>						

## The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH

No. 440



## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
Vital Statistics(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed.,  
as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legally written in durable black ink.]

Pittsfield Aug. 1, 1967  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Wellington, Inc. Pittsfield  
(Name) (Address)

for the removal from Pittsfield, and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, of the

body of George H. Dwelllyn who died Aug. 1, 1967  
(Give full name of deceased) (Month) (Day) (Year)

age 78 years, 11 months, 1 days.

Cause of death Presumable coronary occlusion

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death 1601 - 12 Ave - Palmetto, Florida

Aime M. McGowan - my

(Signature of Agent of Board of Health, or, in towns where there is no  
Board of Health, of Town Clerk)



The Commonwealth of Massachusetts A-3  
 JOHN F. X. DAVOREN

SECRETARY OF THE COMMONWEALTH

No. 11-74



**OFFICIAL BURIAL (OR REMOVAL) PERMIT**

Division of  
Vital Statistics

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

DALTON - 5-28- 19 74  
 (City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

BRUCE H. GRUNAW - 220 EAST ST. - PITTSFIELD, MA.  
 (Name) (Address)

for the removal from DALTON, and the interment  
 (To be filled out in case of removal)

at PINE GROVE Cemetery in Middlefield, MA., of the

body of SARAH E. Llewellyn who died 5-26- 19 74  
 (See = COTTELL) (Give full name of deceased) (Month) (Day) (Year)

age 90 years, 2 months, 19 days.

Cause of death ARTERIO-SCLEROTIC HEART DISEASE

If a U. S. War Veteran, specify what war, organization, etc. NO

Residence at time of death 95 CROMWELL AVE. - PITTSFIELD, MA.

Robert N. Barston, Jr.  
 (Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)





# The Commonwealth of Massachusetts

Lot 13, Sec B

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 162

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Pittsfield ..... March 19 19 87 .....  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to  
Donald A Leonard ..... Pittsfield .....  
(Name) (Address)

for the removal from Pittsfield ..... and the interment  
(To be filled out in case of removal)

at Pine Grove ..... Cemetery in Middlefield Ms, of the

body of Lavinia Madsen ..... who died March 18 19 87 .....  
(Give full name of deceased) (Month) (Day) (Year)

age 91 ..... years, ..... months, ..... days.

Cause of death pneumonia .....

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death 110 Holmes Rd Pittsfield Ms .....

Louis A. Bolduc .....  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

## The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH

No. 692

Division of  
Vital Statistics

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed.,  
as amended.)[This permit can be signed only by the agent of the Board of Health (or in towns  
where there is no Board of Health by the town clerk) of the city or town in which  
the death occurred AFTER the FILING and acceptance of a satisfactory certificate  
of death legibly written in durable black ink.]Pittsfield Dec 9, 1964  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

F. C. Heley Chester, Mass.  
(Name) (Address)for the removal from Pittsfield  
(To be filled out in case of removal)

at Ring Grove Cemetery in Middlefield, of the

body of Samule Madson who died Dec 9, 1964  
(Give full name of deceased) (Month) (Day) (Year)

age 76 years, months, days.

Cause of death Circulatory failure

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death Root Road, Middlefield

Anne M. Mc Lowan - m. h.  
(Signature of Agent of Board of Health, or, in towns where there is no  
Board of Health, of Town Clerk)



The Commonwealth of Massachusetts  
**EDWARD J. CRONIN**  
 SECRETARY OF THE COMMONWEALTH

See p. 255

No. 1

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
 Vital Statistics

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

MIDDLEFIELD SEPT 21, 1979  
 (City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

DAVID F. MITCHELL 21 CENTER ST. EAST HAMILTON MA.  
 (Name) (Address)

for the removal from MIDDLEFIELD, and the interment  
 (To be filled out in case of removal)

at PINE GROVE Cemetery in MIDDLEFIELD, of the

body of DONALD C. MILLER who died 9 20 1979  
 (Give full name of deceased) (Month) (Day) (Year)

age 55 years, 8 months, 24 days.

Cause of death CORONARY HEART DISEASE

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death MIDDLEFIELD

Edwin P. Rice  
 (Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

Smillett

# The Commonwealth of Massachusetts

No. 502-05

## OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

*(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)*

*This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.*

City/Town Pittsfield Date Sept 28 2005

A satisfactory death certificate having been filed for Stephen Allen Miller  
Full name of decedent

who died on Sept 25, 2005 US War Veteran No  
date of death

born on Jan 10, 1935, who resided at  
date of birth

16 South Atlantic Avenue  
Pittsfield Ma 01201

and who died of Cardio Pulmonary Arrest  
give immediate cause

Permission is hereby given for (check all appropriate boxes):

Removal from: \_\_\_\_\_  
name and address of original disposition

Disposition at: Pine Grove Cemetery  
name and address of cemetery or crematory

Transportation to: \_\_\_\_\_  
name and address of immediate destination of remains

Permission is hereby given to:

Dery Funeral Home  
54 Bradford Street Pittsfield Ma  
Dr. Philip Adams M.D.  
name of facility  
address of facility

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

No. 502-05

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

*This section to be returned immediately to the Issuing City/Town, properly endorsed*

to Pittsfield Health Dept.  
70 Allen St Pittsfield 01201  
Office issuing permit

City/Town of \_\_\_\_\_ Mass.

Name of Decedent Stephen Allen Miller

If a U.S. War Veteran, specify what war, organization, etc.

No

### ENDORSEMENT

*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at \_\_\_\_\_  
(Name of cemetery or crematory) (City/Town)

on \_\_\_\_\_

Final Disposition \_\_\_\_\_

Certified by \_\_\_\_\_  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

13 - 8

**The Commonwealth of Massachusetts .**  
**EDWARD J. CRONIN**  
 SECRETARY OF THE COMMONWEALTH



No. .... 1

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
Vital Statistics

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Middlefield  
(City or town)

September 17 1968  
(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Wellington Inc. 220 East St. Middlefield  
(Name) (Address)

for the removal from Middlefield (To be filled out in case of removal) and the interment

at Pine Grove Cemetery in Middlefield, of the

body of Kenneth F. Newmarker, who died Sept. 17 1968  
(Give full name of deceased) (Month) (Day) (Year)

age 54 years, 5 months, 28 days.

Cause of death Metastatic Carcinoma from Bladder

If a U. S. War Veteran, specify what war, organization, etc. 710.

Residence at time of death Middlefield Mass.

George W. Old  
(Signature of Agent of Board of Health, or in towns where there is no Board of Health, of Town Clerk)

# BURIAL—TRANSIT PERMIT

	LOCAL FILE NUMBER	STATE FILE NUMBER
TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last <b>Virginia B. NEWMARKER</b>	
	2. DATE OF DEATH (Month, Day, Year) <b>January 17, 1984</b>	
	3a. COUNTY OF DEATH <b>Clark</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>	
DECEDENT	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>2201 Pardee Place</b>	
	3d. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
	3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
	4. RACE—(e.g., White, Black, American Indian, etc) (Specify) <b>White</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	4b. ETHNIC <b>American</b>	
	5a. AGE—Last Birthday (Years) <b>67</b>	
	5b. UNDER 1 YEAR MOS : DAYS <b>:</b>	
	5c. UNDER 1 DAY HOURS : MINS <b>:</b>	
6. DATE OF BIRTH (Mo., Day, Yr.) <b>July 17, 1916</b>		7. SEX <b>Female</b>
8. STATE OF BIRTH (If not U.S.A., name country) <b>Massachusetts</b>		9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		11. SURVIVING SPOUSE (If wife, give maiden name)
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>No</b>		
13. SOCIAL SECURITY NUMBER <b>016-03-4850</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Secretary</b>
14b. KIND OF BUSINESS OR INDUSTRY <b>Electric company</b>		
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>
15c. CITY, TOWN, OR LOCATION <b>Las Vegas</b>		15d. STREET AND NUMBER <b>2201 Pardee Pl.</b>
15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		
PARENTS	16. FATHER—NAME First Middle Last <b>Martin Small</b>	
	17. MOTHER—MAIDEN NAME First Middle Last <b>Mary Phillips</b>	
18a. INFORMANT—NAME (Type or Print) <b>Linda Newmarker (dghtr)</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>2201 Pardee Pl., Las Vegas, Nevada 89104</b>
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>	
	19b. CEMETERY OR CREMATORY—NAME <b>Memory Gardens</b>	
	19c. LOCATION City or Town State <b>Las Vegas Nevada</b>	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		20b. NAME AND ADDRESS OF FACILITY <b>Bunker Mortuary 925 Las Vegas Blvd. No. Las Vegas, Nevada</b>
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>	
	21b. DATE SIGNED (Mo., Day, Yr.) <b>1/15/84</b>	
	21c. HOUR OF DEATH <b>Before 10:00am</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
	22a. 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) <i>[Signature]</i>	
	22b. DATE SIGNED (Mo., Day, Yr.)	
22c. HOUR OF DEATH		
22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)
22d. ON		22e. AT
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>1-18-84</b>
		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>

**AUTHORITY FOR BURIAL, TRANSPORTATION, REMOVAL, CREMATION OR OTHER DISPOSITION**  
 Having complied with all rules and regulations governing the preparation of dead human bodies and upon receiving the signatures of the person who is to certify the cause of death, the funeral director or person acting as funeral director, and the local registrar, permission is granted to dispose of this body. The burial-transit permit must be signed below by the cemetery or crematory authority. Where there is no full time person in charge of the cemetery the funeral director may sign as sexton. Upon completion the permit must be returned to the local registrar where death occurred or to the funeral director.

