

SCHEDULE D.

CERTIFICATE AFTER POST-MORTEM EXAMINATION

Name
Identity No.
Address
Occupation

(complete Part A or Part B)

Part A

I hereby certify that I have conducted a post-mortem examination on the body of the above-mentioned person. The body has been identified to me by
of

The result of the examination was as follows:—
.....
.....

I am convinced that death was due entirely to natural causes, viz.

and that no reason exists to notify this case in terms of section 2 of the Inquests Act, 1959.

I have identified the body to
of
(delete if not applicable)

Signature
Address
Registered qualifications
Date

Part B

I hereby certify that I have, at the request of the magistrate of
..... conducted a post-mortem examination on the
body of the above-mentioned person. The body was identified to me by
of

(i) I am convinced that death was due entirely to natural causes, viz.

(ii) No death certificate can be issued in this case as death was not due to natural causes.

Signature
Address
Registered qualifications
Date

CERTIFICATE BY FUNERAL UNDERTAKER

I,
of the firm
hereby certify that the body of
..... to whom the attached schedules relate, has been identified to me by

and that I will hand over this body or allow it to be handed over, together with completed Schedule E, to the person responsible for cremation.

Date
Signature