$\frac{\text{SAM ISAACS \& SON LTD.} - \text{SUNSET BURIAL PARK \& CREMATORIUM}}{\text{FORM C}}$

(To be given by a medical practitioner who has attended to the deceased during his/her last illness and who can certify definitely as to the cause of death)

I ar	m informed that application is about to be made for the cremation of the remains of:	
Name of Deceased		
Address		
	cupation	
Having attended the deceased before death, and seen and identified the body after, I give the following answers to the questions set out below:		
1.	On what date, and at what hour did he/she die?	
2	W7 - P14 1 - P20/G 11 - P3 / G	
2.	Where did the deceased die? (Give address and say whether own residence, lodging,	
	hotel, hospital, nursing home, etc.)	
3.	Are you a relative of the deceased?	
	If so, state the relationship.	
4.	Have you, as far as you are aware, any pecuniary interest in the death of the	
	deceased?	
5.	Were you the ORDINARY medical attendant of the deceased?	
	If so, for how long?	
6.	Did you attend the deceased during his/her last illness?	
	If so, for how long?	
7.	When did you last see the deceased alive? (Say how many days or hours before	
	death)	
8.	How soon after death did you see the body, and what examination of it did you make?	
9.	What was the cause of death? 1) Primary	
/.	2) Secondary	
	1) Immediate cause (a)	
	Morbid conditions (if any) giving rise to immediate cause (state in order	
	proceeding backwards from immediate cause)	
	due to (b)	
	due to (c)	
	2) Other morbid conditions (if important) contributing to death but not related to	
	immediate cause	
10	. What was the mode of death? (State whether syncope, coma, exhaustion, convulsions,	
	etc	
	What was its duration in days, hours, minutes?	

FORM C - SUNSET BURIAL PARK & CREMATORIUM

11.	State how far the answers to the last two questions are the result of your own
	observations or are based on statements made by others. If on statements made by
	others, say by whom
12.	Did the deceased undergo any operation during the final illness or within a year
	before death? If so, what was its nature and who performed it?
13.	By whom was the deceased nursed during his or her illness? (Give names and say
	whether professional nurse, relative, etc.) If the illness was a long one this question
	should be answered in reference to the period of four weeks before death.
1.4	Who were the mercane (if and a manufacture of the state o
14.	Who were the persons (if any) present at the moment of death?
15.	In view of the knowledge of the deceased's habits and constitution, do you feel any
	doubt whatever as to the character of the disease or the cause of death?
16.	Have you any reason whatever to suppose a further examination of the body to be
	desirable?
17.	Have you any reason to suspect that the death of the deceased was due, directly or
	indirectly, to violence, poison, privation or neglect?
18.	Have you given the certificate required for registration of death? If not, who has?
	,
kno die unk	breby certify that the answers given above are true and accurate to the best of my owledge and belief, and I know of no reasonable cause to suspect that the deceased deither a violent or an unnatural death, or a sudden death of which the cause is known, or died in such place or circumstances as to require an inquest in pursuance of law.
	Signature
	Address
	Registered qualifications
Dat	te

NOTE: THIS CERTIFICATE MUST BE HANDED OR SENT IN A CLOSED ENVELOPE BY THE PRACTITIONER WHO SIGNS IT TO THE GOVERNMENT MEDICAL OFFICER WHO IS TO GIVE THE CONFIRMATORY CERTIFICATE BELOW. (FORM D)