MEMORY GARDENS MORTUARY AND MEMORIAL GARDENS

Signature of person in charge of the cemetery or crematory *[Signature]* Date 1/19/84

42800

Ashes buried May 14, 1984 in Pine Grove Cemetery---Tombstone already there for Kenneth & Virginia Newmarker:

# The Commonwealth of Massachusetts

No. 426-06

## OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City/Town Pittsfield Date July 27 2006

A satisfactory death certificate having been filed for

Neil Graves Dickerson  
Full name of decedent

who died on July 25, 2006 US War Veteran NO  
date of death

born on October 28, 1915, who resided at  
date of birth

520 Shaw Road  
Windsor, MA 01270

and who died of Atherosclerotic Heart Disease  
give immediate cause

Permission is hereby given for (check all appropriate boxes):

Removal from: \_\_\_\_\_  
name and address of original disposition

Disposition at: Pine Grove Cemetery - Middlefield, MA  
name and address of cemetery or crematory

Transportation to: \_\_\_\_\_  
name and address of immediate destination of remains

Permission is hereby given to:

Very funeral Home  
name of facility

598 Ladford Street, Pittsfield, MA  
address of facility

Philip Adams C.H.

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

No. 426-06

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the Issuing City/Town, properly endorsed

to Pittsfield Health Dept.  
(Office issuing permit)  
70 Allen St - Pittsfield 01201  
City/Town of \_\_\_\_\_ Mass.

Name of Decedent \_\_\_\_\_

If a U.S. War Veteran, specify what war, organization, etc.

NO

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at \_\_\_\_\_  
(Name of cemetery or crematory) (City/Town)

on \_\_\_\_\_

Final Disposition \_\_\_\_\_

Certified by \_\_\_\_\_  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to DERY FUNERAL HOMEName of deceased DULCIE TERESA OLDSAge 62 years \_\_\_\_\_ months \_\_\_\_\_ daysPlace of death MIDDLEFIELDDate of death JULY 22 1986Cause of death HEART FAILUREInterment at PINE GROVE CEMETERYDate permit issued JULY 23, 1986

Certified by \_\_\_\_\_ M. D.

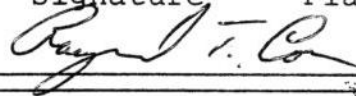


Pine Grove Sec. A, # 30  
Entered J

STATE OF FLORIDA  
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES  
VITAL STATISTICS

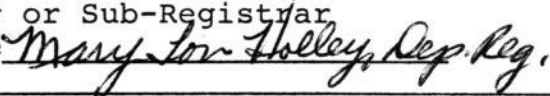
APPLICATION FOR PERMIT TO DISINTER, TRANSPORT & REINTER

A. Application is hereby made for a permit to DISINTER, TRANSPORT & REINTER the following human remains: (Type or Print)

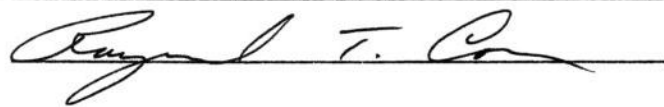
1.	Name of Deceased	First GEORGE	Middle W.	Last OLDS	Date of Death	Month Dec.	Day 25,	Year 1989
2.	Place of Death	County Lee	City, Town or Location Cape Coral		Age 88	Race White	Sex Male	
3.	Place of Original <del>Burial</del> Storage	Cemetery Cape Coral Funeral Home			Address 3740 Del Prado Blvd. Cape Coral, Fl. 33904			
4.	Place of Reinterment	Cemetery Pine Grove Cemetery			Address Middlefield, Mass			
5a.	Funeral Director/ Direct Disposer Disinterring	Name Raymond T. Cowan			Address 820 Pondella Road North Ft. Myers, Fl. 33903			
5b.	Funeral Director/ Direct Disposer Reintering	Name Larry Keefner			Address 54 Bradford Street Pittsfield, Mass. 01201			
6.	Funeral Director/ Direct Disposer Making Application	Signature 	Fla. Lic. No. / Reg. No. 2436	Date Signed 6/5/1990				

PERMIT TO DISINTER, TRANSPORT & REINTER

B. Permission is hereby granted to DISINTER, TRANSPORT & REINTER the above human remains:

Registrar or Sub-Registrar Signature: 	Permit No. <u>46-90-002</u>
	Date Issued <u>June 5, 1990</u>

C. Endorsement of Cemetery Agent

For ~~Disinterment:~~ STORAGE Date: 6/11/90 Cemetery: CAPE CORAL FUNERAL HOME  
Agent: 

For Reinterment: Date: \_\_\_\_\_ Cemetery: \_\_\_\_\_  
Agent: \_\_\_\_\_

This Permit must be surrendered by the Funeral Director/Direct Disposer to the Cemetery Agent where reinterment is made. The Cemetery Agent (or Funeral Director/Direct Disposer if there is no sexton) must forward this Permit within 10 days to the local County Health Department in the County where reinterment occurred.



*Pine Grove, H. Sec. A-30 Extended*

APPLICATION FOR BURIAL - TRANSIT PERMIT

A. (Type or Print)

1. Name of Deceased: First Grace, Middle Helen, Last Olds. DATE OF DEATH: February 16, 1993

2. Place of Death: Lee County, Cape Coral. Name of Hosp. or Inst.: Cape Coral Hospital

3. Name of Medical Certifier: Richard F. Kirley, M.D. Physician at 1501-1 Viscaya Pkwy., Cape Coral, FL 33990. Phone Number: 574-1988

4. Name of Funeral Home/Direct Disposer: Harvey-Engelhardt's N. Ft. Myers Funeral Home. Address: 3453 Hancock Bridge Pkwy., N. Ft. Myers, FL 33903. Fla. Lic. No./Reg. No.: 1760. Phone Number: (813) 995-1113

5. Check appropriate Box:
a. [ ] The medical certification has been completed and signed.
b. [X] Dr. Kirley's office was contacted on 2/16/93 within 72 hours after death.
c. [ ] was contacted on \_\_\_\_\_ . He/she verified that \_\_\_\_\_, Medical Examiner, will complete and sign the medical certification.

6. Place of Final Disposition: Middlefield, Mass. In state cemetery/crematory - name/county: [ ] Removal from state: [X] Donation: [ ]

7. Funeral Director/Direct Disposer: [Signature] Signature: [Signature] F.E. No./Reg. No.: 3656 Date Signed: 2/16/93

B. BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body. Permit No. 1760-459
[X] 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.
[ ] No extension of time for filing the death certificate requested.
Registrar or Subregistrar Signature: [Signature] Date Issued: 2-16-93 Date Certificate Due: 2-19-93

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 \_\_\_\_\_
Date of Disposition \_\_\_\_\_
Signature of Sexton or Person-in-Charge \_\_\_\_\_

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.



# The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 291

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Pittsfield

(City or town)

May 19, 19 57

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Donald A. Leonard

(Name)

Pittsfield MA

(Address)

for the removal from

Pittsfield

(To be filled out in case of removal)

....., and the interment

at Pinegrove Cemetery in Middlefield MA, of the

body of Howard Ernest Olds who died May 18, 19 57

(Give full name of deceased)

(Month)

(Day)

(Year)

age 73 years, ..... months, ..... days.

Cause of death cardiac arrest

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death Middlefield Rd. Herisdale MA

Louis A. Bolduc

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

# The Commonwealth of Massachusetts

No. 613-03

## OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City/Town Pittsfield Date Nov 6, 2003

A satisfactory death certificate having been filed for  
Elizabeth Catherine Mary Oigny  
Full name of decedent

who died on Nov 4, 2003 date of death US War Veteran

born on July 5, 1927 date of birth, who resided at

278 Skyline Trail  
Middlefield MA 01243

and who died of Cardiopulmonary Arrest  
give immediate cause

Permission is hereby given for (check all appropriate boxes):

Removal from: .....

Disposition at: Line Grove Cemetery - Middlefield  
name and address of cemetery or crematory

Transportation to: .....

Permission is hereby given to:

Deon Funeral Home  
name of facility  
540 Bradford St Pittsfield MA  
address of facility

Manuel J. Ferrans Jr  
Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk

No. 613-03

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the Issuing City/Town, properly endorsed

to Pittsfield Health Dept  
70 Allen St - Pittsfield  
(Office issuing permit)

City/Town of ..... Mass. 01201  
Name of Decedent Elizabeth Catherine Mary Oigny

If a U.S. War Veteran, specify what war, organization, etc.

### ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at .....  
(Name of cemetery or crematory) (City/Town)

on .....

Final Disposition .....

Certified by .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

H 2

# The Commonwealth of Massachusetts

## EDWARD J. CRONIN

### SECRETARY OF THE COMMONWEALTH

No. 294



Division of  
Vital statistics

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.

Pittsfield May 4, 1959  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

J. Edward Dery Pittsfield  
(Name) (Address)

for the removal from Pittsfield Cen. Vault, and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, of the

body of Robert E. Patten who died March 13, 1959  
(Give full name of decedent) (Month) (Day) (Year)

age 77 years, ..... months, ..... days.

Cause of death Coronary Thrombosis

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death .....

Frances M. Tebeau m.  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

No. 5

### BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Town Clerk  
(Office issuing permit)

City or Town of Dunstable Mass.

Name of deceased Alice H. Case

If a U. S. War Veteran, specify what war, organization, etc.

### ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Pine Grove Cemetery  
(Name of cemetery or crematory)

on July 15 1946

Certified by Chas. S. Dyer  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

## The Commonwealth of Massachusetts

No. 003

## OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City/Town Chester Date October 1, 2010A satisfactory death certificate having been filed for  
Full name of decedent Charlotte D. Peasewho died on September 29, 2010 US War Veteran —  
date of deathborn on February 10, 1945, who resided at  
date of birth306 Rt. 20  
Chester, MA 01011and who died of Adenocarcinoma with lung, skin, bone + adrenal metastases  
give immediate cause

Permission is hereby given for (check all appropriate boxes):

 Removal from: .....  
name and address of original disposition Disposition at: Pine Grove Cemetery, Middlefield, MA  
name and address of cemetery or crematory Transportation to: .....  
name and address of immediate destination of remains

Permission is hereby given to:

O'Brien Hilltop Funeral Home  
name of facility  
27 Russell Rd., Huntington, MA 01050  
address of facilityRina M. O'Brien  
Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

No. 003

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the Issuing City/Town, properly endorsed

to Board of Health  
(Office issuing permit)City/Town of Chester Mass.Name of Decedent Charlotte D. Pease

If a U.S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at .....  
(Name of cemetery or crematory) (City/Town)

on .....

Final Disposition .....

Certified by .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to F. C. HaleyName of deceased Harry E. PeaseAge 84 years 8 months 25 daysPlace of death MiddlefieldDate of death March 15, 1947Cause of death Ventricular fibrillationInterment at New CemeteryDate permit issued March 17, 1947Certified by George Vash M.D.





*pine grove entered*  
**The Commonwealth of Massachusetts**

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 429

**OFFICIAL BURIAL (OR REMOVAL) PERMIT**

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Pittsfield, July 5, 19 90  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Bruce H. Gunnow, 525 Main St., Dalton  
(Name) (Address) 01226

for the removal from Pittsfield, and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield of the

body of Ira W. Pease who died July 4, 19 90  
(Give full name of deceased) (Month) (Day) (Year)

age 79 years, months, days.

Cause of death Cardiac arrhythmia

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death Harry Pease Rd. Middlefield  
Louis A. Ballis 01243  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Health Dept.  
(Office issuing permit)

City or Town of Pittsfield Mass.

Name of deceased Ira W. Pease

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at .....  
(Name of cemetery or crematory) (City or town)

on .....

Certified by .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

## The Commonwealth of Massachusetts

Division of  
Vital Statistics

SECRETARY OF THE COMMONWEALTH

No. 1

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.]

MIDDLEFIELD April 14 19 97  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

DAVID B. GRUNOW 525 MAIN ST. DALTON  
(Name) (Address)

for the removal from \_\_\_\_\_, and the interment  
(To be filled out in case of removal)at Pine Grove Cemetery in Middlefield, of thebody of Marie G. Pease who died April 12 19 97  
(Give full name of deceased) (Month) (Day) (Year)age 82 years, \_\_\_\_\_ months, \_\_\_\_\_ days.Cause of death Congestive Heart Failure

If a U. S. War Veteran, specify what war, organization, etc. \_\_\_\_\_

Residence at time of death Box 451, Harry Pease Rd. Middlefield

Margaret P. Kotarski  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

Section 9, Plot 10, No. 2No. 1

## BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk  
(Office issuing permit)

City or Town of Middlefield Mass.Name of deceased Marie G. Pease

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at PINE GROVE CEMETERY  
(Name of cemetery or crematory) (City or town)

on APRIL 15 1997

Certified by Harry Pease Cem. Comm.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



# The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

45.....

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

...Middlefield, Ma..... August 3, 2011.....  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

.....Firtion-Adams.....76 Broad St. Westfield, Ma.....  
(Name) (Address)

for the removal from ..... and the interment  
(To be filled out in case of removal)

at ....Pine Grove Cemetery.... Cemetery in Middlefield...., of the

body of ...Maurice H. Pease..... who died July 31, 192011  
(Give full name of deceased) (Month) (Day) (Year)

age ...79..... years, ..... months, ..... days.

Cause of death ..Pancreatic Cancer.....

If a U. S. War Veteran, specify what war, organization, etc.... Korean War.....

Residence at time of death ..... 246 Skyline Trail Middlefield.....

.....  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

## BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to .....  
(Office issuing permit)

City or Town of ..... Mass.

Name of deceased .....

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at .....  
(Name of cemetery or crematory) (City or town)

on .....

Certified by .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

## The Commonwealth of Massachusetts

No. 469-11

## OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the filing and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City/Town Pittsfield Date Aug 25 2011A satisfactory death certificate having been filed for Nancy C. Pease  
Full name of decedentwho died on August 24, 2011 US War Veteran NO  
date of deathborn on January 28, 1930, who resided at  
date of birth246 Skyline Trail  
Middlefield, MA 01243and who died of Respiratory Failure  
give immediate cause

Permission is hereby given for (check all appropriate boxes):

 Removal from: \_\_\_\_\_  
name and address of original disposition Disposition at: Pine Grove Cemetery, Middlefield, MA  
name and address of cemetery or crematory Transportation to: \_\_\_\_\_  
name and address of immediate destination of remains

Permission is hereby given to:

Firton - Adams F.S.  
name of facility  
76 Broad St. Westfield, MA  
address of facility  
Philip Adams tm

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

No. 469-11

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Pittsfield Health Dept.70 Allen StreetCity/Town of Pittsfield, MA 01201 Mass.Name of Decedent Nancy C. PeaseIf a U.S. War Veteran, specify what war, organization, etc.  
NO

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at \_\_\_\_\_  
(Name of cemetery or crematory) (City/Town)

on \_\_\_\_\_

Final Disposition \_\_\_\_\_

Certified by \_\_\_\_\_  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.



Division of  
Vital Statistics

The Commonwealth of Massachusetts  
JOHN F. X. DAVOREN

SECRETARY OF THE COMMONWEALTH

No. ....

340

**OFFICIAL BURIAL (OR REMOVAL) PERMIT**

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.]

Pittsfield

(City or town)

June 14, 1976

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Bruce H. Grunow

(Name)

Dalton, Mass.

(Address)

for the removal from Pittsfield (To be filled in case of removal), and the interment

at Pine Grove Cemetery in Middlefield, Mass., of the

body of Roland S. Pease who died June 11, 1976

(Give full name of deceased)

(Month) (Day) (Year)

age 78 years, 8 months, 0 days.

Cause of death myocardial infarction

If a U. S. War Veteran, specify what war, organization, etc. no

Residence at time of death Huntington St, Dalton, Mass.

Antonia M. Muffaro

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

## The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH

No. 631

Division of  
Vital Statistics(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed.,  
as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, andly written in durable black ink.]

Pittsfield Nov. 5, 1964  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Edward J. Foley Dalton  
(Name) (Address)

for the removal from Pittsfield, and the interment

Pine Grove (To be filled out in case of removal)  
Cemetery in Middlefield, of the

body of Alfred Thomas Pelkey who died Nov. 3, 1964  
(Give full name of deceased) (Month) (Day) (Year)

age 48 years, 5 months, 28 days.

Cause of death Chronic pulmonary emphysema

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death 527 Fenn St.

Anne M. McGowan-mu  
(Signature of Agent of Board of Health, or, in towns where there is no  
Board of Health, of Town Clerk)

The Commonwealth of Massachusetts A-23 ✓  
**EDWARD J. CRONIN**  
 SECRETARY OF THE COMMONWEALTH

No. 2

Division of  
Vital Statistics

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Middlefield December 16 1969  
 (City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

J. Edward Henry Jr. Pittsfield Mass.  
 (Name) (Address)

for the removal from Middlefield, and the interment

at Pine Grove Cemetery in Middlefield, of the

body of Anna Fillmore Pelkey who died Dec 13 1969  
 (Give full name of deceased) (Month) (Day) (Year)

age 72 years, 2 months, 19 days.

Cause of death Carcinoma Stomach

If a U. S. War Veteran, specify what war, organization, etc. \_\_\_\_\_

Residence at time of death Middlefield

George W. Ock  
 (Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)



The Commonwealth of Massachusetts  
**EDWARD J. CRONIN**  
 SECRETARY OF THE COMMONWEALTH

No. 2

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
 Vital Statistics

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Middlefield Dec 23 1972  
 (City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Wred E. Healey Guests  
 (Name) (Address)

for the removal from Middlefield, and the interment  
 (To be filled out in case of removal)

at Pine Grove Co Cemetery in Middlefield, of the

body of Edgar Frank Felby who died Dec 20 1972  
 (Give full name of deceased) (Month) (Day) (Year)

age 69 years, 1 months, 7 days.

Cause of death Acute Myocardial Infarction

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death

Middlefield  
George M. Old

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

Cecil E. Alderman





The Commonwealth of Massachusetts  
**EDWARD J. CRONIN**  
 SECRETARY OF THE COMMONWEALTH

See 8257  
 0

No. 1 .....

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
 Vital Statistics

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

MIDDLEFIELD APRIL 11 1983  
 (City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

F.C. HALEY FUNERAL SERVICE HUNTINGTON, MA.  
 (Name) (Address)

for the removal from ....., and the interment  
 (To be filled out in case of removal)

at PINE GROVE CEMETERY Cemetery in MIDDLEFIELD, of the

body of ETHEL MAUDE FELKEY who died APRIL 9 1983  
 (Give full name of deceased) (Month) (Day) (Year)

age 81 years, months, days.

Cause of death SUDDEN CARDIAC DEATH

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death SKYLINE TRAIL, MIDDLEFIELD

3. *Paul P. Rice*  
 (Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)



A, 1523A  
✓

**The Commonwealth of Massachusetts**  
**EDWARD J. CRONIN**  
SECRETARY OF THE COMMONWEALTH

No. 3

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
Vital Statistics

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Middlesex  
(City or town)

October 17 1965  
(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Edward J. Galay  
(Name) Middlesex (Address)

for the removal from Middlesex (To be filled out in case of removal), and the interment

at Pine Grove Cemetery Cemetery in Middlesex, of the

body of Brown J. Pelkey who died Oct 11 1965  
(Give full name of deceased) (Month) (Day) (Year)

age 64 years, 2 months, 17 days.

