Assumption Life

Proof of death – Physician's Statement

Policy(ies) No. _____

The Medical Certification follows the recommendation of The World Health Assembly made in Geneva on July 24, 1948. It has been accepted by all states in the United States and all provinces in Canada. In the interest of accurate vital statistics, please conform to the international list of causes of death.

THE CLAIMANT IS RESPONSIBLE FOR ANY FEE FOR THIS INFORMATION

Full name of deceased	Date of death
Residence at death	Place of death
Age at death or date of birth	(If hospital or institution, provide name)

Cause of death (Enter only one cause for each of a, b and c)	**Interval between onset and death**
Disease or condition directly leading to death: (This does not mean the mode of dying, such as heart failure, asthenia, etc. It means disease, injury or complication which caused death. (a)	(a)
Antecedent causes. (Morbid conditions, if any, giving rise to the above Cause (a) stating the underlying cause last). Due to (b) (b)	(b)
Due to (c) (c)	(c)
Other significant conditions: (Contributing to the death but not related to the disease or conditions 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.	Was an inquest held? Was an autopsy performed? If so, by whom and with what findings?	❑Yes ❑No ❑Yes ❑No

To the best knowledge, was this patient using any form of tobacco? ❑Yes ❑No

If yes, since when?_____

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? ❑Yes ❑No

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

Name	Address	Nature of illness	Dates

_____M.D.
Signature

Date_____ Address_____

Assumption Mutual Life Insurance Company, doing business under the name Assumption Life,
P.O. Box 160/770 Main St., Moncton NB E1C 8L1 Tel. 506-853-6040/1-800-455-7337 Fax 506-853-5459