MetLife

Proofs of Death

Submitted to

MetLife, Life Insurance Company

(All answers must be in the physician's handwriting)

Physician's Statement

1- a) Full name of deceased : .....

b) Residence at death : .....

c) Age at death : .....

d) Date of death : .....

e) Place of death : .....

f) If died in hospital or instiution, give name : .....

2- Cause of death (enter only one cause for each of a, b, and c)
Disease or condition directly leading to death

(a) .....

Antecedent causes

Due to (b) .....

Due to (c) .....

Interval between onset and death

(a) .....

(b) .....

(c) .....

3- Date of first attendance in last illness`

.....

4- Date of last attendance in last illness

.....

5- If death was due to suicide. homicide or accident, specify which. Describe briefly.

6-(a) Was an inquest held? ☐ Yes ☐ No

(b) Was an autopsy performed? ☐ Yes ☐ No

(c) If so, by whom and with what findings?

7- (a) Were there any identification marks on the body? ☐ Yes ☐ No

(b) If "Yes" give particulars : .....

8- (a) Have you treated or advised the deceased, prior to last illness? ☐ Yes ☐ No

(b) Did the deceased, to your knowledge, receive treatment during the last five years from any other physician, or in any hospital or institution? ☐ Yes ☐ No

If yes to either question, please furnish the following :

Name	Address	Nature of illness or injury	Date

THESE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIFE.

Date 20

Signature ..... *M D*

Name of physician .....

Address of physician .....

Stamp of physician