Cause of death Coronary Thrombosis

If a U. S. War Veteran, specify what war, organization, etc. \_\_\_\_\_

Residence at time of death Middlesex

George M. DeLoe  
(Signature of Agent of Board of Health or, in towns where there is no Board of Health, of Town Clerk)

c-2

**The Commonwealth of Massachusetts**  
**JOHN F. X. DAVOREN**

SECRETARY OF THE COMMONWEALTH

No. 511



Division of  
Vital Statistics

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.]

Pittsfield Sept 12 1974  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to -

J. Edward Dery Pittsfield  
(Name) (Address)

for the removal from Pittsfield, and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield of the

body of Joseph K. Pelkey who died 9 10 1974  
(Give full name of deceased) (Month) (Day) (Year)

age 89 years, 4 months, 20 days.

Cause of death acute myocardial infarct -  
fract. left coronary

If a U. S. War Veteran, specify what war, organization, etc. \_\_\_\_\_

Residence at time of death Main St. Hinsdale, Mass.

Anta M. Neufuss (as)  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

# BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Frank Jay

Name of deceased Rosa Myrtle Pelkey

Age 57 years          months 30 days

Place of death Middlefield

Date of death Sept. 12, 1927

Cause of death Cerebral hemorrhage

LOT 9, Section A, #1 PLOT

Interment at Pine Grove, Middlefield

Date permit issued Sept. 13, 1927

Certified by A. A. Starbuck M.D.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to F. C. HalsbyName of deceased James Nelson PolkeyAge 82 years \_\_\_\_\_ months \_\_\_\_\_ daysPlace of death Middlebury.Date of death Feb. 1, 1951Cause of death Cerebral apoplexyInterment at New CemeteryDate permit issued Feb. 3, 1951Certified by John A. Hoffmire M.D.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to *F. C. Halley*Name of deceased *Olga Elizaveta (Hudson) Feltes*Age *68* years *0* months *15* daysPlace of death *Medfield*Date of death *Oct. 25, 1956*Cause of death *Cancer of Uterus*Interment at *Prim Grove Cemetery*Date permit issued *Oct. 26, 1956*

Certified by \_\_\_\_\_ M. D.



Rice Home Lot 11-A, #3 (Full) (10112FT)

# The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

entered J

No. ....

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Middlefield ..... 19 96 .....  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to  
Joseph Foley F.H. 890 Main St. Dalton  
(Name) (Address)

for the removal from 17 Town Hill Rd. ..... and the interment  
(To be filled out in case of removal)

at Pinegrove ..... Cemetery in Middlefield, Ma. of the

body of Joseph J. Piscar ..... who died Sept 29 19 96  
(Give full name of deceased) (Month) (Day) (Year)

age 88 years, ..... months, ..... days.

Cause of death Cardiac arrest .....

If a U. S. War Veteran, specify what war, organization, etc. WWII US Navy

Residence at time of death 17 Townhill Rd. Middlefield

Mammyana Ratauski  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

SECTION A, Plot # 11, (Full)

No. ....

## BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Middlefield Town Clerk  
(Office issuing permit)

City or Town of Middlefield ..... Mass.

Name of deceased Joseph J. Piscar .....

If a U. S. War Veteran, specify what war, organization, etc.

WW II U.S. Navy .....

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Pine Grove Cemetery ..... Middlefield  
(Name of cemetery or crematory) (City or town)

on Oct 3 1996 .....

Certified by Larry Lease - clerk cem.  
(Signature of Superintendent, cemetery or crematory)

10/21/96

If there is no officer in charge, undertaker should sign and return this stub.

## The Commonwealth of Massachusetts

JOHN F. X. DAVOREN

SECRETARY OF THE COMMONWEALTH

No. ....

Division of  
Vital Statistics(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed.,  
as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns  
where there is no Board of Health by the town clerk) of the city or town in which  
the body is buried, and by the signing and acceptance of a satisfactory certificate  
of death, legally prepared.]

HEALTH DEPARTMENT  
WESTFIELD, MASS. .... Nov 4 1971  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

*Ernest A. Byson Jr 484 State St Springfield Mass*  
(Name) (Address)

for the removal from ..... and the interment  
(To be filled out in case of removal)at *Forest Hill Cem* Cemetery in *Middlefield Mass* of thebody of *Michelle Pedron* who died *Nov 5 1971*  
(Give full name of deceased) (Month) (Day) (Year)age *90* years, *7* months, *23* days.Cause of death *Congestive Failure*If a U. S. War Veteran, specify what war, organization, etc. *no*Residence at time of death *Town Hill Road Middlefield Mass*

*Thomas F. Ditonich Jr*  
(Signature of Agent of Board of Health, or, in towns where there is no  
Board of Health, of Town Clerk)





# The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 657

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

PITTSFIELD ..... NOVEMBER 7, 19 84 .....  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

DERY FUNERAL HOME 59 BRADFORD ST. PITTSFIELD  
(Name) (Address)

for the removal from PITTSFIELD ..... , and the interment  
(To be filled out in case of removal)

at PINE GROVE ..... Cemetery in MIDDLEFIELD , of the

body of THERMA PISCOR ..... who died 11 ..... 6 ..... 19 84  
(Give full name of deceased) (Month) (Day) (Year)

age 77 ..... years, ..... months, ..... days.

Cause of death CARDIO PULMONARY ARREST .....

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death TOWN HILL ROAD, MIDDLEFIELD .....

Louis A. Bolduc .....  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

A ✓

# The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH

No. ....



Division of  
Vital Statistics

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed.,  
as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns  
where there is no Board of Health by the town clerk) of the city or town in which  
the death occurred AFTER the FILING and acceptance of a satisfactory certificate  
of death, legibly written in durable black ink.]

..... Washington Sept 17 19 69 .....

(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

..... F. C. Haley Chester mass .....

(Name) (Address)

for the removal from Washington ....., and the interment

(To be filled out in case of removal)

at  Pine Grove  Cemetery in  Middlefield , of the

body of  Alma Potter  who died  9 - 14  19  69

(Give full name of deceased) (Month) (Day) (Year)

age  85  years,  3  months,  -  days.

Cause of death  ARTERIOSCLEROTIC HEART DISEASE

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death  Skyline Trail Middlefield

Lawrence A. Deane

(Signature of Agent of Board of Health, or, in towns where there is no  
Board of Health, of Town Clerk)

## The Commonwealth of Massachusetts

JOSEPH D. WARD  
SECRETARY OF THE COMMONWEALTH

No. 346



## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
Vital Statistics(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed.,  
as amended.)

[ This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred, AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink. ]

WESTFIELD, MASS. Dec. 17, 1959  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

F. C. Haley Chester Mass  
(Name) (Address)

for the removal from Hall St. Westfield, and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield Mass. of the

body of Henry Rudy who died Dec. 11, 1959  
(Give full name of deceased) (Month) (Day) (Year)

age 70 years, 6 months, 21 days.

Cause of death Sudden Diabetic coma

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death Middlefield St. Chester Mass.

Wm. V. Archibald M.D.  
(Signature of Agent of Board of Health, or, in towns where there is no  
Board of Health, of Town Clerk)

The Commonwealth of Massachusetts

AV



JOSEPH D. WARD  
SECRETARY OF THE COMMONWEALTH

No. 371

OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
Vital Statistics

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[ This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink. ]

WESTFIELD, MASS. Jan 7 1960  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

F. C. Haly, Chester  
(Name) (Address)

for the removal from Westfield, and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, of the

body of Lena (Hew) Purdy who died Jan 2 1960  
(Give full name of deceased) (Month) (Day) (Year)

age 72 years, months, days.

Cause of death Myocardial infarction

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death Middlefield St. Chester

Thomas F. Ptoniak (Agent)  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

# The Commonwealth of Massachusetts



DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 16

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Middlefield ..... September 7, 2011  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to  
Bartlett-Wellington Funeral Service ..... 525 Main St.  
(Name) (Address)

for the removal from ..... and the interment  
(To be filled out in case of removal) Dalton, Ma  
at Pine Grove Cemetery ..... Cemetery in Middlefield, Ma, of the

body of Catherine G. Radwicz ..... who died August 31, 2011 .....  
(Give full name of deceased) (Month) (Day) (Year)

61 ..... years, ..... months, ..... days.

Cause of death .. Non Small Cell Carcinoma .....

If a U. S. War Veteran, specify what war, organization, etc.....

Residence at time of death ..... 152 Skyline Trail, Middlefield, Ma

Marcjan Potanski  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

## BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk  
(Office issuing permit)

City or Town of Middlefield ..... Mass.

Name of deceased Catherine G. Radwicz .....

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Pittsfield Crematory .....  
(Name of cemetery or crematory) (City or town)

on Sept. 7, 2011 .....  
Wellington Inc.

Certified by .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309

Pine Grove, lot # 140 Entered Journal

## The Commonwealth of Massachusetts

No. 376-96

## OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City or Town Pittsfield Date June 20, 96

A satisfactory death certificate having been filed for

Full name of decedent Gaston Rene Robertwho died on June 19, 1996 date of death US War Veteran Koreanborn on Apr 8, 1933 date of birth, who resided at121 Yvonne Dr.Dalton Ma 01226and who died of Symphonia give immediate cause

Permission is hereby given for (check all appropriate boxes):

 Removal from: ..... name and address of original disposition Disposition at: Pine Grove Cemetery - Middlefield MA name and address of cemetery or crematory Transportation to: ..... name and address of immediate destination of remains

Permission is hereby given to:

name of facility Dery-Foley Funeral Homeaddress of facility 890 E. Main St. Dalton Ma 01226Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk Louis a Bolduc PS

R-309

No. 376-96

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Health Dept (Office issuing permit)City or Town of Pittsfield 01201 Mass.Name of Decedent Gaston Rene Robert

If a U.S. War Veteran, specify what war, organization, etc.

