



**Section B: Details of illness/condition (continued)**

Policy number

If Yes, please fill in details:

Title  Initials  First name

Surname

Date of birth  -  -

Physical address

Postal address  Postal code

Practice number  Fax number

6. Medical history:

6.1 Date of death  -  -  6.2 What was the deceased's age at death?

6.3 Main cause of death

6.4 Immediate cause of death

7. Did the deceased suffer from any other illness or disease?  Yes  No

If Yes, please give full details

8. Alcohol/narcotics/drugs/substances

8.1 Did the deceased ever use intoxicating liquor/narcotics/drugs/substances?  Yes  No

If Yes, please give full details

8.2 Did he/she use it excessively?  Yes  No

8.3 Was the deceased treated/counselled for this?  Yes  No

If Yes, please fill in details of counsellor:

Title  Initials  First name

Surname

Physical address

Postal address  Postal code

Telephone number  Fax number

Date of counselling  -  -

9. Was a postmortem conducted?  Yes  No

If Yes, please give full details

10. Has an inquest been/will an inquest be conducted?  Yes  No

If Yes, please fill in details

SA police services inquest reference number

Place for inquest

**Section B: Details of illness/condition (continued)**

Policy number

11. Has any family history or habits in any way contributed to the cause of death?

Yes

No

If Yes, please give full details

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12. Is there any other information that you regard as important?

Yes

No

If Yes, please give full details

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**Section C: Details of doctor**

1. Title  Initials  First name

Surname

2. Date of birth  DD -  MM -  YYYY

3. Physical address

Postal code

4. Postal address

Postal code

5. Telephone number

Fax number

Practice number

Cell number

I state that the answers given in this certificate are correct to the best of my knowledge and belief.

Signature of medical doctor

Date DD - MM - 20YY