

**PROOF OF DEATH
Submitted to**

**NO. 2 PHYSICIAN'S
STATEMENT**

The Medical certification follows the recommendations of the World Health Assembly made in Geneva on July 24th, 1948.

All answers must be in the Physician's handwriting.

In the interest of accurate vital statistics, please conform to the international List of the Causes of Death.

Full name of deceased	Date of Death	
Residence at death	Place of death (If Hospital or Institution, give name)	
Age at death or date of birth		
Cause of death (Enter only one cause for each of a,b, and c.) Disease or condition directly leading to death: (This does not mean the mode of dying, such as heart failure, asthenia etc. It means the disease, injury or complication which caused death.) (a)	Interval between onset and death (a)	
Antecedent causes. (Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.) Due to (b)	(b)	
Due to (c)	(c)	

Other significant conditions: (Contributing to the death but not related to the disease or condition causing death.)

Date of First Attendance in Last Illness	Date of Last Attendance in Last Illness
If death was due to accident, suicide or homicide, specify which and describe briefly.	Was an inquest held? <input type="checkbox"/> Yes <input type="checkbox"/> No Was an autopsy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, by whom and with what findings?
Were there any identification marks on the body? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", give particulars	

Have you treated or advised the deceased during the last 5 years, prior to last illness? Yes No

Did the deceased, to your knowledge, receive treatment during the last 5 years from any other physician, or in any Hospital or institution? Yes No

If yes to either question, please furnish the following:

Name	Address	Nature of Illness or Injury	Dates
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THESE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signature M.D.

Address

Date

Pan-American Life Insurance Company of Trinidad and Tobago, Ltd.

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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 6, External causes (poisons, violence, etc.)

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 state is to be indicated. In neoplasms, give type and part first involved. Please avoid indefinite terms. Describe any unusual features.

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