Korean

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Pine Grove Middlefield (Name of cemetery or crematory) (City or Town)

on .....

Final Disposition .....

Certified by ..... (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

B-7

# The Commonwealth of Massachusetts

## JOHN F. X. DAVOREN

### SECRETARY OF THE COMMONWEALTH

 No. 404


## OFFICIAL BURIAL (OR REMOVAL) PERMIT

 Division of  
Vital Statistics

 (Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed.,  
as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.]

Pittsfield July 31 1973  
 (City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Robert E. Dwyer Pittsfield  
 (Name) (Address)

for the removal from Pittsfield, and the interment  
 (To be filled out in case of removal)

at Pinegrove Cemetery in Middlefield, of the  
Mass  
 body of Raymond Francis Robert who died 7 31 1973  
 (Give full name of deceased) (Month) (Day) (Year)

age 40 years, 0 months, 24 days.

Cause of death Internal Bleeding, Metastatic Lung Cancer

If a U. S. War Veteran, specify what war, organization, etc. Korean

Residence at time of death 130 Richard Drive

Antonia M. Dwyer (rel)  
 (Signature of Agent of Board of Health, or, in towns where there is no  
Board of Health, of Town Clerk)

# The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 91-27



*PINE GROVE  
LOT 41 SEC. C - #1*

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Dalton, December 18 1991  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Robert E. Sawyer 276 North St. Pittsfield  
(Name) (Address)

for the removal from Dalton, and the interment

(To be filled out in case of removal)

at Pine Grove Cemetery Cemetery in Middlefield, of the

body of Richard Norman Robert who died Dec 15 1991  
(Give full name of deceased) (Month) (Day) (Year)

age 57 years, ..... months, ..... days.

Cause of death Cervical spine fracture, acute asp.

If a U. S. War Veteran, specify what war, organization, etc. Korean

Residence at time of death 510 Kirchner Rd.

Robert Petit, H.A.  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

No. 91-27

## BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Board of Health  
(Office issuing permit)

City or Town of Dalton Mass.

Name of deceased Richard Norman Robert

If a U. S. War Veteran, specify what war, organization, etc.

Korean

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at .....  
(Name of cemetery or crematory) (City or town)

on .....

Certified by .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



## The Commonwealth of Massachusetts

No. 191-06

No. 191-06

## OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City/Town Pittsfield Date April 10, 2006

A satisfactory death certificate having been filed for

Theresa G. Robert  
Full name of decedent

who died on April 7, 2006 US War Veteran NO  
date of death

born on June 22, 1936, who resided at  
date of birth

154 White Birch Lane  
Hinsdale, MA. 01235

and who died of Metastatic Breast Cancer  
give immediate cause

Permission is hereby given for (check all appropriate boxes):

Removal from: .....  
name and address of original disposition

Disposition at: .....  
name and address of cemetery or crematory

Transportation to: Imogene Cemetery - Middlefield, MA.  
name and address immediate destination of remains

Permission is hereby given to:

Deer funeral home  
name of facility

54 Bradford Street, Pittsfield, MA. 01201  
address of facility

Philip Adams  
Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the Issuing City/Town, properly endorsed

to Pittsfield Health Dept.  
(Office issuing permit)

City/Town of 70 Allen St-Pittsfield 01201 Mass.

Name of Decedent Theresa G. Robert

If a U.S. War Veteran, specify what war, organization, etc.

NO

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at .....  
(Name of cemetery or crematory) (City/Town)

on .....

Final Disposition .....

Certified by .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

1975  
Rudy Pearl Taylor Permit  
Reflexe herein after  
Tracking site

The Commonwealth of Massachusetts  
JOHN F. X. DAVOREN

607-B ✓

R-309

No. 719

SECRETARY OF THE COMMONWEALTH  
No. 719

BURIAL (OR REMOVAL) PERMIT

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.]

This coupon to be returned immediately, properly endorsed

to Health Dept  
(Office issuing permit)

City or Town of Pittsfield Mass.

Name of deceased Ubaldine Barbeau Robert

If a U. S. War Veteran, specify what war, organization, etc.

No

Pittsfield Dec. 10 1975  
(City or town) (Date)

My certificate of death having been filed, permission is hereby given to

Robert E. Dwyer  
(Name) (Address)

to be removed from Pittsfield, and the interment  
(To be filled out in case of removal)

grave Cemetery in Middlefield, of the

Ubaldine Barbeau Robert who died Dec. 8 1975  
(Give full name of deceased) (Month) (Day) (Year)

years, 1 months, 12 days.

cause of death Lymphoma with metastases and respiratory arrest

If a U. S. War Veteran, specify what war, organization, etc. No

Time of death 130 Richard Dr. Pittsfield

Arita M. Nucifora Head clerk  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at (Name of cemetery or crematory) (City or town)

on

Certified by (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



# The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 16

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Middlefield

(City or town)

2012

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Deny Funeral Home 54 Bradford Street, Pittsfield

(Name)

(Address)

for the removal from 175 Skyline Trail, and the interment

(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, of the

body of Henry E. Rock who died Sept 5 2012

(Give full name of deceased)

(Month)

(Day)

(Year)

age 79 years, 0 months, 0 days.

Cause of death Renal Failure

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death 175 Skyline Trail

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

## BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to \_\_\_\_\_  
(Office issuing permit)

City or Town of \_\_\_\_\_ Mass.

Name of deceased \_\_\_\_\_

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at \_\_\_\_\_  
(Name of cemetery or crematory) (City or town)

on \_\_\_\_\_

Certified by \_\_\_\_\_  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Commonwealth of Pennsylvania  
Division of Vital Records

## PERMIT

Burial or Other Disposition  
of a Dead Human Body

Full Name of Deceased

Margaret M. Rock

Date of Birth

April 1958

Age

33

Sex

Female

Date of Death

July 10

Cause of Death

Cardiac Arrest

Veteran Status  
(Yes or No)

No

Race

White

Place of Death

129 W. Maple St.

City, Borough, Township

Cleona

County

Lebanon

Authorized Disposition (Check appropriate box)

Name of Common Carrier

Burial

Cremation

Humanity Gifts

Removal

Shipment by Common Carrier

U. S. Air

Disinterment

Date of Disposition

7-14-89

Name of Cemetery or Crematory

Pine Grove Cemetery

County (If in Pa.)

Reinterment

Address

City, Borough, Township

Middlefield, Mass.

I certify that I have met all the requirements of the Vital Statistics Laws

and Regulations

*Steven Kreamer*

Signature of Person in Charge of Interment

618 E. Main St. Anville, PA 17003

Address

I certify that a death certificate has been filed as required by the laws of the state. Permission is hereby given to the Person in Charge to transport and/or make final disposal of the remains.

*Gloria N. Luce*

Signature of Registrar

7-11

Date

Mail To:

Division of Vital Records  
P. O. Box 1528  
New Castle, Pennsylvania 16103

I certify that the deceased name above was buried or cremated in the cemetery or crematory named.

*Pine Grove Middlefield Mass*

Signature of Cemetery Official

Date

*Larry S. Pease Clerk*

7/1

Address

See Reverse Side for Regulations

See 8.226



# The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. ....

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

**SPRINGFIELD**  
(City or town)

**Feb 28** 19**83**  
(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

**JOHN N. SANDPSON**

(Name)

**SPFLD, MASS**

(Address)

for the removal from **SPFLD, MASS** and the interment

**Middlefield Cemetery**

(To be filled out in case of removal)

**Middlefield, MASS.**

at ~~VETERANS~~ **Pine Grove** Cemetery in ~~WINDSOR, MASS~~ of the

body of **DURTON WILLIAM ROCKE** who died **Feb. 26** 19**83**

(Give full name of deceased)

(Month)

(Day)

(Year)

age **75** years, ..... months, ..... days.

Cause of death **RESPIRATORY FAILURE, MET. STASIS  
CELL CARCINOMA**

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death **98 SPEAR RD, SPFLD, MASS.**

*John C. Hayes, M.D.*

Commissioner of Public Health

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

# The Commonwealth of Massachusetts

0006413

No. ....

## OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City or Town **SPRINGFIELD** Date **May 9,** 19 **94**

A satisfactory death certificate having been filed for

**Hazel Roche**  
Full name of decedent

born on **Dec. 3, 1900**, who died of

**Congestive Heart Failure** on **May 6, 1994**  
date of birth date of death

Permission is hereby given to

**A. P. Sampson Co.**  
name of facility

**730 State St Springfield Mass**  
address

for (check all appropriate boxes):

Removal from: **98 Spear Road Spfld. Mass.**  
name and address of original disposition

Disposition at: **Pine Grove Middlefield Mass.**  
name and address of cemetery or crematory

Transportation to: .....  
name and address of immediate destination of remains

If a U.S. War Veteran, specify what war, organization, etc. ....

Residence at time of death **98 Spear Road**  
**Springfield Hampden Mass 01119**

**Thomas H. ...**  
Town Clerk

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

18.A - B. Pine Grove  
Entered J

0006413

No. ....

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to **SPRINGFIELD PUBLIC HEALTH DEPT.**  
(Office issuing permit)  
**1414 STATE STREET**

City or Town of **SPRINGFIELD, MA 01109** Mass.

Name of Decedent **Hazel Roche**

If a U.S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at .....  
(Name of cemetery or crematory) (City or Town)

on .....

Certified by **n. Burban**  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 1**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to F. C. HalayName of deceased Allen J. RomanoAge 58 years 3 months 16 daysPlace of death MiddlefieldDate of death Sept. 11 1957Cause of death Coronary Artery Heart DiseaseInterment at Pine Grove CemeteryDate permit issued Sept 10 1957Certified by George W. Allen M. D.



