

REBECCA STREET CREMATORIUM

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 here and say whether 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/days 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 Nrs 11 and 12 are the result of your own observations, 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 who performed it)
14. Was the deceased ever employed underground in a mine or working in another occupation as defined in the Occupational Diseases in Mines and Works Act, 1973, (Act 78 of 1973)? Yes/No
15. (a) Was the deceased ever supplied with a radio-active pacesetter? Yes/No
- (b) If so, has the radio-active pacesetter 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 weeks 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 whatsoever, as to the nature of the disease and of the cause of death.
19. I know/do not know and I have reason/have no reason to suspect that 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 circumstance of any sort known to me which makes it undesirable that the body should be cremated.

Signature
Name in blockletters
Telephone number
Address
Registered qualifications
Date

Note. — This certificate must be handed or sent in a closed envelope by the medical practitioner who signs it to the medical practitioner who is to give the confirmatory medical certificate.