



# Cromwell Hospital

Cromwell Road London SW50TU,  
United Kingdom

## DEATH CERTIFICATE

I HEREBY CERTIFY

That I have medically attended to:

**EDWARD LINDLEY**

Of **UNITED STATES** Occupation **CHEMICAL ENGINEER**

Who was apparently or stated to be aged **65** years, that I last saw **HIM**

On the **9/12/2010** was then suffering from **\*\*\*\*\***

Died as I am aware or informed on the **9TH** day of **DECEMBER, 2010**

And that the cause of death was to the best of my knowledge and belief as herein

Stated, viz: **CARDIAC ARREST**

Primary cause: .....

Secondary cause: .....

And that the deceased had continued: .....

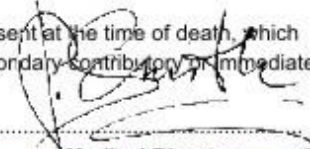
Witness my hand this **9TH** day of **DECEMBER, 2010**

Medical Qualification: **M.B.B.S**

Address: **APT. 4, DOCTOR'S QUARTERS, LONDON, UNITED KINGDOM.**

1. State Address
2. Omit "apparently or" state to be as the case may be.
3. Omit aware or when hour death is known from report
4. State the time
5. State duration of illness if possible.

Note: That by primary cause of death is meant the deceased present at the time of death, which initiated the train of events leading there to and not a secondary contributory or immediate cause terminal condition or mode of death.

  
Medical Director