The Commonwealth of Massachusetts  
 EDWARD J. CRONIN  
 SECRETARY OF THE COMMONWEALTH

Lot 42-13  
 ✓

No. 2

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
 Vital Statistics

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1920, and Chapter 48, Acts of 1927.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

MIDDLEFIELD APRIL 21 1978  
 (City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

V. EDWARD DERY 54 BRADFORD ST. MIDDLEFIELD  
 (Name) (Address)

for the removal from FRANCIS A. ROMANO, and the interment  
 (To be filled out in case of removal)

at PINE GROVE Cemetery in MIDDLEFIELD, of the

body of FRANCIS A. ROMANO who died APRIL 20 1978  
 (Give full name of deceased) (Month) (Day) (Year)

age 80 years, 0 months, 30 days.

Cause of death ARTERIOSCLEROTIC HEART DISEASE WITH  
CONGESTIVE FAILURE AND CARDIAC ARREST

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death ALDERMAN ROAD, MIDDLEFIELD

Edith P. Rice

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)





# The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 11.....

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Middlefield ..... November 6, 2007 .....  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

88 Town Hill Rd ..... Donald A. Savery ..... 88 Town Hill Rd 27 Russell St .....  
(Name) (Address)

for the removal from ..... 88 Town Hill Rd ..... and the interment  
(To be filled out in case of removal)

at Pine Grove ..... Cemetery in Middlefield ..... of the

body of Donald A. Savery ..... who died November 3, 2007 .....  
(Give full name of deceased) (Month) (Day) (Year)

age 77 ..... years, ..... months, ..... days.

Cause of death Cirrhosis .....

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death 88 Town Hill Rd. Middlefield, MA .....

Maryanne Bofarski .....  
(Signature of Agent of Board of Health, or in towns where there is no Board of Health, of Town Clerk)

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to F. C. HalayName of deceased Phyllis (Bratton) StrongAge 81 years 5 months 24 daysPlace of death Walden, N.Y.Date of death October 5, 1956Cause of death Bronchio PneumoniaInterment at Pin Elm CemeteryDate permit issued October 8, 1956Certified by John G. Hoffman  
George W. [Signature] M. D.

# Proprietors of the Pittsfield Cemetery

203 Wahconah Street

## CREMATION CERTIFICATE

General Laws, Chap. 114, Sec. 48

The undersigned, being on this date the person having charge of the Crematory at Pittsfield Cemetery, hereby certifies that the Burial Permit and Certificate of the Medical Examiner prerequisite to the cremation of the body

of William Howard Slater, Jr. late of Hinsdale, MA who died 12-6-83  
DATE

at Pittsfield, MA have been duly presented.  
CITY STATE

Cause of death Multiple Myeloma

Age 54 years months days

Date 12-12-83

Cremation No. 2635

*Walter Perlick*  
Superintendent

This certificate should accompany these remains to their destination.

*Placed in vault - May 14-1983 - at Pine Grove Cemetery  
Middlefield, Mass.*

*12/6/83  
Lot 26, Sec B*

## Pittsfield Cemetery Crematory

203 Wahconah Street Pittsfield, Massachusetts

## CREMATION CERTIFICATE

Name William Howard Slater, Jr.

Cremation No. 2635

This Certificate should accompany these remains to their destination

## The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 414

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Pittsfield  
(City or town)June 28, 19 88  
(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

J. Edward Jery  
(Name)Pittsfield  
(Address)

for the removal from

Pittsfield  
(To be filled out in case of removal)

, and the interment

at Pine Grove Cemetery in Middlefield, of the

body of Marion Alice Starbird who died June 26, 19 88

(Give full name of deceased)

(Month)

(Day)

(Year)

age 69 years, months, days.

Cause of death acute cardio-pulmonary failure

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death 677 Main St. Dalton MA

Louis A. Bolduc  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

The Commonwealth of Massachusetts <sup>26A-A</sup>  
 JOHN F. X. DAVOREN <sup>27A ✓</sup>

SECRETARY OF THE COMMONWEALTH

No. 403



Division of  
Vital Statistics

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.]

Pittsfield  
(City or town)

July 16 1926  
(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

J. Edward Dery  
(Name)

Pittsfield  
(Address)

for the removal from Pittsfield and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, Mass. of the

body of Paul L. Hasbird who died 7 14 1926  
(Give full name of deceased) (Month) (Day) (Year)

age 68 years, 8 months, 13 days.

Cause of death Carcinoma of lung with metastases  
emphysema

If a U. S. War Veteran, specify what war, organization, etc. \_\_\_\_\_

Residence at time of death Town Hill Rd - Middlefield

Antonia M. Nuschke (tip)  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

A-26A?

The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH

No. 674



Division of  
Vital Statistics

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Pittsfield Nov. 17, 1967  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Joseph P. Benciverga Pittsfield  
(Name) (Address)

for the removal from Pittsfield, and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, of the

body of Robert Paul Starbird who died Nov. 14, 1967  
(Give full name of deceased) (Month) (Day) (Year)

age 25 years, months, days.

Cause of death Compound depressed fracture of skull

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death 61 Cherry Street

Anne M. McGowan - m.u.  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

STATE OF FLORIDA  
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES  
VITAL STATISTICS

APPLICATION FOR BURIAL-TRANSIT PERMIT

A. (Type or Print)

1. Name of Deceased  
First: Alton Middle: M. Last: Sternagle Sr. DATE OF DEATH: July 12, 1987

2. Place of Death  
County: Manatee City, Town or Location: Bradenton Name of Hosp. or Inst.: Manatee Memorial Hospital (If neither, give street address)

3. Name of Medical Certifier: Craig Hoffman MD  
 Physician  Medical Examiner 606 4th Ave.W. Palmetto, Fla. 34221 Address

4. Funeral Home/ Direct Disposer: Palmetto Funeral Home 204 7th Street W. Palmetto, Fla. 34221 Name: Palmetto Funeral Home Address: 204 7th Street W. Palmetto, Fla. 34221

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 \_\_\_\_\_. 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  \_\_\_\_\_ was contacted on \_\_\_\_\_. He/she verified that \_\_\_\_\_, Medical Examiner, will complete and sign the medical certification.

6. Funeral Director/ Direct Disposer: \_\_\_\_\_ Signature: *Harry G. Urene* Fla. Lic. No./Reg. No.: 1338 Date Signed: July 13, 1987

B. BURIAL-TRANSIT PERMIT

Permit No. 780-76

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: *Diane E. Skene, Sub* Date Issued: July 13, 1987

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)

Place of Disposition \_\_\_\_\_  
Date of Disposition: 7/20/87

Signature of Sexton )  
or Person-in-Charge ) \_\_\_\_\_

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.

The Commonwealth of Massachusetts A-63

JOHN F. X. DAVOREN

SECRETARY OF THE COMMONWEALTH

No. 609

Division of  
Vital Statistics**OFFICIAL BURIAL (OR REMOVAL) PERMIT**

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death printed or typed in durable black ink.]

Pittsfield November 6 1974  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

F C Haley (Name) Chester, Mass (Address)

for the removal from Pittsfield (To be filled out in case of removal), and the interment

at Pine Grove Cemetery in Middlefield, Mass, of the

body of Carl H. Sternagle who died Nov 3 1974  
(Give full name of deceased) (Month) (Day) (Year)

age 70 years, 9 months, 12 days.

Cause of death Cardiac Arrest due to Ischemic Heart Disease

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death North Street - Middlefield

Anita M. Trucifora (Signature)  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)



## The Commonwealth of Massachusetts

No. 579-01

## OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City/Town Pittsfield Date Sept 27, 2001

A satisfactory death certificate having been filed for

Mary E. Sternagle  
Full name of decedentwho died on Sept 25, 2001 date of death US War Veteran NOborn on Oct 12, 1915 date of birth, who resided at65 Skyline Trail, Middlefield, MA 01243and who died of Cardiopulmonary Arrest  
give immediate cause

Permission is hereby given for (check all appropriate boxes)

 Removal from: .....  
name and address of original disposition Disposition at: Pine Grove Cemetery  
name and address of cemetery or crematory Transportation to: .....  
name and address of immediate destination of remains

Permission is hereby given to:

Dory Funeral Home  
name of facility54 Bradford St., Pittsfield, MA 01201  
address of facilityPhilip Adams  
Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk

Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk

No. 579-01

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the Issuing City/Town, properly endorsed

to Pittsfield Health Dept.70 Allen St., Pittsfield  
(Office issuing permit)

City/Town of ..... Mass.

Name of Decedent .....

If a U.S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at .....  
(Name of cemetery or crematory) (City/Town)

on .....

Final Disposition .....

Certified by .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

*Check w/ Mary S.*

A ✓

**The Commonwealth of Massachusetts**

**KEVIN H. WHITE**

**SECRETARY OF THE COMMONWEALTH**

No. 316



**OFFICIAL BURIAL (OR REMOVAL) PERMIT**

Division of  
Vital Statistics

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the deceased resided at the time of death, after the FILING and acceptance of a satisfactory certificate of death, and in indelible and durable black ink.]

**HEALTH DEPARTMENT**

**WESTFIELD, MASS.**

(City or town)

(Date)

Sept 16, 1966

A satisfactory certificate of death having been filed, permission is hereby given to

F. O. Haly  
(Name)

Chester Mass  
(Address)

for the removal from ..... and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield of the

body of Maud (Holmes) Stenaph who died Sept 16, 1966  
(Give full name of deceased) (Month) (Day) (Year)

age 83 years, 11 months, - days.

Cause of death Cerebral Hemorrhage

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death Hensdale Rd. Middlefield Mass

Charles S. Stronga

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)



# The Commonwealth of Massachusetts #15

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. ....

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

SPRINGFIELD 1-17 19 87  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

ROBERT F. HAFEY SPFLD.  
(Name) (Address)

for the removal from SPFLD., and the interment

(To be filled out in case of removal)  
at PINE GROVE Cemetery in MIDDLEFIELD, of the

body of CLARA SULLIVAN who died 1-15 19 87  
(Give full name of deceased) (Month) (Day) (Year)

age 100 years, months, days.

