



PHYSICIAN'S CERTIFICATE
IN PROOF OF DEATH

To be filled out by physician last in attendance on deceased.

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

Multiple horizontal lines for writing reasons for opinion.

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.