### Appendix D: Sample forms

#### OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS

**REPORT OF FETAL DEATH**

<table>
<thead>
<tr>
<th>I.D. TAG NO.</th>
<th>OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>REPORT OF FETAL DEATH</td>
</tr>
</tbody>
</table>

**FACILITY NAME**

- Name of facility
- Date of delivery
- Location of delivery

**MOTHER**

- First name
- Middle name
- Last name
- Maiden surname
- Date of birth
- City, town, or location of delivery
- Street and number
- Inside city limits?
- Zip code

**FATHER**

- First name
- Middle name
- Last name
- Date of birth
- City, town, or location of delivery
- Street and number
- Inside city limits?
- Zip code

**IMMEDIATE CAUSE**

1. **Specify Fetal or Maternal Antecedent**
2. **Specify Fetal or Maternal Antecedent**
3. **Specify Fetal or Maternal Antecedent**
4. **Specify Fetal or Maternal Antecedent**

**CONDITIONS CONTRIBUTING TO FETAL DEATH**

1. Birth asphyxia
2. Respiratory distress
3. Congenital anomalies
4. Prematurity

**AUTOPSY**

- Yes
- No

**INFORMATION FOR MEDICAL AND HEALTH USE ONLY**

15. **OF HISPANIC ORIGIN**
- Yes
- No

16. **RACE**
- Black
- White
- American Indian
- Asian Indian
- Alaska Native
- Native Hawaiian
- Guamanian
- Samoan
- Other Pacific Islander
- Other
- (Specify)

17. **EDUCATION**
- None
- Less than 9th grade
- 9th grade
- 10th grade
- 11th grade
- College

**PREGNANCY HISTORY**

- Live births
- Number of stillbirths
- Number of second trimester losses
- Number of first trimester losses

**CLINICAL ESTIMATE OF GESTATION (Weeks)**

- Nulliparous
- Primiparous
- Multiparous

**WEIGHT OF FETUS**

- Birth weight
- Birth length
- Crown-heel length
- Biparietal diameter

**OTHER FACTORS FOR THIS PREGNANCY**

1. **Specific complication**
2. **Specific complication**
3. **Specific complication**

**ANTENATAL PROCEDURES**

- Amniocentesis
- Vaginal ultrasound
- Cytogenetic analysis

**INTRAPARTUM PROCEDURES**

- Electronic fetal monitoring
- Induction of labor
- Cesarean delivery

**METHOD OF DELIVERY**

- Vaginal
- Cesarean
- Other

**DISEASES AND CONDITIONS CONTRIBUTING TO FETAL DEATH**

- Birth asphyxia
- Respiratory distress
- Congenital anomalies
- Prematurity

**CONGENITAL ANOMALIES**

- Heart malformations
- Other circulatory/vascular anomalies

**COMPLICATIONS OF LABOR AND/OR DELIVERY**

- Eclampsia
- Pelvic fractures
- Pelvic disproportion
- Anemia

**MEDICAL FACTORS FOR THIS PREGNANCY (Check all that apply)**

1. Anemia
2. Cardiac disease
3. Acute or chronic lung disease
4. Diabetes (Chronic)
5. Diabetes (Gestational)
6. Gastrointestinal disorder
7. Hydramnios/Oligohydramnios
8. Hemophilia
9. Hypertension
10. Hypertension, associated with toxemia
11. Eclampsia
12. Incompetent cervix
13. Previous infant >4000 g.
14. Previous preterm or small for gestational age infant
15. Retinal disease
16. Rh sensitization
17. Urinary bleeding
18. No history available
19. Other

**PLURALITY**

- Single, live birth
- Twin, live birth
- Other

**MONTH OF PREGNANCY**

- First
- Second
- Third
- Other

**PREGNATAL VISITS TOTAL NUMBER**

- Live births
- Stillbirths
- Other

**DATE LAST NORMAL MENSTRALES**

- Birth
- Conception
- Any time between

**DATE OF LAST OTHER TERMINATION**

- Birth
- Conception
- Any time between

**DATE OF LAST OTHER TERMINATION**

- Birth
- Conception
- Any time between

**OTHER TERMINATIONS**

- Miscarriage
- Induced abortion
- Other

**OTHER FACTORS FOR PREGNANCY**

- Eclampsia
- Pelvic fractures
- Pelvic disproportion
- Anemia
### Certificate of Death