Cause of death ACUTE CONGESTIVE

HEART FAILURE  
If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death 24 COOMES ST.

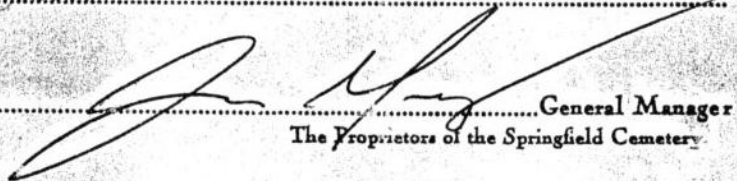
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

No. 54,661

Burial Certificate from the person in Charge of Crematory, required by  
General Laws of Massachusetts, 1921, Chapter 114, Section 48

Springfield, Mass., April 18, 2001

I, James Mooney, being on this date the person having charge of the crematory of the  
Proprietors of the Springfield Cemetery, hereby certify that the burial permit and the certificate of the medical examiner  
prerequisite to cremating the body of Dorothy E. Sullivan,  
late of Springfield, Ma.  
who died at same have been duly presented.  
Date of death April 15, 2001, age 87 years  months  days.  
Cause of death cardiopulmonary arrest

  
General Manager  
The Proprietors of the Springfield Cemetery

Form 7-1M-8-69

*Graveside Service, May 2, 2001*  
→ Nancy Burnham  
- Rodney Savery, Sr.  
- Wayne Swiner  
- Priscilla Swiner

THE PROPRIETORS OF THE  
SPRINGFIELD CREMATORY

171 MAPLE STREET  
SPRINGFIELD, MASSACHUSETTS  
01105

BURIAL CERTIFICATE  
For  
THE CREMATED REMAINS OF

Name Dorothy E. Sullivan

No. 54,661

LaFey Funeral Service  
494 Belmont Ave.  
Springfield, Ma. 01108

This Certificate MUST accompany the remains to their destination

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Frank FayName of deceased George Washington SwanAge 74 years 1 months 1 daysPlace of death MiddlefieldDate of death Oct. 1, 1933Cause of death Angina PectorisInterment at New CemeteryDate permit issued Oct. 2, 1933Certified by Francis A. Robinson M.D.



# The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 58

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Pittsfield Jan. 26 19 87  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Grace Gurnow  
(Name)

Pittsfield  
(Address)

for the removal from Pittsfield, and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Pittsfield, Ma., of the

body of Jessie Sweeney who died Jan. 22 19 87  
(Give full name of deceased) (Month) (Day) (Year)

age 86 years, ..... months, ..... days.

Cause of death Cardiopulmonary arrest

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death 1100, Holmes Rd., Pittsfield

Louis B. Bolduc

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

## The Commonwealth of Massachusetts

See lot #21, ✓?  
Sec. A

SECRETARY OF THE COMMONWEALTH

No. 157

Division of  
Vital Statistics

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.]

Pittsfield

March 16, 1978

(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Edward J. Roche

Lenox, Mass.

(Name) (Address)

for the removal from

Pittsfield

(To be filled out in case of removal)

at

Pine Grove Cemetery in

Middlefield, No.

of the

body of

Richard Darby Sweeney

who died

3 14 1978

(Give full name of deceased) (Month) (Day) (Year)

age 81 years, 0 months, 2 days.

Cause of death

presumable myocardial infarction  
suffered while

If a U. S. War Veteran, specify what war, organization, etc. WWII

Residence at time of death

Old Barn Rd - Lenox, Mass.

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

## The Commonwealth of Massachusetts



SECRETARY OF THE COMMONWEALTH

No. 149

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
Vital Statistics(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed.,  
as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns  
where there is no Board of Health by the town clerk) of the city or town in which  
the death occurred AFTER the FILING and acceptance of a satisfactory certificate  
of death, printed or typed in durable black ink.]

Pittsfield March 20 1979  
 (City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

(Name)

(Address)

for the removal from Pittsfield, and the interment

(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, of the

body of William Sweeney who died March 19 1979

(Give full name of deceased)

(Month) (Day) (Year)

age 86 years, 3 months, 7 days.

Cause of death Pneumonia - Thrombosis in Cervical spine cord

If a U. S. War Veteran, specify what war, organization, etc. no

Residence at time of death 1100 Holmes Rd. Pittsfield

Anita M. Macfara Head clerk  
 (Signature of Agent of Board of Health, or, in towns where there is no  
Board of Health, of Town Clerk)



**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Frank Fay.

Name of deceased Richard D Sweeney

Age 60 years 6 months 3 days

Place of death Middlefield

Date of death June 11 1933

Cause of death carcinoma of Liver

Interment at New Cem. Middlefield

Date permit issued June 12 1933

Certified by F. A. Oakes M.D.



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 2

**OFFICIAL BURIAL (OR REMOVAL) PERMIT**

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.]

MIDDLEFIELD, MA. June 25 1989  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

David A. Dery 54 Bradford St. Pittsfield, Ma. 01201

(Name)

(Address)

for the removal from Middlefield, Ma., and the interment

(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, Ma., of the

body of Eliza C. Tefts who died June 22 1989

(Give full name of deceased)

(Month) (Day) (Year)

age 81 years, ..... months, ..... days.

Cause of death Acute Cerebral Hemorrhage

If a U. S. War Veteran, specify what war, organization, etc. No

Residence at time of death Skyline Trail, Middlefield, Ma.

.....  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

**BURIAL (OR REMOVAL)**

This coupon to be returned immediate

to TOWN CLERK  
(Office issuing permit)

City or Town of MIDDLEFIELD

Name of deceased ELIZA C. TEFTS

If a U. S. War Veteran, specify what war

NO

**ENDORSEMENT**

(To be filled in by cemetery or crematory)

I hereby certify that the body accompanied by its terms

at Middle Pine Grove  
(Name of cemetery or crematory)

on June 26, 1989

Certified by Larry J. Peas  
(Signature of Superintendent, or)

If there is no officer in charge, undertaker show



# The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. ....

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

..... Great Barrington, Mass. ..... June 29, 19 85 .....

(City or town)

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Mitchell Funeral Home, 15 Park St., Easthampton, Mass.

(Name)

(Address)

for the removal from Willowood Nursing Home ....., and the interment

(To be filled out in case of removal)

at Pine Grove ..... Cemetery in Middlefield, Ma. , of the

body of Elizabeth A. Tefts ..... who died June 27 ..... 19 85

(Give full name of deceased)

(Month)

(Day)

(Year)

age 76 ..... years, ..... months, ..... days.

Cause of death sudden cardiac death - hypertensive cardiovascular  
disease

If a U. S. War Veteran, specify what war, organization, etc. .... no .....

Residence at time of death Christian Hill Rd., Great Barrington, Mass.

.....  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

See p. 255

## The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. ....

**OFFICIAL BURIAL (OR REMOVAL) PERMIT***(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)**[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.]*Hinsdale ..... April 7 19 89  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Dery Funeral Home, 54 Bradford St., Pittsfield, MA  
(Name) (Address)for the removal from Hinsdale ..... and the interment  
(To be filled out in case of removal)

at Pine Grove ..... Cemetery in Middlefield, of the

body of Elizabeth A. Tefts ..... who died 4-6 19 89  
(Give full name of deceased) (Month) (Day) (Year)

age 74 ..... years, ..... months, ..... days.

Cause of death Pneumonia, alzheimers disease

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death George Schnapp Rd, Hinsdale, MA

John O. Thum .....  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

The Legal Fee For This Permit Is \$1.00

lot # 25, sec C

REG-21  
APR. 84

3760 ✓

STATE OF NEW JERSEY

BURIAL, CREMATION OR REMOVAL PERMIT

Ridgewood

(City, borough or township)

January 17, 19 86

(Date)

The Certificate of Death having been filed with me, as required by the laws of this State, permission is hereby given for the removal, burial, cremation, or other final disposition of the body of

John Tefts

age 85, sex Male, who died in Ridgewood on 1/17/ 1986, at

AM  
 PM

Cause of Death Cardio pulmonary arrest

Proposed Place of Removal, Burial, Cremation, or other Final Disposition Pine Grove Cemetery-Middlefield, Mass.

Place

Location

Funeral Director

John J. Feeney, Jr. #1710

232 Franklin Ave. Ridgewood, NJ

(Address)

(Registrar of Vital Statistics)

This permit must be delivered to the superintendent of the cemetery or crematorium where burial or cremation is to take place, who should fill in the spaces on back of permit, sign same and forward it within ten days to the registrar of the district in which the cemetery or crematorium is located.



0  
See P. 255

**The Commonwealth of Massachusetts**  
**EDWARD J. CRONIN**  
SECRETARY OF THE COMMONWEALTH

2-82  
No. ....

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
Vital Statistics

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

MIDDLEFIELD SEPT 4 1982  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

DAVID E. MITCHELL F. H. EASTHAMPTON MA  
(Name) (Address)

for the removal from MIDDLEFIELD, and the interment  
(To be filled out in case of removal)

at PINE GROVE Cemetery in MIDDLEFIELD, of the  
body of PETER UHC TEFIS who died SEPT 4 1982  
(Give full name of deceased) (Month) (Day) (Year)

age 79 years, months, days.

Cause of death CARDIAC ARREST

If a U. S. War Veteran, specify what war, organization, etc. No

Residence at time of death SKYLINE TRAIL, MIDDLEFIELD, MA

Edith P. Rice  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)



## The Commonwealth of Massachusetts

# OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Division of Vital Statistics

Pittsfield  
(City or town)

March 30, 1936  
(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Wm. G. Sanders (Name) Pittsfield (Address)

for the removal from Pittsfield (To be filled out in case of removal), and the interment

at Cemetery in Middlefield, Mass. of the

body of Rose Tefts who died March 28, 1936  
(Give full name of deceased) (Month) (Day) (Year)

age 56 years, \_\_\_\_\_ months, \_\_\_\_\_ days.

