

Arizona Department of Health Services
Office of Vital Records

Fetal Death Certificate Processing

“Fields to Remember”

**ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF VITAL RECORDS**

“Fields to Remember”

Fetal Death Certificate Processing

Field 1 - Name of Deceased

Use all **CAPITOL LETTERS**. “*Not Named*” shall be used in *Field 1A only*, leave **BLANK** if no names have been chosen

Field 4A - Date of Birth: Month, Day, Year

The month must **SPELLED** out.

Field 6 – Father’s Name – A. First, B. Middle, C. Last

If father has no middle name, leave **BLANK**. If mother is unmarried, leave **BLANK**.

Field 7 – Father’s Date of Birth

The **MONTH** must be spelled out. If mother is unmarried, leave **BLANK**.

Field 8 – Father’s Place of Birth

If mother is unmarried, leave **BLANK**.

Field 13 – Mother’s Mailing Address

Fill in the address **ONLY** if mother has different mailing address, otherwise leave **BLANK**.

Field 17 thru 18B - Cause of Death

The medical certificate must be completed and signed within 72 hours by the physician in charge of the patients care at the time of death.

- A. Use typewriter with black ribbon or print legible using **permanent BLACK INK ONLY. DO NOT ABBREVIATE AND NO STRIKEOVERS ARE PERMITTED.**

Report each **DISEASE, ABNORMALITY, INJURY, OR POISONING** you believe adversely affected the decedent’s death. Any death due to non-natural causes (e.g. trauma, poisoning) shall be reported to the Medical Examiner.

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Field 17 - Part I (Chain of events leading directly to death)

- A. **ONLY ONE** cause shall be entered on each line.
- B. **Line A, MUST ALWAYS** have Immediate Cause of Death entered. **DO NOT LEAVE BLANK.**
- C. **Line A,** must list the cause on the line, e.g., (cardiac arrest and respiratory arrest) **SHALL NOT BE USED** in this field. If the mode of dying is appropriate for line A, you must list the cause(s) on the line(s) subsequent to Line A. e.g. (cardiac arrest due to (B) Hypoxia due to (C) Placental Abruption).
- Line B,** Shall include the condition, if any that led to the immediate cause of death. If this resulted from another condition, that condition shall be listed in Line C. **ALWAYS** enter the underlying cause of death on the bottom line of Part 1.
- D. **Due to (or as a consequence of)** The type of condition that explains what led to the immediate cause of death.

Part II (Other significant conditions)

- A. Enter all disease or conditions that contributed to deaths that were not listed in the chain of events in Part I that did not result in the **UNDERLYING CAUSE OF DEATH**. If two or more possible sequences resulted in death, **REPORT** in Part I, the one that **directly** caused the death. Report in Item 48, Part II the other conditions of diseases.

Field 18 - Autopsy

- A. Enter **“YES”** if a partial or full autopsy was performed, otherwise enter **NO**.

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Field 22 - Was Case Referred to Medical Examiner

Enter “YES” if the case was referred to the medical examiner, otherwise enter “NO”. Deaths occurring by accident, suicide, or homicide **MUST BE REFERRED TO THE MEDICAL EXAMINER.**

Fields 22 thru 24 – Medical Examiner or Tribal Law Enforcement Authority Signature

ONLY the Medical Examiner or person performing the duties of the Medical Examiner shall fill in these fields.

Fields 33 thru 37– Registration/Signature

These fields are for the Local Registrar and State Registrar use **ONLY** and must be left **BLANK**.

Field 35 - Registrar’s Signature

When the Registrar signs the certificate, they are corroborating that all fields are accurate and complete based on the best known information provided by the informants.

Field 38 - Supplementary Entries

MAY USE if not enough room in a field. “**SEE #58**” must be entered in that field.

NOTE:

- **Courier 10** is the **Standard Font** used for filling out death certificates. The **SAME** Font must be used **throughout the certificate**.
- **All Fields MUST be filled in** with either the correct information or enter **UNKNOWN, unless otherwise indicated**.
- **ARIZONA REVISED STATUTES** may be obtained from the internet at; <http://www.azleg.state.az.us>
- **ARIZONA ADMINISTRATIVE CODES** may be obtained from the internet at; <http://www.sos.state.az.us>