ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

# CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO. 799

REGISTRAR'S NO.

PLACE OF FETAL DEATH AND USUAL RESIDENCE OF MOTHER 11 82 0322

1. PLACE OF FETAL DEATH
A. COUNTY: Pima
B. CITY OR TOWN: Tucson — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
C. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Tucson Medical Center

2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)
A. STATE: Arizona — B. COUNTY: Pima
C. CITY OR TOWN: Tucson — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 950 Calle Francita

THIS CHILD 2 0 2 55

3. CHILD'S NAME (TYPE OR PRINT) — A. (FIRST): Baby — B. (MIDDLE): Girl — C. (LAST): SHOOKS

4. SEX: Female
5A. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐
5B. IF TWIN OR TRIPLET (THIS FETUS DELIVERED): 1ST ☐ 2ND ☐ 3RD ☐
6A. DATE OF FETAL DELIVERY (MONTH) (DAY) (YEAR): 2-5-55
6B. HOUR: 3:45 AM

FATHER OF CHILD 44 1

7. FATHER'S NAME — A. (FIRST): TRUMAN — B. (MIDDLE): E. — C. (LAST): SHOOKS
8. COLOR OR RACE: White
9. AGE (AT TIME OF THIS BIRTH): 44
10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?): Tucson, Arizona
11. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Michigan
12A. USUAL OCCUPATION: —
12B. KIND OF BUSINESS OR INDUSTRY: —

MOTHER OF CHILD 34 1

13. MOTHER'S MAIDEN NAME — A. (FIRST): Ione — B. (MIDDLE): D. — C. (LAST): Sherman
14. COLOR OR RACE: White
15. AGE (AT TIME OF THIS BIRTH): 34
16. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Michigan
17A. USUAL OCCUPATION: Housewife
17B. KIND OF BUSINESS OR INDUSTRY: At Home
18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS)
A. HOW MANY CHILDREN ARE NOW LIVING? 1
B. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 1
C. HOW MANY OTHER CHILDREN WERE BORN DEAD AFTER 20 WEEKS PREGNANCY? 2

INFORMANT 22

19. INFORMANT'S SIGNATURE: T. Shooks — ADDRESS: Tucson, Arizona

MEDICAL INFORMATION 40 902

20A. LENGTH OF PREGNANCY: 40 WEEKS
20B. WEIGHT AT BIRTH: 9 LBS. 2 OZS.
21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: 0
21B. STATE ANY OPERATION FOR DELIVERY: 0
22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES ☒ DATE 2-3-55 NO ☐
23. WHEN DID FETAL DEATH OCCUR? ☒ BEFORE LABOR ☐ DURING LABOR ☐ UNCERTAIN

PROBABLE CAUSE OF FETAL DEATH (ITEM 24) 00 40 1 381

I. DIRECT CAUSE OF FETAL DEATH ..... (A) Malformation of head - hydrocephalus.
UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST) DUE TO (B)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS OF FETUS OR MOTHER CONTRIBUTING TO FETAL DEATH, BUT NOT RELATED TO DIRECT CAUSE OF FETAL DEATH)

CERTIFICATION 5

I HEREBY CERTIFY THAT I ATTENDED THIS DELIVERY AND THE FETUS WAS BORN DEAD ON THE DATE STATED ABOVE.
25A. ATTENDANT'S SIGNATURE (SPECIFY IF M.D., MIDWIFE, OR OTHER): Darrell E Hayhurst M.D.
25B. DATE SIGNED: 2-7-55
25C. ATTENDANT'S ADDRESS: 1317 E. Speedway
☐ NOT ATTENDED BY PHYSICIAN
26. SIGNATURE OF CORONER OR MEDICAL EXAMINER — TITLE

FUNERAL DIRECTOR AND REGISTRAR 55 2

27A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
27B. DATE: 2-7-55
27C. NAME OF CEMETERY OR CREMATORY: South Lawn Babyland
27D. LOCATION (CITY, TOWN OR COUNTY) (STATE): Tucson, Arizona
28A. DATE REC'D BY LOCAL REGISTRAR: 2-8-55
28B. REGISTRAR'S SIGNATURE: [signature] Deputy
29. FUNERAL DIRECTOR: [signature] E. Pocum — ADDRESS: Arizona Mortuary, Inc.

VS 130 10-1-52