Cause of death Cerebral hemorrhage

If a U. S. War Veteran, specify what war, organization, etc. \_\_\_\_\_

Residence at time of death Middlefield, Mass.

Frances M. Lebeau - M.  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

## The Commonwealth of Massachusetts

JOSEPH D. WARD  
SECRETARY OF THE COMMONWEALTH

No. 440

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
Vital Statistics

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable blackink.]

Pittsfield July 26, 1960  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

J. C. Haley Chester, Mass  
(Name) (Address)

for the removal from ..... and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, of the  
body of William Teets who died July 25, 1960  
(Give full name of deceased) (Month) (Day) (Year)

age 58 years, - months, 25 days.

Cause of death Uremia

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death Coive Rd. Middlefield, Mass.

Anne M. McGowan Clerk (GMB)  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)



# The Commonwealth of Massachusetts

No. 85-97

## OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City or Town Agawan Date April 24 19 97

A satisfactory death certificate having been filed for Margaret Ann Theriault  
Full name of decedent

who died on April 21, 1997 US War Veteran N/A  
date of death

born on September 22, 1911, who resided at  
date of birth

Main St.  
Shrewsbury, MA 01935

and who died of Pneumonia  
give immediate cause

Permission is hereby given for (check all appropriate boxes):

Removal from: .....  
name and address of original disposition

Disposition at: Pine Grove Cem. Shrewsbury MA  
name and address of cemetery or crematory

Transportation to: .....  
name and address of immediate destination of remains

Permission is hereby given to:

Derry-Foley Funeral Home  
name of facility  
490 East Main St. Duxton  
address of facility

Signature of Agent of Board of Health (or Town Clerk):  
Randall White

# Section B, Plot # 3, No. 3 Code

No. 85-97

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed  
to Agawan Health Dept.  
(Office issuing permit)

City or Town of Agawan Mass.

Name of Decedent Margaret Ann Theriault

If a U.S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Pine Grove Cemetery  
(Name of cemetery or crematory) (City or Town)

on APRIL 26<sup>th</sup> 1997

Final Disposition .....

Certified by Darryl Lease - Cem. Comm.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.



C 21816V

C.#

# City of Boston — Health Department

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of chapter 114, General Laws)

All the preliminary requirements of law having been complied with, including the filing of a satisfactory certificate of death, legibly written in durable black ink, permission is hereby given to

Date of issue of permit, 2-25 1965Sampson  
(Undertaker)

(Name)

Springfield  
(Address)

for the removal from \_\_\_\_\_

and the interment

(To be filled out in case of removal)

at Pine Grove

(Cem.)

Middlefield

of the

body of Norma S. Torr

(Give full name of deceased)

who died 2 23 1965, age 31 years 9 months 2 days

(month)

(day)

(year)

age

years

months

days

Cause of death, SclerodermaResidence at time of death, 12 Griffith

(Number)

(Street)

Springfield

(City or Town)

Was Deceased a Veteran of any U. S. War None

(Specify War)

The Commonwealth of Massachusetts  
JOHN F. X. DAVOREN

BC

R-309

No. ....

SECRETARY OF THE COMMONWEALTH

No. ....

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.]

SPRINGFIELD Dec 9 1975  
(City or town) (Date)

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to HEALTH DEPARTMENT  
(Office of Registrar)

City or Town of Springfield, Mass. 01109 Ma

Name of deceased Frederick C. Ullinger

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Pine Grove Cem. Middlefield, Ma  
(Name of cemetery or crematory) (City or town)

on Dec 9 1975 Ma

Certified by \_\_\_\_\_  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub

ory certificate of death having been filed, permission is hereby given to  
the C. Bradley Hospital Mass  
(Name) (Address)

removal from Hospital Mass, and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, Ma  
of the

Frederick C. Ullinger who died 12 9 1975  
(Give full name of deceased) (Month) (Day) (Year)

years, 2 months, 4 days.

ath Pneumonia

War Veteran, specify what war, organization, etc.

time of death 107 High St Hospital Ma

John C. Ayres, U.D. Commissioner of Public Health  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

# The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 439

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Pittsfield July 8, 1988  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Donald A. Leonard Pittsfield  
(Name) (Address)

for the removal from Pittsfield and the interment  
(To be filled out in case of removal)

at Lexington Cemetery in Middlefield, of the

body of Marion Venbrice who died July 7, 1988  
(Give full name of deceased) (Month) (Day) (Year)

age 83 years, \_\_\_\_\_ months, \_\_\_\_\_ days.

Cause of death Cardio-pulmonary arrest

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death 1000 North St Pittsfield MA

Joanne M. Lacey  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)



## The Commonwealth of Massachusetts

## Official Burial (or Removal) Permit

(Issued under the provisions of Chapter 114, General Laws, as amended by Chapter 176, Acts of 1922, Chapter 243, Acts of 1926, and Chapter 48, Acts of 1927.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.)

Division of  
Vital Statistics

Chester

(City or town)

5-2-1964

(Date)

A satisfactory certificate of death having been filed, permission is hereby

given to

F. E. Waley Chester

(Name)

(Address)

for the removal from

Pine Hill Receiving Vault, and the interment

(To be filled out in case of removal)

at Pine Grove

Cemetery in Middlefield

, of the

body of

Charles H. Vincent who died 2 29 1964

(Give full name of deceased)

(Month)

(Day)

(Year)

age 7 years, 11 months, 18 days.

Cause of death

Acute Myocarditis

If a U. S. War Veteran, specify what war, organization, etc. \_\_\_\_\_

Residence at time of death

Chester, Mass

Nicholas D. Sebastians

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

A-9A ✓

# The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH

No. ....



Division of  
Vital Statistics

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

..... Washington ..... Jan 20 19 72  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

..... J. C. Haley ..... Chester Mass  
(Name) (Address)

for the removal from Washington - Chester ..... , and the interment  
(To be filled out in case of removal)

at Long Grove ..... Cemetery in Middlefield ..... of the

body of Laura Pelkey Vincent ..... who died 1-18 19 72  
(Give full name of deceased) (Month) (Day) (Year)

age 77 ..... years, 2 ..... months, 15 ..... days.

Cause of death Cardiac arrest - CHF - ASD .....

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death Washington St. Chester Mass .....

..... Lorraine Adams .....  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

112  
1072 30-#1  
R-309

mer. j.

# The Commonwealth of Massachusetts

No. 96-36

## OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City or Town Palmer Date 7/1 19 96

A satisfactory death certificate having been filed for  
Harvey Newell Watts  
Full name of decedent

who died on June 29, 1996 US War Veteran -  
date of death

born on April 20, 1934, who resided at  
date of birth

41 Washington St  
Monson MA 01057

and who died of Ventricular Arrhythmias  
give immediate cause

Permission is hereby given for (check all appropriate boxes):

Removal from: .....  
name and address of original disposition  
 Disposition at: Pine Grove Cemetery, Middlefield, MA  
name and address of cemetery or crematory

Transportation to: .....  
name and address of immediate destination of remains

Permission is hereby given to:  
Beers + Story Funeral Home  
name of facility  
2475 N. Main St, Palmer, MA 01069  
address of facility

Thomas C. Osborn  
Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)

SECTION 1, PART 2

R-309

No. 96-36

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk  
(Office issuing permit)

City or Town of Palmer Mass.

Name of Decedent Harvey Newell Watts

If a U.S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms  
at Pine Grove Middlefield MA  
(Name of cemetery or crematory) (City or Town)  
on July 6 1996

Final Disposition .....  
Certified by Larry Pease - clerk  
(Signature of Superintendent, cemetery or crematory)  
7/22/96

If there is no officer in charge, funeral director must sign and return this stub.



The Commonwealth of Massachusetts  
DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

0  
See P. 255

No. 17

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death printed or typed in durable black ink.]

East Longmeadow Dec 28 1979  
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Ernest A. Brown Springfield  
(Name) (Address)

for the removal from East Longmeadow, and the interment  
(To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, of the

body of Norman A. Watts who died Dec 27 1979  
(Give full name of deceased) (Month) (Day) (Year)

age 75 years, 3 months, 16 days.

Cause of death Cancer of Bladder

If a U. S. War Veteran, specify what war, organization, etc. no

Residence at time of death 84 Porter Rd, E. Long

Richard A. Clark  
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health (of Town Clerk))



The Commonwealth of Massachusetts  
 JOHN F. X. DAVOREN  
 SECRETARY OF THE COMMONWEALTH

A-24



No. ....

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
 Vital Statistics

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

[This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Middlefield July 5 1970  
 (City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

J. Edward Dery Jr. 54 Bradford St  
 (Name) (Address)

for the removal from ..... and the interment  
 (To be filled out in case of removal)

at Pine Grove Cemetery in Middlefield, of the  
 body of Walter Weglowski who died July 7 1970  
 (Give full name of deceased) (Month) (Day) (Year)

age 79 years, 1 months, 14 days.

Cause of death Diffuse Bronchogenic Carcinomatosis

If a U. S. War Veteran, specify what war, organization, etc. No

Residence at time of death Town Hall Rd Middlefield

John J. Killian Chief of Police  
 (Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk) (EC)

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to F. C. Haley

Name of deceased Emily Sheridan West

Age 83 years 1 months  days

Place of death Middlefield

Date of death Oct. 7, 1959

Cause of death Myocardial Infarction

Interment at Pine Grove Cemetery

Date permit issued Oct. 9, 1959

Certified by Walter L. Lowell M. D.