·NA STATE DEPARTMENT OF HEALTH
ION OF VITAL STATISTICS

254

CE(IFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO. 109

REGISTRAR'S NO.

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

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

3. CHILD'S NAME (TYPE OR PRINT)
A. (FIRST): Evelyn B. (MIDDLE): Ann C. (LAST): Benefield

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): June 17 1953
6B. HOUR: 5:08 A M

7. FATHER'S NAME
A. (FIRST): Fonzie B. (MIDDLE): Calvin C. (LAST): Benefield Jr
8. COLOR OR RACE: Cauc
9. AGE (AT TIME OF THIS BIRTH): 22
10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?): Sonoita, Arizona
11. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Oklahoma
12A. USUAL OCCUPATION: Tractor Operator
12B. KIND OF BUSINESS OR INDUSTRY: Farm

13. MOTHER'S MAIDEN NAME
A. (FIRST): June B. (MIDDLE): Olive C. (LAST): Stoddard
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: Own Home
18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS)
A. HOW MANY CHILDREN ARE NOW LIVING? 2
B. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0
C. HOW MANY OTHER CHILDREN WERE BORN DEAD AFTER 20 WEEKS PREGNANCY? 0

19. INFORMANT'S SIGNATURE ADDRESS
Fonzie C Benefield Jr

20A. LENGTH OF PREGNANCY: 40 WEEKS
20B. WEIGHT AT BIRTH: 8 LBS. 14 OZS.
21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Shoulder Presentation
21B. STATE ANY OPERATION FOR DELIVERY: Version & Extraction
22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES ☐ DATE April 8, 1953 ☐
23. WHEN DID FETAL DEATH OCCUR? ☐ BEFORE LABOR ☒ DURING LABOR ☐ UNCERTAIN

I. DIRECT CAUSE OF FETAL DEATH (A) Asphyxiation
UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST) DUE TO (B) Manipulation for version & extraction
DUE TO (C) Shoulder presentation, 2nd twin.

II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS OF FETUS OR MOTHER CONTRIBUTING TO FETAL DEATH, BUT NOT RELATED TO DIRECT CAUSE OF FETAL DEATH): none

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): Delmar R Mock M.D. — M.D.
25B. DATE SIGNED: 6-17-53
25C. ATTENDANT'S ADDRESS: Patagonia, Arizona
IF NOT ATTENDED BY PHYSICIAN
26. SIGNATURE OF CORONER OR MEDICAL EXAMINER TITLE

27A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
27B. DATE: 6/17/53
27C. NAME OF CEMETERY OR CREMATORY: Black Oak Cemetery
27D. LOCATION (CITY, TOWN OR COUNTY) (STATE): Santa Cruz
28A. DATE REC'D BY LOCAL REGISTRAR: 6/17/53
28B. REGISTRAR'S SIGNATURE: Marjorie Clee Mock
29. FUNERAL DIRECTOR ADDRESS

OF FETAL EATH AND RESIDENCE MOTHER 11 98
S CHILD 2 3 653
ATHER OF CHILD 22 1
OTHER OF CHILD 19 0
ORMANT 20
EDICAL RMATION 40 814
OBABLE USE OF FETAL DEATH (TEM 24) 11 30 2 342
IFICATION 7
UNERAL IRECTOR AND GISTRAR 49 2

2010 VS 130 10-1-52