

Arizona Department of Health Services
Office of Vital Records

Fetal Death Processing

Part II: Medical Cause of Death

Part II: Medical Cause of Death (Fields 17-24)

ARIZONA REVISED STATUTE (A.R.S.)§ 36-329

36-329. Fetal death certificate registration

A. A hospital, abortion clinic, physician or midwife shall submit a completed fetal death certificate to the state registrar for registration within seven days after the fetal death for each fetal death occurring in this state after a gestational period of twenty completed weeks or if the product of human conception weighs more than three hundred fifty grams.

B. The requirements for registering a fetal death certificate are the same as the requirements for registering a death certificate prescribed in section 36-325.

ARIZONA REVISED STATUTE (A.R.S.) § 11-593

Reporting of Certain Deaths; Autopsies, Failure to Report; Classification

A. Any person having knowledge of the death of a human being including a fetal death shall promptly notify the nearest peace officer of all information in the person's possession regarding the death and the circumstances surrounding it under any of the following circumstances:

1. Death when not under the current care of a physician or Nurse Practitioner for a potentially fatal illness or when an attending physician or Nurse Practitioner is unavailable to sign the death certificate.
2. Death resulting from violence.
3. Death occurring suddenly when in apparent good health.
4. Death occurring in a prison.
5. Death of a prisoner.
6. Death occurring in a suspicious, unusual or unnatural manner.
7. Death from disease or accident believed to be related to the deceased's occupation or employment.
8. Death believed to present a public health hazard.
9. Death occurring during anesthetic or surgical procedures.

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B. The peace officer shall promptly notify the county medical examiner and, except in deaths occurring during surgical or anesthetic procedures from natural diseases, shall promptly make or cause to be made an investigation of the facts and circumstances surrounding the death and report the results to the medical examiner. If there is no county medical examiner appointed and serving within the county, the county sheriff shall be notified by the peace officer and the sheriff shall in turn notify and secure a licensed physician to perform the medical examination or autopsy.

C. An autopsy is not required for deaths due to natural diseases that occur during surgical or anesthetic procedures, except where the medical examiner determines an autopsy is necessary because any of the following exist:

1. A public health risk.
2. Evidence of a crime.
3. Evidence of inadequate health care.
4. No clinically evident cause of death.

D. Every person who knows of the existence of a body where death occurred as specified in subsection A of this section and who knowingly fails to notify the nearest peace officer as soon as possible unless the person has good reason to believe that notice has already been given is guilty of a class 2 misdemeanor.

E. If the deceased was under treatment for accident or illness by prayer or spiritual means alone, in accordance with the tenets and practices of a well-recognized church or religious denomination, and death occurred without a physician or Nurse Practitioner in attendance, the person who has knowledge of the death shall report all information in his possession regarding the death and circumstances surrounding it directly to the county medical examiner or the person performing the duties of a county medical examiner who may waive an autopsy if he is satisfied that the death of such person resulted from natural causes.

F. Each county shall provide to the criminal identification section of the department of public safety fingerprints of all deceased persons whose deaths are required to be investigated pursuant to this section. These fingerprints shall be on a form provided by the criminal identification section and shall be accompanied by such other information regarding the physical description and the date and place of death as the criminal identification section may require. Fingerprints taken pursuant to this section shall be used only for the purpose of purging criminal history files. All information and data in the criminal identification section of the department of public safety furnished in compliance with this section is confidential and may be disclosed only upon written approval of the director of public safety to the juvenile court, social agencies, public health and law enforcement agencies, licensed or regulated by this state.

