

THE SOUTHEAST LIFE INSURANCE PUBLIC COMPANY LIMITED
MEDICAL ATTENDANT'S CERTIFICATE

(To be completed by the Medical Attendant of the deceased in her last illness)

<p>1. State the full name, address occupation, and age of deceased.</p>	<p>1.Name _____ Address _____ Occupation _____ Age at death _____</p>
<p>2. State the date and place of death.</p>	<p>2.Date _____ Place _____</p>
<p>3. (a) State the exact cause of death (When stating the disease of other cause of death please give details in technical term) (b) How long had he been suffering from disease? (c) Was it ascertained by examination after death or inferred from symptoms and appearance during life? (d) What were the symptoms of illness and when were they first observed? (e) Did you attend him during the whole of its course? if not, state during what period.</p>	<p>(a) Primary cause: _____ Secondary cause: _____ (b) _____ (c) _____ (d) _____ (e) _____</p>
<p>4. Did any other disease or illness precede or co-exist with that which immediately cause his death? (a) Date when such first observe. (b) Who treated?</p>	<p>4. _____ (a) _____ (b) _____</p>
<p>5. Were her habits sober & temperate? Have you any reason to suppose or to Suspect that disease was in his case cause or aggravated by intemperate habits?</p>	<p>5. _____</p>
<p>6. (a) Were you deceased's regular Medical Attendant? (b) Is so (1) for how long? And (2) When and for what ailments did you treat her during the three years preceding her last ill ness? (c) Did you other Medical Practitioners in consultation with yourself or otherwise attend deceased during the last illness? if so, what are their name and Address?</p>	<p>6. (a) _____ (b) (1) _____ (2) _____ (c) _____</p>
<p>7. Was any Inquest or Formal Inquiry held regarding the death or was a Post Mortem Examination of the body? What was the result?</p>	<p>7. _____ _____</p>

I, Medical Attendant of the deceased Do Hereby Solemnly Declare that the foregoing Statements are true and correct to the best of my knowledge and belief.

Signature _____

Designation _____

Qualification _____

Postal Address _____

Declared at _____ this _____ day of _____

Before me :

Signature _____

Signature _____

Designation _____

Designation _____

Occupation _____

Occupation _____

Postal Address _____

Postal Address _____

Tel. _____

Tel. _____