American Life Insurance Company
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PROOF OF DEATH
(PHYSICIAN'S STATEMENT)

The Medical certification follows the recommendations of the World Health Assembly made in Geneva on July 24, 1948, **All answers must be in the physician's own 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, Asthma etc. It means the disease, injury or complication which caused death Due to	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)
Due to	(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 ? ☐ Yes ☐ No Was an autopsy performed ☐ Yes ☐ No If so, by whom and with what finding?
Were there any Identification mark on the body ? ☐ Yes ☐ 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

THESE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Date ....

Signature ....
Name ....
Address ....
Telephone ....
Mobile ....
Official Seal ....

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 the Question on cause of death e.g. External causes (poisons, Violence, etc.).

If an injury, describe the accident. If 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, pueperal states are 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 details, as seem desirable should be given below :

American Life Insurance Company is incorporated in the USA as a Limited Company