POLICY NO.: _____

PHYSICIAN'S CERTIFICATE

MADE FOR

NATCCO MBAI

This statement must be made by the Physician in attendance during the last illness of the deceased, and must be entirely in his own handwriting. If more than one physician was employed, the statement of each must be accomplished upon separate forms, which will be sent if required.

When an autopsy has been made by the order of the court, a copy of the verdict and of the evidence upon which it was based duly certified must be furnished.

1. a. Full name of deceased	b. Residence at death
c. Age at death	d. Any identification marks on the body? If yes, state particulars
2. Date of death	b. Place of death
c. Is death related to occupation, habits, or personal history? If yes, state particulars	
3. a. Immediate cause of death	b. duration of the immediate cause of death
c. Contributory causes of death and duration of each i)_____ ii)_____ iii)_____	
4. a. Were you consulted on any of the contributory causes of death? If yes, who consulted you?	
b.When were you first consulted on the contributory causes of death? i)_____ ii)_____ iii)_____	
c. How long before death was the deceased confined in bed or prevented from attending to business?	
5. Date of first attendance in last illness	b. Date of last attendance in last illness
c. If death was due to suicide, homicide or accident, state which and describe briefly	
d. Did you personally see the remains of the deceased?	
6. Please give particulars of each condition for which you treated or advised the deceased prior to last illness.	

Dated at		This _____ day of _____, 20_____.
Physician's name in print		Physician's signature
License No (Privilege Tax)	Date	Physician's address
Witness' name		Witness' address
Witness' signature		