**Oregon Department of Human Services**

**Center for Health Statistics**

**Certificate of Death**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Legal Name</td>
<td>First, Middle, Last, Suffix</td>
</tr>
<tr>
<td>2. Death Date</td>
<td>(MON DD YYYY)</td>
</tr>
<tr>
<td>3. Sex</td>
<td>M/F</td>
</tr>
<tr>
<td>4a. Age – Last Birthday</td>
<td></td>
</tr>
<tr>
<td>4b. Under 1 Year</td>
<td>Months, Days, Hours, Minutes</td>
</tr>
<tr>
<td>4c. Under 1 Day</td>
<td></td>
</tr>
<tr>
<td>5. Social Security Number</td>
<td></td>
</tr>
<tr>
<td>6. County of Death</td>
<td></td>
</tr>
<tr>
<td>7. Birthdate</td>
<td>(MON DD YYYY)</td>
</tr>
<tr>
<td>8a. Birthplace</td>
<td>City/Town, or County</td>
</tr>
<tr>
<td>8b. (State or Foreign Country)</td>
<td></td>
</tr>
<tr>
<td>9. Decedent’s Education</td>
<td></td>
</tr>
<tr>
<td>10. Was Decedent of Hispanic Origin?</td>
<td>Yes or No</td>
</tr>
<tr>
<td>11. Decedent’s Race(s)</td>
<td></td>
</tr>
<tr>
<td>12. Was Decedent Ever in U.S. Armed Forces?</td>
<td>Yes or No</td>
</tr>
<tr>
<td>13. Residence: Number and Street</td>
<td>(e.g., 624 SE 5th Street, Apt. No. 8)</td>
</tr>
<tr>
<td>14. City/Town</td>
<td></td>
</tr>
<tr>
<td>15. Residence County</td>
<td></td>
</tr>
<tr>
<td>16. State or Foreign Country</td>
<td></td>
</tr>
<tr>
<td>17. Zip Code + 4</td>
<td></td>
</tr>
<tr>
<td>18. Inside City Limits?</td>
<td>Yes or No</td>
</tr>
<tr>
<td>19. Marital Status at Time of Death</td>
<td></td>
</tr>
<tr>
<td>20. Spouse’s Name</td>
<td>(if married or widowed, give name prior to first marriage)</td>
</tr>
<tr>
<td>21. Usual Occupation</td>
<td>(Indicate type of work done during most of working life. DO NOT USE &quot;RETIRED.&quot;)</td>
</tr>
<tr>
<td>22. Kind of Business/Industry</td>
<td>(DO NOT USE COMPANY NAME.)</td>
</tr>
<tr>
<td>23. Father’s Name</td>
<td>(First, Middle, Last, Suffix)</td>
</tr>
<tr>
<td>24. Mother’s Name Prior to First Marriage</td>
<td>(First, Middle, Last)</td>
</tr>
<tr>
<td>25. Informant’s Name</td>
<td></td>
</tr>
<tr>
<td>26. Telephone Number</td>
<td></td>
</tr>
<tr>
<td>27. Relation to Decedent</td>
<td></td>
</tr>
<tr>
<td>28. Mailing Address</td>
<td>(Number &amp; Street, City/Town, State, Zip + 4)</td>
</tr>
<tr>
<td>29. Place of Death</td>
<td></td>
</tr>
<tr>
<td>30. Facility Name</td>
<td></td>
</tr>
<tr>
<td>31. Location of Death</td>
<td>(Give address)</td>
</tr>
<tr>
<td>32. City/Town or Location of Death</td>
<td></td>
</tr>
<tr>
<td>33. State</td>
<td></td>
</tr>
<tr>
<td>34. Zip Code + 4</td>
<td></td>
</tr>
<tr>
<td>35. Method of Disposition</td>
<td></td>
</tr>
<tr>
<td>36. Place of Disposition</td>
<td>(Name of cemetery, crematory, or other place)</td>
</tr>
<tr>
<td>37. Location</td>
<td></td>
</tr>
<tr>
<td>38. Name and Complete Address of Funeral Facility</td>
<td>(Number &amp; Street, City/Town, State, Zip + 4)</td>
</tr>
<tr>
<td>39. Date of Disposition</td>
<td>(MON DD YYYY)</td>
</tr>
<tr>
<td>40. Funeral Director’s Signature</td>
<td></td>
</tr>
<tr>
<td>41. OR License Number</td>
<td></td>
</tr>
<tr>
<td>42. Registrar’s Signature</td>
<td></td>
</tr>
<tr>
<td>43. Date Received</td>
<td>(MON DD YYYY)</td>
</tr>
<tr>
<td>44. Local File Number</td>
<td></td>
</tr>
<tr>
<td>45. Record Amendment</td>
<td></td>
</tr>
<tr>
<td>46. Was case referred to Medical Examiner?</td>
<td>Yes or No</td>
</tr>
<tr>
<td>47. Autopsy?</td>
<td>Yes or No</td>
</tr>
<tr>
<td>48. Were autopsy findings available to complete the cause of death?</td>
<td>Yes or No</td>
</tr>
<tr>
<td>49. Time of Death</td>
<td></td>
</tr>
<tr>
<td>50. Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.</td>
<td></td>
</tr>
<tr>
<td>51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:</td>
<td></td>
</tr>
<tr>
<td>52. Manner of Death</td>
<td>Natural, Homicide, Accident, Undetermined, Suicide, Pending</td>
</tr>
<tr>
<td>53. If Female</td>
<td>Not pregnant within past year, Not pregnant, but pregnant 43 days to 1 year before death</td>
</tr>
<tr>
<td>54. Did tobacco use contribute to death?</td>
<td>Yes, Probably, No, Unknown</td>
</tr>
<tr>
<td>55. Date of Injury</td>
<td>(MON DD YYYY)</td>
</tr>
<tr>
<td>56. Time of Injury</td>
<td></td>
</tr>
<tr>
<td>57. Place of Injury</td>
<td>(e.g., Decedent’s home, construction site, restaurant, wooded area)</td>
</tr>
<tr>
<td>58. Injury at Work?</td>
<td>Yes or No, Unknown</td>
</tr>
<tr>
<td>59. Location of Injury</td>
<td>(Number &amp; Street, City/Town, State, Zip + 4)</td>
</tr>
<tr>
<td>60. Describe how injury occurred.</td>
<td></td>
</tr>
<tr>
<td>61. If transportation injury, specify</td>
<td>Driver/Operator, Passenger, Pedestrian</td>
</tr>
<tr>
<td>62. Name and Address of Certifier</td>
<td>(Number &amp; Street, City/Town, State, Zip + 4)</td>
</tr>
<tr>
<td>63. Name and Title of Attending Physician or Other Than Certifier</td>
<td></td>
</tr>
<tr>
<td>64. Title of Certifier</td>
<td></td>
</tr>
<tr>
<td>65. License Number</td>
<td></td>
</tr>
<tr>
<td>66. Date Signed</td>
<td>(MON DD YYYY)</td>
</tr>
<tr>
<td>67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.</td>
<td></td>
</tr>
<tr>
<td>68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.</td>
<td></td>
</tr>
<tr>
<td>69. Record Amendment</td>
<td></td>
</tr>
</tbody>
</table>

**Original - Vital Records Copy**

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**State File Number**

**I.D. TAG NO.**

**SAMPLE**

1. Legal Name (Include AKAs, if any)
2. Death Date (MON DD YYYY)
3. Sex (M/F)
4. Age – Last Birthday
5. Social Security Number
6. County of Death
7. Birthdate (MON DD YYYY)
8a. Birthplace (City/Town, or County)
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20. Spouse’s Name (if married or widowed, give name prior to first marriage)
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.")
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