Medical Statement

I,the undersigner,	
Practising phycian Municipal coroner at	

Hereby declere that I have medically attended / examinated the body of

Surname and family names	
Date of birth	
Place of birth	
Date of death	
Place of death	

The above said did not die of any contagious disease, but from

Cause of death	

☐ Autopsy (examination) has taken place at

☐ Autopsy has not taken

Signature,