ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO. 0182
REGISTRAR'S NO. 3

PLACE OF FETAL DEATH AND USUAL RESIDENCE OF MOTHER (5 15 / 6 51 / 8202)

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): 815 8th Avenue

THIS CHILD (3 / 0 / 558)

3. CHILD'S NAME (TYPE OR PRINT): A. (FIRST) Alex B. (MIDDLE) Eugene C. (LAST) Lugo
4. SEX: M
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): May 20 1958
6B. HOUR: 1:40 A.M.

FATHER OF CHILD (22 / 0)

7. FATHER'S NAME: A. (FIRST) Phillip B. (MIDDLE) Y C. (LAST) Lugo
8. COLOR OR RACE: Cauc.
9. AGE (AT TIME OF THIS BIRTH): 22
10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?): 815 8th Avenue
11. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
12A. USUAL OCCUPATION: Field Man, Yuma Producers
12B. KIND OF BUSINESS OR INDUSTRY: Brocero Program

MOTHER OF CHILD (19 / 0)

13. MOTHER'S MAIDEN NAME: A. (FIRST) Cecilia B. (MIDDLE) Y C. (LAST) Alvarez
14. COLOR OR RACE: Cauc.
15. AGE (AT TIME OF THIS BIRTH): 19
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? 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? 0

INFORMANT (20)

19. INFORMANT'S SIGNATURE: Philip Lugo — ADDRESS: Yuma, Arizona

MEDICAL INFORMATION (35 / X)

20A. LENGTH OF PREGNANCY: 35 WEEKS
20B. WEIGHT AT BIRTH: LBS. OZS.
21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Polyhydramnios - Mentum right anterior.
21B. STATE ANY OPERATION FOR DELIVERY: Episiotomy
22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES ☒ DATE 12-4-57 NO ☐
23. WHEN DID FETAL DEATH OCCUR? ☐ BEFORE LABOR ☒ DURING LABOR ☐ UNCERTAIN

PROBABLE CAUSE OF FETAL DEATH (ITEM 24) (10 / 11 / 2 / 383)

I. DIRECT CAUSE OF FETAL DEATH (A) Craniorachischisis
UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST) DUE TO (B) Possibly defect of fetal ~~gen~~ chromosomal pattern
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: G. J. Podaliku
(SPECIFY IF M.D., MIDWIFE, OR OTHER): M.D
25B. DATE SIGNED: May 20, 1958
25C. ATTENDANT'S ADDRESS: Yuma, Arizona
IF NOT ATTENDED BY PHYSICIAN
26. SIGNATURE OF CORONER OR MEDICAL EXAMINER — TITLE

FUNERAL DIRECTOR AND REGISTRAR (93 / 2)

27A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
27B. DATE: May 21, 1958
27C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park
27D. LOCATION (CITY, TOWN OR COUNTY): Yuma (STATE): Arizona
28A. DATE REC'D BY LOCAL REGISTRAR: 5-21-1958
28B. REGISTRAR'S SIGNATURE: Marie Nelson
29. FUNERAL DIRECTOR: O. Johnson — ADDRESS: Box 310 Yuma Ariz.

VS 130 10-1-52