

Cremos Cremations cc

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REG: 2006/083212/23
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Schedule B CERTIFICATE OF MEDICAL ATTENDANT

I am informed that application is about to be made for the cremation of (Name of Deceased) _____
Identity No. _____ Address _____
Occupation _____ Having attended the deceased before death and seen and identified the
body after death, I furnish the following information. (Delete whichever is inapplicable):

- 1 The deceased died at _____ (Hour) and on _____ (date).
- 2 The deceased died at _____
(furnish address and say where own residence, lodging, hotel, hospital or nursing home)
- 3 a) I am a relative of the deceased, the relationship being _____
b) I am not a relative of the deceased
- 4 a) So far as I am aware, I have no pecuniary interest in the death of the deceased.
b) I have pecuniary interest in the death of the deceased.
- 5 a) I was the ordinary medical attendant of the deceased for _____ (State period)
b) I was not the ordinary medical attendant of the deceased.
- 6 I attended the deceased during his / her last illness for a period of _____ (State period)
- 7 I last saw the deceased alive _____ hours / day before death.
- 8 I saw the body _____ hours after death, and made the following examination _____

- 9 The cause of death was _____
(Specify the disease, injury, etc, and if possible, distinguish the primary from the secondary causes as in the death certificate).
- 10 The duration of the cause was _____ (Years / Months / Days)
- 11 There was another cause which contributed to or accelerated death, viz. _____
(State it, and if more than one other cause, state them all). _____

- 12 The mode of death was _____ (say whether syncope, coma, exhaustion,
convulsions, etc) and its duration was _____ days / hours / minutes. (State how far statements No's 11 and 12 are the
result of your own observation, or are based on statements made by others. If a statement made by another, say by whom).
- 13 The deceased did / did not undergo an operation during the final illness or within a year before death. (State nature of operation
and name of person whom performed it) _____

- 14 Was the deceased ever employed underground in a mine or working in another occupation as defined in the occupation
Diseases in Mines and Works Act, 1973 (Act 78 of 1973) _____ Yes / No
- 15 a) Has a pacemaker or any radioactive material been implanted in the deceased? _____ Yes / No
b) If so has it been removed? _____ Yes / No
- 16 During his / her last illness the deceased was nursed by _____
(State name and say whether professional nurse, relative, etc. If the illness was a long one, reference should be made to the period of four week before
the death).
- 17 At the time of death the following person/s was / were present _____

- 18 In view of my knowledge of the deceased's habits and constitution, I have doubt / have no doubt whatever as the nature of
the disease and of the cause of death.
- 19 I know/do not know and I have/have no reason to suspect the death of the deceased was due to other than natural causes
- 20 I have/have not given the certificate required for registration of death.
- 21 I identified the body to _____ (delete if not applicable).

I hereby certify that the statements made above are to the best of my knowledge and belief true and accurate, that there is no circumstance known to me which can give rise to any suspicion that the death was due wholly or in part to any other cause than disease / accident and that there is no circumstances known to me which can be give rise to any suspicion that the death was due wholly or in part to any other cause than disease / accident and that there is no circumstance of any sort known to me which makes it undesirable that the body should be cremated.

Name in block letters

Telephone No.

Signature

Address _____
Date: _____