ZONA STATE DEPARTMENT OF HEALTH
ISION OF VITAL STATISTICS

Dr Matta

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO. 461

REGISTRAR'S NO. 25

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

2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY OR TOWN: Yuma — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 306 21st Ave

3. CHILD'S NAME (TYPE OR PRINT)
A. (FIRST): Infant of Frank
B. (MIDDLE):
C. (LAST): Cedillo

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): 12-15-1955
6B. HOUR: 11:05 P.M.

7. FATHER'S NAME
A. (FIRST): Frank
B. (MIDDLE):
C. (LAST): Cedillo
8. COLOR OR RACE: White
9. AGE (AT TIME OF THIS BIRTH): 32

10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?): 306 21st Ave Yuma, Arizona
11. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico City, Mexico
12A. USUAL OCCUPATION: Barber
12B. KIND OF BUSINESS OR INDUSTRY: Barber Shop

13. MOTHER'S MAIDEN NAME
A. (FIRST): Helen
B. (MIDDLE):
C. (LAST): McAllister
14. COLOR OR RACE: White
15. AGE (AT TIME OF THIS BIRTH): 27

16. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
17A. USUAL OCCUPATION: Housewife
17B. KIND OF BUSINESS OR INDUSTRY: Home

18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS)
A. HOW MANY CHILDREN ARE NOW LIVING? 4
B. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 1
C. HOW MANY OTHER CHILDREN WERE BORN DEAD AFTER 20 WEEKS PREGNANCY? 0

19. INFORMANT'S SIGNATURE: Frank Cedillo
ADDRESS: 306-21stAve., Yuma, Ariz.

20A. LENGTH OF PREGNANCY: 22 WEEKS
20B. WEIGHT AT BIRTH: — LBS. OZS.
21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR.: Premature Separation Placenta
21B. STATE ANY OPERATION FOR DELIVERY.: Manual dilatation cervix. Breech extraction Fetus

22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES ☒ DATE Sept 55 NO ☐
23. WHEN DID FETAL DEATH OCCUR? ☒ BEFORE LABOR ☐ DURING LABOR ☐ UNCERTAIN

I. DIRECT CAUSE OF FETAL DEATH ..... (A) Premature Separation Placenta

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): —

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): Robert M Matta MD
25B. DATE SIGNED: 18 December 1955
25C. ATTENDANT'S ADDRESS: 1601-5th Ave, Yuma Arizona
IF NOT ATTENDED BY PHYSICIAN
26. SIGNATURE OF CORONER OR MEDICAL EXAMINER TITLE

27A. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation
27B. DATE: 12-31-55
27C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Crematory
27D. LOCATION (CITY, TOWN OR COUNTY) (STATE): Yuma, Arizona

28A. DATE REC'D BY LOCAL REGISTRAR: 12-18-1955
28B. REGISTRAR'S SIGNATURE: Marie Nelson
29. FUNERAL DIRECTOR: The Johnson Mortuary — O S Johnson Pres.
ADDRESS: Box 310, Yuma, Ariz.

VS 130 10-1-52