RIZONA STATE DEPARTMENT OF HEALTH
IVISION OF VITAL STATISTICS

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO. 0048
REGISTRAR'S NO. 5

27 27 PLACE OF FETAL DEATH AND 24 24 USUAL RESIDENCE OF MOTHER 0323	1. PLACE OF FETAL DEATH A. COUNTY: Maricopa B. CITY OR TOWN: Mesa — ☑ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS C. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Southside Dist. Hospital	2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE: Arizona B. COUNTY: Maricopa C. CITY OR TOWN: Mesa — ☑ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 303 N 2 St.
THIS CHILD 4 0 356	3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST): Baby B. (MIDDLE): Girl C. (LAST): Guerrero 4. SEX: F 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 27 56 6B. HOUR: 3 P.M. M	
FATHER OF CHILD 40 0	7. FATHER'S NAME A. (FIRST): Adolph B. (MIDDLE): C. (LAST): Guerrero 8. COLOR OR RACE: W 9. AGE (AT TIME OF THIS BIRTH): 40 10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?): Mesa Ariz. 11. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ariz. 12A. USUAL OCCUPATION: Sign Painter 12B. KIND OF BUSINESS OR INDUSTRY: Sign Co	
MOTHER OF CHILD 41 0	13. MOTHER'S MAIDEN NAME A. (FIRST): Susan B. (MIDDLE): C. (LAST): Contreras 14. COLOR OR RACE: W 15. AGE (AT TIME OF THIS BIRTH): 41 16. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ariz. 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? 5 B. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 1 C. HOW MANY OTHER CHILDREN WERE BORN DEAD AFTER 20 WEEKS PREGNANCY? None	
INFORMANT 60	19. INFORMANT'S SIGNATURE: Adolph Guerrero ADDRESS: Mesa Ariz	
MEDICAL INFORMATION 32 -4-	20A. LENGTH OF PREGNANCY: 32 WEEKS 20B. WEIGHT AT BIRTH: NOT WEIGHED LBS. OZS. 21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None 21B. STATE ANY OPERATION FOR DELIVERY: Caesarean delivery 22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES ☑ DATE 10-5-55 NO ☐ 23. WHEN DID FETAL DEATH OCCUR? ☒ BEFORE LABOR ☐ DURING LABOR ☐ UNCERTAIN	
PROBABLE CAUSE OF FETAL DEATH (ITEM 24) 01 11 362	I. DIRECT CAUSE OF FETAL DEATH ..... (A) INTRA-UTERINE ASPHYXIA UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST) DUE TO (B) SEPERATION OF PLACENTA DUE TO (C) AFIBRINOGENEMIA 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): Thomas O. Rowley M.D. 25B. DATE SIGNED: 2-1-56 25C. ATTENDANT'S ADDRESS: Mesa, Ariz. IF NOT ATTENDED BY PHYSICIAN 26. SIGNATURE OF CORONER OR MEDICAL EXAMINER TITLE	
FUNERAL DIRECTOR AND REGISTRAR 33 2	27A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial 27B. DATE: 3/1/56 27C. NAME OF CEMETERY OR CREMATORY: Mesa Cemetery 27D. LOCATION (CITY, TOWN OR COUNTY) (STATE): Mesa Arizona 28A. DATE REC'D BY LOCAL REGISTRAR: 3-1-56 28B. REGISTRAR'S SIGNATURE: Ronald / Mildred Dep. 29. FUNERAL DIRECTOR: Larry J. Melchor ADDRESS: Mesa Ariz	

VS 130 10-1-52