STATE OF TEXAS — CERTIFICATE OF FETAL DEATH — STATE FILE NUMBER

TEXAS DEPARTMENT OF STATE HEALTH SERVICES – VITAL STATISTICS UNIT

1. Name (Optional - at the discretion of the parents) | 2. Date of Delivery (mm/dd/yyyy) | 3. Time of Delivery | 4. Sex

5. Place of Delivery - County | 6a. City or Town (If outside city limits, give precinct no.) | 6b. Zip Code | 7a. Plurality - Single, Twin, Triplet, etc. | 7b. If Plural, Delivered 1st, 2nd, 3rd, etc.

8a. Place of Delivery ☐ Hospital ☐ Licensed Birthing Center ☐ Clinic/Doctor's Office ☐ Home Delivery (Planned to deliver at home? ☐ Yes ☐ No) ☐ Other (Specify):

8b. Name of Hospital or Birthing Center (If not institution, give street address)
Facility NPI:

9. Mother's Current Legal Name — First | Middle | Last

10. Mother's Date of Birth

11. Mother's Name Prior to First Marriage — First | Middle | Last

12. Birthplace (State, Territory or Foreign Country)

13a. Mother's Residence - State | 13b. County | 13c. City, Town, or Location

13d. Streeet Address or Rural Locaion | 13e. Apt No. | 13f. Zip Code | 13g. Inside City Limits? ☐ Yes ☒ No

14. Father's Name First | Middle | Last | Suffix

15. Father's Date of Birth

16. Birthplace(State, Territory or Foreign Country)

17a. Attendant's Name and Mailing Address

NPI

18a. Certifier - *To the best of my knowledge, the fetus was delivered at the time, date, and place as shown and fetal death was due to the cause(s) as stated.*

Signature and Title | Date Signed

17b. ☐ MD ☐ DO ☐ CNM ☐ Midwife ☐ Other (Specify)

18b. ☐ Certifying Physician ☐ Medical Examiner/Justice of the Peace

19. Method of Disposition
☐ Burial ☐ Cremation ☐ Donation
☐ Entombment ☐ Removal From State
☐ Other (Specify)

20. Signature and License Number of Funeral Director or Person Acting as Such

21. ☒ Unknown
Section
Block
Lot
Space

22. Place of Disposition (Name of cemetery, crematory, other place)

23. Location (City/Town, and State)

24. Name of Funeral Facility
Miller Mortuary and Crematory Ser

25. Complete Address of Funeral Facility (Street and Number, City, State, Zip Code)
202 Avenue Q Lubbock, TX 79415

26a. INITIATING CAUSE/CONDITION CONTRIBUTING TO FETAL DEATH
(Among the choices below, please select the ONE which most likely began the sequence of events resulting in the death of the fetus)

Maternal Conditions/Diseases (Specify)

Complications of Placenta, Cord, or Membranes
☐ Rupture of membranes prior to onset of labor ☐ Abruptio placenta
☐ Placental insufficiency ☐ Prolapsed cord
☐ Chorioamnionitis
☐ Other (Specify)

Other Obstetrical or Pregnancy Complications (Specify)

Fetal Anomaly (Specify)

Fetal Injury (Specify)

Fetal Infection (Specify)

Other Fetal Conditions/Disorders (Specify)

☐ Unknown

26b. OTHER SIGNIFICANT CAUSES OR CONDITIONS CONTRIBUTING TO FETAL DEATH
(Select or specify all other conditions contributing to death in item 26b)

Maternal Conditions/Diseases (Specify)

Complications of Placenta, Cord, or Membranes
☐ Rupture of membranes prior to onset of labor ☐ Abruptio placenta
☐ Placental insufficiency ☐ Prolapsed cord
☐ Chorioamnionitis
☐ Other (Specify)

Other Obstetrical or Pregnancy Complications (Specify)

Fetal Anomaly (Specify)

Fetal Injury (Specify)

Fetal Infection (Specify)

Other Fetal Conditions/Disorders (Specify)

☐ Unknown

27. Weight of Fetus (Grams Preferred, Specify Units)
☐ Grams ☐ Pounds/Ounces

28. Obstetric Estimate of Gestation at Delivery
(Completed Weeks)

29. Estimated Time of Fetal Death
☐ Dead at time of first assessment, no labor ongoing
☐ Dead at time of first assessment, labor ongoing
☐ Died during labor, after first assessment
☐ Unknown time of fetal death

30. Was an Autopsy Performed? ☐ Yes ☐ No ☐ Planned

31. Was a Histological Placental Examination Performed? ☐ Yes ☐ No ☐ Planned

32. Were Autopsy or Histological Placental Examination Results Used in Determining the Cause of Death? ☐ Yes ☐ No

33a. Local File Number | 33b. Date Received by Local Registrar | 33c. Signature of Local Registrar

The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to $10,000. (Health and Safety Code, Sec. 195, 1989)

VS-113 REV 1/2006

THE BACK OF THIS FORM MUST ALSO BE COMPLETED