

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO.

REGISTRAR'S NO.

0228

AGE OF FETAL DEATH AND USUAL RESIDENCE OF MOTHER 27 9 74 0424	1. PLACE OF FETAL DEATH A. COUNTY <u>Maricopa</u>				2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE <u>Ariz</u> B. COUNTY <u>Maricopa</u>				
	B. CITY OR TOWN <u>Tempe</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS				C. CITY OR TOWN <u>Phoenix</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS				
	C. FULL NAME OF HOSPITAL OR INSTITUTION <u>Tempe Clinic Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>2206 So. 16 th. St.</u> E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
THIS CHILD 6 760	3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST) <u>Deryl</u> B. (MIDDLE) <u>Edward</u> C. (LAST) <u>Faultner</u>								
	4. SEX <u>Male</u>	5A. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5B. IF TWIN OR TRIPLET (THIS FETUS DELIVERED) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6A. DATE OF FETAL DELIVERY (MONTH) (DAY) (YEAR) <u>7 15 1960</u>	6B. HOUR <u>8:49P M</u>				
FATHER OF CHILD 45 1	7. FATHER'S NAME A. (FIRST) <u>Denzil</u> B. (MIDDLE) <u>Ted</u> C. (LAST) <u>Faultner</u>						8. COLOR OR RACE <u>White</u>	9. AGE (AT TIME OF THIS BIRTH) <u>45</u>	
	10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?) <u>2206 S. 16th St. Phx.</u>			11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Ness City, Kansas</u>		12A. USUAL OCCUPATION <u>Contractor</u>		12B. KIND OF BUSINESS OR INDUSTRY <u>Cement</u>	
MOTHER OF CHILD 40 1	13. MOTHER'S MAIDEN NAME A. (FIRST) <u>Dorothy</u> B. (MIDDLE) <u>May</u> C. (LAST) <u>Ussery</u>						14. COLOR OR RACE <u>White</u>	15. AGE (AT TIME OF THIS BIRTH) <u>40</u>	
	16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Kansas</u>		17A. USUAL OCCUPATION <u>Housewife</u>		17B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS) A. HOW MANY CHILDREN ARE NOW LIVING? <u>4</u> B. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? <u>0</u> C. HOW MANY OTHER CHILDREN WERE BORN DEAD AFTER 20 WEEKS PREGNANCY? <u>0</u>		
INFORMANT 16	19. INFORMANT'S SIGNATURE <u>Denzil Ted Faultner</u> ADDRESS <u>2206 S. 16th St.</u>								
MEDICAL INFORMATION 27 002	20A. LENGTH OF PREGNANCY <u>38</u> WEEKS		20B. WEIGHT AT BIRTH <u>6</u> LBS. <u>1 1/2</u> OZS.		21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR. <u>mild toxemia</u>			21B. STATE ANY OPERATION FOR DELIVERY <u>NONE</u>	
	22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES <input checked="" type="checkbox"/> DATE <u>3-22-60</u> NO <input type="checkbox"/>			23. WHEN DID FETAL DEATH OCCUR? <input checked="" type="checkbox"/> BEFORE LABOR <input type="checkbox"/> DURING LABOR <input type="checkbox"/> UNCERTAIN					
PROBABLE CAUSE OF FETAL DEATH (ITEM 24) 3 1 316	I. DIRECT CAUSE OF FETAL DEATH..... (A) <u>intra-uterine death</u> cause <u>unknown</u>								
	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) _____				
CERTIFICATION 1226 5	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) <u>Robert W. Clark M.D.</u>				25B. DATE SIGNED <u>July 17, 1960</u>		
	25C. ATTENDANT'S ADDRESS <u>25 West 8th Street Tempe, Arizona</u>		IF NOT ATTENDED BY PHYSICIAN		26. SIGNATURE OF CORONER OR MEDICAL EXAMINER TITLE <u>W. E. Pope</u>				
FUNERAL DIRECTOR AND REGISTRAR 11 9	27A. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		27B. DATE <u>7/18/60</u>		27C. NAME OF CEMETERY OR CREMATORY <u>East Resthaven</u>		27D. LOCATION (CITY, TOWN OR COUNTY) (STATE) <u>Tempe Arizona</u>		
	28A. DATE REC'D BY LOCAL REGISTRAR <u>7-18-60</u>		28B. REGISTRAR'S SIGNATURE <u>Lillian Stewart</u>			29. FUNERAL DIRECTOR ADDRESS <u>Phoenix, Arizona</u>			