

TYPE OR PRINT IN PERMANENT BLACK INK

I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS

REPORT OF FETAL DEATH

136

Local File Number

State File Number

Form sections: FACILITY NAME, COUNTY OF DELIVERY, MOTHER - NAME, FATHER - NAME, IMMEDIATE CAUSE, PART II OTHER SIGNIFICANT CONDITIONS, NAME OF PHYSICIAN OR ATTENDANT, IF SERVICES: FUNERAL DIRECTOR - FUNERAL HOME, OPTIONAL Fetus - Name

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

Form sections: 15. OF HISPANIC ORIGIN?, 16. RACE, 17. EDUCATION, 18. PREGNANCY HISTORY, 19. CLINICAL ESTIMATE OF GESTATION, 20. WEIGHT OF FETUS, 21. MOTHER MARRIED?, 22. DATE LAST NORMAL MENSES BEGAN, 23a. PLURALITY, 23b. IF NOT SINGLE BIRTH, 24. MONTH OF PREGNANCY THAT PRENATAL CARE BEGAN, 25. PRENATAL VISITS, 26. MEDICAL FACTORS FOR THIS PREGNANCY, 27. COMPLICATIONS OF LABOR AND/OR DELIVERY, 28. OTHER FACTORS FOR THIS PREGNANCY, 29. ANTENATAL PROCEDURES, 30. INTRAPARTUM PROCEDURES, 31. METHOD OF DELIVERY, 32. CONGENITAL ANOMALIES