

STATE OF IOWA
CERTIFICATION OF VITAL RECORD

STATE OF IOWA

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH

201100130

CERTIFICATE OF FETAL DEATH 114-

TYPE OR PRINT IN PERMANENT BLACK INK	FETUS - NAME (Optional)			
	1. BRAYDEN BRUCE Buntemeyer	FIRST	MIDDLE	LAST
CHILD	2. Male	3a. 10/21/11	3b. 1704	4a. Scott
	FACILITY NAME (If not institution, give street and number)		CITY, TOWN, OR LOCATION OF DELIVERY	
FOR INSTRUCTIONS SEE HANDBOOK	4b. Genesis Medical Center		4c. Davenport	
	4e. PLACE OF DELIVERY: <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
CERTIFIER	I certify that this delivery occurred on the date stated above and the fetus was born dead.			DATE SIGNED (Mo., Day, Yr.)
	5a. (Signature) Janet A. Thorpe, CNM			5b. 10/21/2011
ATTENDANT	CERTIFIER'S NAME AND TITLE (Type/Print)		CERTIFIER'S MAILING ADDRESS	
	5c. NAME Janet A. Thorpe, CNM <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input checked="" type="checkbox"/> Hospital Admin. <input checked="" type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify)		5d. 2322 E. Kimberly Rd. Davenport, IA 52807	
REGISTRAR	ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print)			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
	6a. NAME Janet A. Thorpe, CNM <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input checked="" type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify)			7b. NOV 03 2011
MOTHER	MOTHER'S NAME		DATE OF BIRTH (Mo., Day, Yr.)	STATE OF BIRTH (If not in U.S.A. name country)
	8a. Jessica Marie Aiken		8b. March 2, 1989	8c. Missouri
FATHER	RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER OF RESIDENCE
	9a. Iowa	9b. Scott	9c. Davenport	9d. 3235 Covington Dr.
INFORMANT	MOTHER'S MAILING ADDRESS (If same as above, enter Zip Code only)			INSIDE CITY LIMITS (Specify yes or no)
	10. 52806			9e. yes
BURIAL	FATHER'S NAME		DATE OF BIRTH (Mo., Day, Yr.)	STATE OF BIRTH (If not in U.S.A. name country)
	11a. Mark Saunders		11b. 10/21/11	11c. IA
CAUSE OF FETAL DEATH	INFORMANT'S NAME			RELATION TO CHILD
	12a. (Signature of Parent) Mark Saunders			12b. Mother
	13a. METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)	LOCATION (City or Town, State)
	<input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		13b. Fairmount Crematory	13c. Davenport, Iowa
	14a. Weerts Funeral Home 3625 Jersey Ridge Rd., Davenport, Iowa 52807			
	FUNERAL DIRECTOR - SIGNATURE			F.D. LICENSE #
14b. Mark Saunders			14c. 2376	
32. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				
PART I. Fetal or maternal condition directly causing fetal death → IMMEDIATE CAUSE tight nuchal cord P025 Specify Fetal or Maternal				
(a) DUE TO, OR AS A CONSEQUENCE OF: Specify Fetal or Maternal				
(b) DUE TO, OR AS A CONSEQUENCE OF: Specify Fetal or Maternal				
(c) Specify Fetal or Maternal				
PART II. Other significant conditions of fetus or mother contributing to fetal death but not resulting in the underlying cause given in Part I.			FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN (Specify)	AUTOPSY (Specify yes or no)
			33. before labor	34. NO

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.
This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

JAN 12 2012
DATE ISSUED
S1466957
FORM #588-0328S (03/2010)

Terry E. Branstad
GOVERNOR, STATE OF IOWA
Kim Reynolds, Lt. Governor

Jill S. France
DEPUTY STATE REGISTRAR

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY