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GENERAL DESIGN OF THE CERTIFICATE

HOUSE	PART I. FETAL OR MATERNAL CONDITION DIRECTLY CAUSING FETAL DEATH. FETAL AND OR MATERNAL CONDITIONS IF ANY GIVING RISE TO THE IMMEDIATE CAUSE (A). STATING THE UNDERLYING CAUSE LAST.	B. DUE TO OR AS A CONSEQUENCE OF C. DUE TO OR AS A CONSEQUENCE OF	SPECIFY FETAL OR MATERNAL SPECIFY FETAL OR MATERNAL	
22	PART II. OTHER FETAL OR MATERNAL CONDITIONS OF SIGNIFICANT MEDICAL IMPORTANCE CONTRIBUTING TO FETAL DEATH BUT NOT DIRECTLY RELATED TO UNDERLYING CAUSE	OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER	AUTOPSY 18A <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WERE RESULTS CONSIDERED DETERMINING CAUSE OF DEATH? (SPECIFY.) 18B.	
ONS	1 ATTENDED DELIVERY OF THIS FETUS WHICH WAS BORN DEAD AT THE PLACE, TIME AND DATE ENTERED ABOVE. 19.	ATTENDANT'S SIGNATURE 19A	TITLE (SPECIFY M.D., D.O., OTHER) 20.	DATE SIGNED 21.
INNER	1 INQUIRED INTO DELIVERY OF THIS FETUS WHICH WAS BORN DEAD AT THE PLACE, TIME AND DATE ENTERED ABOVE. 22.	MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY SIGNATURE 22A	TITLE (SPECIFY) 23.	DATE SIGNED 24.

NOTE:

The Hospital is responsible for filling out the Medical information. The Fetal Death certificate and the Certificate of Birth Resulting in Stillbirth must be turned in together.

17. Medical Cause of Death – Part I - Fetal of Maternal Cause Directly

A, B, C, Cause of Death;

A-Immediate Cause of Death

The immediate cause of death on Line A is the condition that directly resulted in death. Examples of immediate cause are “coronary occlusion,” “massive pulmonary hemorrhage,” and broncho-pneumonia.” Terms using mode of dying such as “stopped breathing” or “respiratory failure” are not acceptable.

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B & C- Due to or Consequence of

Line B is used for entering the condition that gave rise to the immediate cause. In example, a case where the immediate cause of death was compression of the cervical spinal cord, the “Due to or Consequence of” may indicate that this was due to a consequence of fracture dislocation of cervical vertebrae. Another example is the immediate cause of death is esophageal varices on line A, that was due to or a consequence of cirrhosis of the liver on line B, that was due to or as a consequence of chronic alcoholism on line C.

Specify Fetal or Maternal

Specify whether the immediate cause of death and the consequence of (A,B,C,) were due to the Fetus or the Mother. Example: “Cord Accident” is considered “**fetal**” and “placenta abruption” is considered “**maternal**”.

Medical Cause of Death – Part II – Other Fetal or Maternal Conditions

Other Conditions of Fetus or Mother of significant medical importance contributing to Fetal Death but not directly related to Underlying Cause.

18A. Autopsy

If autopsy was performed state “**Yes**,” otherwise state “**No**”.

18B. Results of 18A.

If 18A was answered “**Yes**,” specify “**Yes**” in this field if the autopsy was used in determining the **cause of death**.

CERTIFIER: Physician, Medical Examiner, or Nurse Practitioner (Items 19 thru 24)

Relate to the statement or certification by the attending physician, medical examiner, nurse practitioner, or person performing the duties of a medical examiner such as a tribal law enforcement authority. One or the other must sign depending on the circumstances of death. Death occurring under any of the circumstances listed under A.R.S. § 11-593 must be reported and certified by the county medical examiner or person performing the duties of a medical examiner such as tribal law enforcement authority.

19. Field 19 states “I attended delivery of this fetus which was born dead at the place, time, and date entered above.”

19A. Attendant’s Signature

The attending physician or nurse practitioner shall sign in this field. The hospital recorder shall type the physician or nurse practitioner’s name and the physician or nurse practitioner shall sign above.

20. Attendant’s Title

The attending physician or nurse practitioner’s title shall be indicated here (M.D., D.O., N.P., or Other.)

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21. Date Signed

Enter the month; day and year the attending physician or nurse practitioner signed the certification.

Example: 05-02-03

22A. Medical Examiner Signature

The county medical examiner or person performing the duties of a medical examiner shall sign this field **only**. This includes tribal law enforcement authority.

23. Title

Enter the Medical Examiner's title in this field.

24. Date Signed

The medical examiner shall indicate the month, day, and year the certificate was signed.

Example: 05-02-03