



The physician who last attended the deceased completes this form.

Claim No. \_\_\_\_\_

Case of \_\_\_\_\_  
(Deceased)

1. Name of the deceased: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

2. Date of death: \_\_\_\_\_ Place of death: \_\_\_\_\_

3. Was coroner's inquest held? \_\_\_\_\_

4. Was autopsy performed? \_\_\_\_\_ By whom? \_\_\_\_\_ Address: \_\_\_\_\_

5. (a) Diagnoses and descriptions of all injuries, diseases and illnesses for which you have examined or treated the deceased.  
Include clinical findings: \_\_\_\_\_

(b) Dates or periods when you examined or treated the deceased: \_\_\_\_\_

6. Were you medical advisor to the deceased during his terminal illness? \_\_\_\_\_

7. Give names and addresses of other physicians who examined or treated deceased: \_\_\_\_\_

8. (a) Principal causes of death: \_\_\_\_\_

(b) Related and contributory causes of death: \_\_\_\_\_

9. Were you furnished with history of injury or occupational disease as alleged? \_\_\_\_\_

By whom? \_\_\_\_\_ When? \_\_\_\_\_

Report history as obtained: \_\_\_\_\_

10. In your opinion was there a causal relationship between decedent's death and the alleged injury or occupational disease? \_\_\_\_\_

(a) Direct? \_\_\_\_\_ (b) Indirect? \_\_\_\_\_ (c) Did the injury or occupational disease aggravate a pre-existing condition which caused death? \_\_\_\_\_

(d) Reasons for your opinion: \_\_\_\_\_

(Continued on reverse side)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(Attending Physician)

Degree: \_\_\_\_\_ Year: \_\_\_\_\_ College: \_\_\_\_\_

**Affidavit**

State of Ohio, \_\_\_\_\_ County, ss:

On this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_, personally appeared

before me, the above named \_\_\_\_\_, physician in good standing, and made oath that the answers by him above made and subscribed are true and that he has withheld no material facts regarding the decedent's illness and death.

(Title of officer taking acknowledgment)

NOTE: Official taking acknowledgment should see that form and oath are properly filled out.