

Policy No. (পলিসি নং) :

Deceased's Name (In Block Letter) _____

মৃত ব্যক্তির নাম (বাংলায়) _____

Deceased's Date of Death _____ Deceased's Age at Death _____

Place of Death (If Hospital/Clinic/Institution, give Name and Address) _____

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)

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? <input type="checkbox"/> Yes <input type="checkbox"/> No Was and autopsy performed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, by whom and with what finding?
Were there any identification marks on the body? Yes No If "Yes", give Particulars :	

Have you treated or advised the deceased during the last 3 years, prior to last illness? Yes No

Did the deceased, to your knowledge, receive treatment during the last 3 years from any other physician, or in any Hospital or institution?

If "Yes" to either question, please furnish the following:

Name	Address	Nature of illness or injury	Date

The above statements are true and complete to the best of my knowledge and belief and nothing therein is false.

Dated : _____ Address _____

Signature : _____

Name : _____

Mobile/Telephone : _____ 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 and 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, peuperal states are to be indicated.

In neoplasm's, 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 :
