

CERTIFICATE OF ATTENDING PHYSICIAN



MADE TO COCOLIFE

(Before Making out this statement, read instructions at the back of this sheet.)
ALL QUESTIONS TO BE ANSWERED IN FULL

1. a. Deceased's name in full		b. Occupation: at death		Prior thereto	
c. Residence at time of death		No. Street		City or Town	
2. a. Age of Deceased at death		b. Sex c. Height		d. Approximate weight in health	
				e. Color of hair	
f. Were there any identification marks on the body? Yes__ No__ If yes, give particulars					
3. How long had you known deceased?					
4. a. Date of Death		b. Place of Death (If in hospital or institution, give name.)			c. Length of hospitalization
5. a. When were you first consulted for the condition which either directly or indirectly caused death?				Who consulted you? (Specify if deceased, relative or others)	Date of last visit:
b. What was the immediate cause of death? (See instructions on reverse side.)					
c. How long, in your opinion, did deceased suffer from this disease or impairment?					
d. What were the contributory causes of death? Give below, the duration of each: (See instruction on reverse side)					
Disease or Impairment			Duration		
e. Was there any special connection (remote or proximate) between the death and the occupation, residence, habits or personal history of the deceased? __ Yes __ No If yes, state which and give particulars.					
6. Give below particulars of each condition for which you treated or advised deceased prior to last illness:					
Nature of Condition		Date	Duration		Result of treatment
7. Give names and addresses of other physicians and other practitioners who to your knowledge attended deceased during the past three years:					
Name		Address		Disease or Impairment and Date	
8. a. Was death due to suicide, homicide, or accident?					
b. Was deceased under the influence of liquor or drugs when accident/suicide/homicide happened? Yes __ No __					
9. Was there an official inquiry as to cause of death or a post mortem examination on the body of the deceased? __ Yes __ No If yes, which, by whom and with what result?					
Dated at _____ this _____ day of _____, 20__					
Physician's Name in print				Physician's Signature	
License No. (Privilege Tax)		Date		Physician's Address	
Witnessed by				Witness Address	

INSTRUCTIONS

ALL ANSWERS MUST BE ENTIRELY IN THE PHYSICIAN'S OWN HANDWRITING.

In the interest of accurate vital statistics, please conform to the International List of the causes of death when answering Question 5.

If an injury, describe the accident. If a suicide or homicide, state the means employed.

In surgical cases, state the nature of operation and the disease or condition requiring such procedure. In females, puerperal states are to be indicated. In neoplasm, give type part first involved. Please avoid indefinite terms. Describe any unusual features.

Where spaces provided for the answers are too small, such details as seen desirable should be given below.

"Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim."