

Oregon Death Report Instructions

Oregon Vital Events Registration System (OVERS)

Chapter 2: Completing an Oregon Death Report

Funeral Director Edition
Created August 2013



Public Health Division
Center for Public Health Practice
Center for Health Statistics

OVERS Death Report Instructions

Funeral Director Edition

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Completing an Oregon Death Report

Introduction

This chapter explains the process for retrieving, completing and certifying death reports in the OVERS application. It also provides guidance about how to properly complete the information on the report. Certain laws applicable to reporting these data can be found in Appendix C.



These instructions provide answers to frequently asked questions for special circumstances. These items are identified by the logo to the left to help you locate the information.



Occasionally, information is provided that is not necessary for you to complete a death report but may help you understand why the information is collected. This information is marked with the logo to the left.

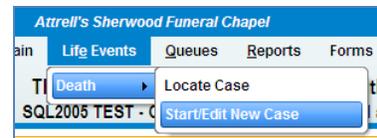
If you are reporting a death using a paper death report, these instructions will not apply to you. Please visit the Center for Health Statistics webpage for instructions to report a death using a paper death certificate. The webpage is:

<http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/Pages/InstructionsDeath.aspx>.

Starting a New Case

Start/Edit New Case

To start a new report for a death event or to find an existing death report, choose **Life Events** from the menu bar. Then choose **Death** and **Start/Edit New Case**.



You will be taken to the **Death Start/Edit New Case** page shown below. Enter the decedent's information for each of the required fields, marked with a red arrow. Then click **Search**.

Death Start/Edit New Case

Decedent's Information

First:	<input type="text"/>	Last:	<input type="text"/>	Date of Death:	<input type="text"/>
Gender:	<input type="text"/>	SSN:	<input type="text"/>	Date of Birth:	<input type="text"/>
Case Id:	<input type="text"/>	ME Case Number:	<input type="text"/>	Medical Record Number:	<input type="text"/>
Place of Death Location Type:	<input type="text"/>	Place of Death:	<input type="text"/>		

The following two items are entered on this page and may not be edited by the Funeral Director. Any changes to these two items can only be made by the medical certifier.

County of Death

Enter the name of the county where death occurred.



For the purposes of ORS 146.003 to 146.189 (Medical Examiner Cases), if the county where death occurs is unknown, the death shall be deemed to have occurred in the county where the body is found, except that if in an emergency the deceased is moved by conveyance to another county and is dead on arrival, the death shall be deemed to have occurred in the county from which the body was originally removed.

If the death occurred on a moving conveyance in international waters, international airspace, or in a foreign country or its airspace and the body was first removed from the conveyance in this state, register the death in this state but enter the **ACTUAL** place of death insofar as it can be determined.

Date of Death

Enter the exact month, day, and year that death occurred.



Pay particular attention to the entry of month, day, or year when the death occurs around midnight. Consider a death at midnight to have occurred at the beginning of one day rather than the end of the previous. For instance, a death that occurs at midnight between December 1 and December 2 occurred on December 2.



This item is used in conjunction with the hour of death to establish the exact time of death of the decedent. Epidemiologists also use date of death in conjunction with the cause of death information for research on intervals between injuries, onset of conditions, and death.

If there is no death report in OVERS that matches your search, the following page will appear. Click **If case does not appear above, start new case**.

Results

There are no cases that match the criteria you have entered.
If this is a new case, select the Start New Case button or select the New Search button to perform a new search.

If case does not appear above, start new case New Search

If your search results display a matching death report, click on the **Decedent's Name** to open the case. Confirm it is the correct decedent before editing the report.

Results

Case Id	Decedent's Name	Date of Death	Gender	Place of Death	Date of Birth	
4254006	Test, Miglia	FEB-01-2013	Male	Multnomah	APR-12-1951	Preview

Total records : 1

New Search

For this example, we chose **If case does not appear above, start new case.**

Completing the Death Report

The **Death Registration Menu** contains a series of pages that are used for gathering the information needed to register a new death record.

Death Registration Sub-Menus

Personal Information

The **Personal Information** sub-menu collects legal and personal information about the decedent. The Funeral Director completes these pages.

Medical Certification

The **Medical Certification** sub-menu is primarily completed by medical certifiers and state staff members who have a need to review and/or edit the information found on these pages. However, it is the Funeral Directors' responsibility to complete the **Place of Death** page within this menu. Funeral Directors are able to view the other pages, but are not able to edit the information.

Death Registration Menu
Personal Information
Decedent
Resident Address
Family Members
Informant
Disposition
Decedent Attributes
Medical Certification
Pronouncement
Place of Death
Cause of Death
Other Factors
Injury
Certifier

Maiden Name

If the decedent was female, enter her last name prior to her first marriage if applicable.

Aliases

If the decedent has any alias names, click on **Add/Edit Alias Names**. The **Aliases** box will appear. Click on **New Alias**. Enter the alias name, then click **Save**. When you have entered all alias(es), click **Close**.

Gender

Choose the appropriate option from the dropdown list. If sex cannot be determined after verification with medical records, inspection of the body or other sources, choose **Undetermined** or **Unknown**.

 This item aids in the identification of the decedent. It is also used in research and statistical analysis to determine sex-specific mortality rates.

Social Security Number

Enter the social security number of the decedent. If the decedent does not have a social security number, select **None**. If the decedent's social security number is not known, choose **Unknown**.

 This item is useful in identifying the decedent and facilitates the filing of social security claims.

Date of Birth

Enter the exact month, day, and year that the decedent was born.

 This item is useful in identification of the decedent for legal purposes. It also helps verify the accuracy of the age item.

Age

Date of Birth: JUL-18-1964

Age: Years Months Days Hours Minutes

Under 1 Year: Under 1 Day:

Enter the exact age of the decedent. To calculate the decedent's age, you may click the blue arrow circled above. This will automatically calculate the decedent's age and enter it in the correct **Age** field(s)

Years is used for a decedent who is age one or older at his/her last birthday.

Months and *Days* are used for a decedent who is under on year of age and more than one day old.

Hours and *Minutes* are used for a decedent who is under one day old, or who survived less than 24 hours, enter the exact number of hours or minutes, the infant lived.

 Information for this item is used to study differences in age-specific mortality and in planning and evaluating public health programs.

Verify SSN

To the right of the age boxes, there are two controls for Social Security number verification: a Verify SSN link and a notification message.

The **Verify SSN** link is used to notify the Social Security Administration (SSA) that the decedent has passed and that any benefits currently being paid should be discontinued. Click **Verify SSN** to begin the notification process.

Initially, the message displayed to the right will be Unverified (0) with the number in parenthesis representing the number of attempts that have been made to contact the SSA. A maximum of 5 attempts can be made. After 5 attempts are made, the **Verify SSN** link will be disabled. Once verification has been completed, the message will change to **Verified**.

Gender: Male Social Security Number: 888-99-8888 None Unknown

Date of Birth: JUL-18-1964 Age: 48 Years Months Days Hours Minutes

Under 1 Year: Under 1 Day:

SSN Verification Status: UNVERIFIED (0) [Verify SSN](#)

Occasionally, the message will change to something other than **Verified**. The table below shows other possible messages and the actions to be taken if the message is shown.

Message	Action
VERIFIED/PASSED	SSN verification was successful. Proceed with completing the death report.
FAILSSN FAILGENDER FAILDOB FAILDOB GENDER FAILNAME	The SSN verification was not successful. You may choose to change the information provided and attempt verification again. Repeated attempts are permissible but not required. If the status does not change to Verified, you may complete the Social Security 721 form with the information you have and submit the form to the SSA as a courtesy to the family.
AUTHUNAVAIL INVALID TRANIDERROR BU01LINKFAIL	The SSN is not being sent to the SSA. Call the OVERS Help Desk at 971-673-1352 to notify the staff of the issue.

Decedent's Birth Place

City or Town

If the decedent was born in the United States, enter the name of the city, town or county. If it cannot be obtained, enter **Unknown**.

State

If the decedent was born in the United States, enter the name of the state. Do not use an abbreviation for the state. If it cannot be obtained, enter **Unknown**.



If the decedent was not born in the United States, enter the name of the province or state, if known.



This item is used to match birth and death certificates of a deceased individual. Federal law requires matching birth and death records, to avoid issuance of a birth certificate for a deceased individual without notation on the record. In addition, matching these records provides information from the birth certificate that is not contained on the death certificate and may give insight into which conditions led to death. Information from the birth certificate is especially important in examining the causes of infant mortality.

Country

Enter the Country in which the decedent was born. If it cannot be obtained, enter Unknown.

Ever in US Armed Forces?

If the decedent ever served in the U.S. Armed Forces, choose **Yes** from the dropdown list. If not, choose **No**. If you are unable to determine if the decedent served in the US Armed Forces, choose **Unknown**.

Served in Combat?

This dropdown list will only be available if you chose **Yes** to the prior question. If the decedent served in a Combat Zone, choose **Yes** from the dropdown list. If not, choose **No**. If you are unable to determine if the decedent served in combat, choose **Unknown**.

Location of Combat?

If you chose **Yes** to the **Served in Combat** question, the **Location of Combat** box will appear. Enter the combat zone(s) where the decedent served. You must use a semi-colon (;) between the combat locations.

Ever in US Armed Forces? Yes
 Served in Combat? Yes
 Location of Combat?

The informant may select the **Location(s) of Combat Zone** that apply from the list found below or they may provide another location. The Center for Health Statistics will accept any location provided, regardless of whether the location appears in the attached list if the informant believes the decedent was in combat.

Veteran's Status – Location of Combat

The following is a list of combat zones as defined by the U.S. Department of Veterans Affairs. Please list any or all locations from the left column that the decedent served while in the U.S. Armed Forces. You are free to report any locations not named at the bottom of this form.

Location of Combat Zone	Details and Time Period	Check if Served
World War II (or name country below if desired)	European-African-Middle Eastern Campaign, from 12/7/1941 to 11/8/1945	
	Asiatic-Pacific Campaign, from 12/7/1941 to 3/2/1946	
	American Campaign, from 12/7/1941 to 3/2/1946	
	American Merchant Marines, in oceangoing service from 12/7/1941 to 8/15/1946	
Korea	From 6/27/1950 to 7/27/1954	
Vietnam	From 2/28/1961 to 5/7/1975	
Lebanon	From 8/25/1982 to 2/26/1984	
Grenada	From 10/23/1983 to 11/21/1983	
Panama	From 12/20/1989 to 1/31/1990	
Persian Gulf	Beginning 8/2/1990, ongoing	
Somalia	Beginning 9/17/1992, ongoing	
Bosnia	From 11/21/1995 to 11/1/2007	
Yugoslavia (now Bosnia-	Operations Joint Endeavor, Joint Guard, or Joint Forge, aboard U.S. Naval vessels in the Adriatic Sea,	

Herzegovina) & Croatia	or air spaces above these areas, from 12/20/1995 to 12/2/2004	
Kosovo	Beginning 3/24/1999, ongoing	
	Operations Joint Endeavor, Joint Guard, or Joint Forge, either in its waters or airspace, beginning 3/24/1999, ongoing	
Afghanistan (or name below)	Operation Enduring Freedom, spanning multiple countries, beginning 10/7/2001, ongoing	
Iraq	Operation Iraqi Freedom, from 3/19/2003 to 2/17/2010	
	Operation New Dawn, beginning 02/17/2010, ongoing	
Global War on Terrorism (name below)	Military expeditions to combat terrorism, beginning 9/11/2001, ongoing	
Name other locations here		

 Effective January 1, 2012, after the passage of Oregon House Bill 3611, this item is used to identify decedents who were veterans. This information is of interest to veterans' groups studying cause of death among veterans and whether deployment to a combat zone has any relationship to cause of death. Veteran status data will be analyzed to determine if certain factors put veterans at higher risk of suicide.

Resident Address

Report the place where the decedent actually resided, not the postal address. Do not enter addresses that are post office boxes or rural route numbers. Get the building number and Street name. Because you are reporting the location where the decedent lived, information on this page may differ from the decedent's mailing address.

Resident Address

Address

Street Number	Pre Directional	Street Name, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc.
<input type="text"/>	▼	<input type="text"/>	▼	▼	<input type="text"/>
 City or Town	County	State	Country	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	United States	<input type="text"/>	
Inside City Limits					
<input type="text"/>					

If the street has a **Pre-Directional** indicator, i.e. *East 42nd St.*, then indicate that by selecting **E** from the **Pre-Directional** dropdown list. Similarly, if the street address has a **Post-Directional** indicator, i.e. *42nd St. Southwest*, then indicate that by selecting **SW** from the **Post-Directional** dropdown list. Do not type the pre-directional or post-directional indicators in the Street Name box.



The place of residence is not necessarily the same as “home state” or “legal residence.” Never enter a temporary residence such as one used during a visit, business trip, or vacation on this page.

Place of residence during a tour of military duty or during attendance at college is considered permanent and should be entered as the place of residence.

If the decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, report the location of that facility as the residence.

If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian. Never use an acute care hospital’s location as the place of residence for any infant. If the decedent was a child, residence is the same as that of the parent(s), legal guardian, or custodian. If the child was living in an institution where individuals usually reside for long periods of time, the residence of the child is reported as the facility.



Mortality data by residence is used with population data to compute death rates for detailed geographic areas. This data is important in environmental studies. Data on deaths by place of residence of the decedent are also used to prepare population estimates and projections. Local officials use this information to evaluate the availability and use of services in their area.

Information on residence inside city limits is used to properly assign events within a county. Information on zip code and whether the decedent lived inside city limits is valuable for studies of deaths for small areas.

Family Members

Family Members

Marital Status ▼

Spouse's Name

First Middle Last (maiden name prior to first marriage) Suffix

Father's Name

First Middle Last Suffix

Mother's Maiden Name Prior to First Marriage

First Middle Last Suffix

Marital Status

Choose the decedent's marital status at the time of death from the dropdown list as it is reported by the informant. Documentation of marital status is not required.

A screenshot of a web form showing a dropdown menu for 'Marital Status'. The menu is open, displaying the following options: Married, Legal Separation, Widowed, Divorced, Never married, Unknown, and Oregon Registered Domestic Partnership. The 'Marital Status' label is visible at the top left of the dropdown box.

Note that a legal separation requires a court order and is different than living separately. If marital status cannot be determined, choose **Unknown**.



This information is used to determine differences in mortality by marital status.

Spouse's Name

If the decedent was married, widowed, or in a registered domestic partnership at the time of death, enter the full name of his or her spouse. Otherwise, leave this item blank.

If the spouse is the wife, enter her maiden name, regardless of whether she changed her name at the time of marriage.

If name of spouse cannot be obtained, enter **Unknown** for both the **First Name** and **Last Name**.



This item is used in genealogical studies and in establishing proper insurance settlement and other survivor benefits.

Father's Name

Type or print the first, middle, last name, and suffix if applicable of the legal father of the decedent.

If the name of the father cannot be obtained, enter **Unknown** for the **Last Name**.

Mother's Name Prior to First Marriage

Type or print the first, middle, and maiden surname of the mother of the decedent. This is the name given at birth or adoption, not a name acquired by marriage.

If the name of the mother cannot be obtained, enter **Unknown** for the **Last Name**.



The names of the decedent's mother and father aid in identification of the decedent's death record. The maiden surname is important for matching the record with other records because it remains constant throughout a lifetime, in contrast to other names, which may change because of marriage or divorce. These items are also of importance in genealogical studies.

Informant

Informant

Informant Name

First Middle Last Suffix

Relationship to Decedent Other specify

Address

Street Number Pre Directional Street Name or PO Box, Rural Route, etc Street Designator Post Directional Apt #, Suite #, etc.

 City or Town State Country Zip Code

Informant Name

Enter the name of the person who supplied the personal facts about the decedent. This could be a police officer, medical examiner or other person if an informant who knew the decedent personally is not available.

Relationship to Decedent

Choose the informant's relationship to the deceased from the dropdown list. If an appropriate relationship option is not listed, choose **Other** and specify the relationship in the **Other specify** box.

Address

Enter the mailing address of the informant.



This information may be used to contact the informant for additional information as needed.

Disposition

Disposition

Method of disposition Other Specify

Date of disposition

Place of disposition

Place of Disposition

City or Town State Country

Funeral Director

License Number

First Middle Last Suffix

Funeral Home

Business Registration Number

Street Number Directional Street Name or PO Box, Rural Route, etc. Street Designator Post Directional Apt #, Suite #, etc

City or Town State Country Zip Code

Disposition Permit

Date Disposition Permit Printed ID Tag Number

Method of Disposition

Choose the method of disposition corresponding to the method of disposition of the decedent's body from the dropdown list.

If the method used does not appear on the list, then select **Other** from the dropdown list and type the method in the **Other specify** box.

Method of disposition

- Burial
- Cremation
- Donation and cremation
- Entombment
- Other
- Removal From State



Donation refers only to the entire body, not to individual organs. If the body is used by a hospital, medical, or mortuary school for scientific or educational purposes, choose **Donation** and specify the name and location of the institution in the **Place of Disposition** below.

If a body is removed from Oregon, even if only for the convenience of the nearest crematorium, the death report should indicate **Removal From State**.

Date of Disposition

Enter the exact month, day, and year of disposition. This date should correspond to the disposition of the body. If final disposition has not yet occurred, enter the date disposition will occur or leave this field blank.

Place of Disposition

Enter the name of the cemetery, crematory, or other place of disposition. It is recommended that you use the **Lookup** tool in OVERS by clicking on the magnifying glass icon and searching for the facility of disposal. Selecting a facility will automatically fill in the **City or Town** and **State** fields.



If the body is removed from the state, specify the name of the cemetery, crematory or other place of disposition to which the body is removed.

If the body is to be used by a hospital or a medical or mortuary school for scientific or educational purposes, give the name of that institution.

If the body of the decedent is to be used by a hospital, a medical school, or a mortuary school for scientific or educational purposes, enter the name of the city or town and the state where the institution is located.

If there is any question about how to report the place of disposition, contact the State Vital Records office.



This information indicates proper disposition of the body as required by law. It also serves to locate the body in case exhumation, autopsy, or transfer is required later.

Funeral Director

This section will automatically fill in with the user's profile information. If the **Funeral Director** information needs to be changed, use the **Lookup** tool by clicking on the magnifying glass to find the name of the funeral director who will sign the report. The **License Number** and **First, Middle and Last Names** will fill in with the Funeral Director's information.

Funeral Home

This section will automatically fill in with the user's profile information. If the **Funeral Home** needs to be changed, use the **Lookup** tool by clicking on the magnifying glass to find the name of the **Funeral Home** or facility handling the body prior to disposition.

 This item assists in quality control in completing and filing death reports, as well as fiscal tracking. They identify the person who is responsible for filing the report with the registrar.

Disposition Permit

Enter the date the disposition permit was printed and the ID Tag number that will accompany the remains.

Decedent Attributes

Decedent Attributes

Decedent's occupation Decedent's industry

Decedent's education ▼

Ancestry
Decedent of Hispanic Origin (more than one choice can be indicated).

No, not Spanish/Hispanic/Latino
 Yes, Puerto Rican
 Yes, Other Hispanic Origin (specify)
 Yes, Mexican, Mexican American, Chicano
 Yes, Cuban
 Unknown

Race
Check one or more races to indicate what the decedent considered himself or herself to be.

White
 Chinese
 Vietnamese
 Samoan
 Black or African American
 Filipino
 Other Asian (specify)
 Other Pacific Islander (specify)
 American Indian or Alaska Native, checkbox specify
 Japanese
 Native Hawaiian
 Other (Specify)
 Asian Indian
 Korean
 Guamanian or Chamorro
 Unknown

Decedent's Occupation

Enter the usual occupation of the decedent. **Occupation** is the kind of work the decedent did during most of his or her working life, such as claim adjuster, farmhand, janitor, store manager, college professor or civil engineer. Give the kind of work done during most of the decedent's working life, not necessarily the last occupation of the decedent. Do not enter *Retired*.

 If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation. If the decedent was a homemaker during most of his or her working life, and never worked outside the household, enter *Homemaker*.

(continued on next page)

Enter *Student* if the decedent was a student at the time of death and was never regularly employed during his or her working life.

Enter *Infant* if the decedent was less than one year old at the time of death and enter *Child* if the decedent was less than school age at the time of death.

Decedent's Industry

Enter the kind of business or industry to which the **Occupation** is related, such as insurance, farming, hardware store, retail clothing, university, or government. Do not enter firm, organization or company names.



If the decedent was a homemaker during his or her working life, and *Homemaker* is entered as the decedent's usual occupation, enter *Own Home* as industry.

If the decedent was a student or a teacher, enter the level of school, such as high school or college.

Enter *Infant* if the decedent was less than one year old at the time of death and enter *Child* if the decedent was less than school age at the time of death.

These items are useful in studying occupationally related mortality and in identifying job-related risk areas. For example, correlating asbestos used in particular occupations in the shipbuilding industry to respiratory cancer was possible with this information.

Decedent's Education

Choose the category that best describes the highest degree or level of school completed by the decedent. Report only those years of school that were completed. For example, for a child who dies while a freshman (9th grade) in high school, report *8th grade or less*.

This item is used in studies of the relationship between education and mortality and provides an indicator of socioeconomic status, which is also closely associated with mortality. This information is valuable in medical studies of causes of death and in prevention programs.

Ancestry

Choose the correct option from the options in OVERS. The entry in this item should reflect the response of the informant. If the informant reports that the decedent was of multiple Hispanic origins, enter all of the origins reported (for example, Mexican-Puerto Rican).

This item is not a part of the Race Item. A decedent of Hispanic origin may be of any race. Each question, Race and Hispanic origin, should be asked independently.



For the purposes of this item, “Hispanic” refers to people whose origins are from Spain, Mexico, Central or South American. Origin can be viewed as the ancestry, nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States.

The response should reflect what the decedent considered himself or herself to be and should not be based on percentages of ancestry. If the decedent was a child, the parent(s) should determine the Hispanic origin based on their own origin. There is no set rule as to how many generations are to be taken into account in determining Hispanic origin. A person’s Hispanic origin may be reported based on the country of origin of a parent, a grandparent, or some far-removed ancestor.



Hispanics comprise the second largest ethnic minority in this country. Reliable data is needed to identify and assess public health problems of Hispanics and to target efforts to their specific needs. This Information will permit the production of mortality data for the Hispanic community.

Race

Enter all of the races of the decedent as reported by the informant. This should **NOT** be determined by observation. If the informant indicates that the decedent was of mixed race, choose all that apply.

The image below shows the Race screen when **American Indian or Alaska Native, Other Asian, Other Pacific Islander or Other** is chosen. If any of these are chosen, describe the selection in the box(es) below.

Race

Check one or more races to indicate what the decedent considered himself or herself to be.

<input type="checkbox"/> White	<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Filipino	<input checked="" type="checkbox"/> Other Asian (specify)	<input checked="" type="checkbox"/> Other Pacific Islander (specify)
<input checked="" type="checkbox"/> American Indian or Alaska Native, checkbox specify	<input type="checkbox"/> Japanese	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Korean	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Native Hawaiian	<input checked="" type="checkbox"/> Other (Specify)
		<input type="checkbox"/> Guamanian or Chamorro	<input type="text"/>
			<input type="text"/>
			<input type="checkbox"/> Unknown



Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine whether specific health programs are needed in particular areas, as well as to make population estimates.

Place of Death

The **Place of Death** page is used to capture the location where the decedent died. In OVERS, the page is listed under the **Medical Certification** sub-menu. It is the Funeral Director's responsibility to complete this page. The page must be completed before the case is referred to the Medical Examiner or sent to the Medical Certifier.

Information on place of death is needed to determine who has jurisdiction for deaths that legally require investigation by a Medical Examiner. These items are also used for research and statistics comparing hospital and non-hospital deaths. Valuable information is provided for health planning and research on the utilization of health facilities.

Place Of Death

Type of place of death Other Specify

Facility Name 

Address

Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc
<input type="text" value="123"/>	<input type="text" value="SE"/>	<input type="text" value="Any Street"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City or Town	County	State	Country	Zip Code	
<input type="text" value="Portland"/>	<input type="text" value="Multnomah"/>	<input type="text" value="Oregon"/>	<input type="text" value="United States"/>	<input type="text" value="97216"/>	

Medical Record Number

Type of Place of Death

Choose the **Type of place of death** from the dropdown list.

Type of place of death

- Hospital-Inpatient
- Hospital-Emergency Room/Outpatient
- Hospital-Dead on Arrival
- Decedent's Residence
- Decedent's Residence - Hospice
- Hospice Facility
- Nursing Facility
- Licensed Assisted Living Facility
- Licensed Residential Care Facility
- Licensed Adult Foster Home
- Other



Other should be used if the death was pronounced at a licensed ambulatory/surgical center or birthing center, a house or apartment other than the decedent's home, physician's office, the highway where a traffic accident occurred, a vessel, or at work. If the decedent's body was found, **Other** should be entered and the place where the body was found should be entered as the place of death. Always specify the type of place when **Other** is chosen.

Decedent's Residence should be entered when the death occurs at the decedent's home and may include retirement homes but not nursing facilities, adult foster care, assisted living or other residential care facilities. In these cases, choose the other appropriate option from the dropdown list.

(continued on next page)

If the death occurred on a moving conveyance in the United States and the body was first removed from the conveyance in this state, enter as the place of death the address where the body was first removed from the conveyance.

If the death occurred on a moving conveyance in international waters, international airspace, or in a foreign country or its airspace and the body was first removed from the conveyance in this state, register the death in this state but enter the actual place of death insofar as it can be determined.

Facility Name

The selection you made for **Type of Place of Death** determines what you can enter for **Facility Name**.

If the death occurred at the facility with which your account is located, the **Facility Name** and **Address** will be populated based on this selection.

If you select **Decedent's Residence** or **Decedent's Residence – Hospice** for **Type of Place of Death**, OVERS will automatically populate the **Facility Name** and **Address** from the **Resident Address** page entered by the Funeral Director.

Of you select **Hospital, Hospice Facility, Nursing Facility, Licensed Assisted Living Facility** or **Licensed Residential Care Facility** for **Type of Place of Death**, it is recommended that you select the lookup tool (magnifying glass icon) to search for the facility to be listed on the death report.

If you select **Licensed Adult Foster Home** or **Other**, type the **Facility Name** and **Address** into the fields on this page.

Address

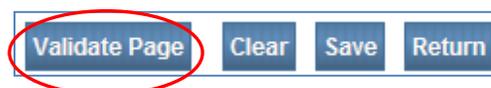
If you used the lookup tool to find the **Facility Name**, the **Address** will automatically be filled in. If you did not use the lookup tool, type the address in the boxes provided.

Medical Record Number

This is not a mandatory field. This is usually completed by medical certifiers. A medical record may be entered.

Validate Page

After you have entered information on all pages necessary, click the **Validate Page** button. This function checks for errors on all off the **Personal Information** pages.



The page will refresh. Look at the **Death Registration Menu** under the **Personal Information** sub-menu. A color-coded arrow has appeared next to each page. These arrows indicate whether the information entered contains errors that must be corrected before signing the report.

Error Types

There are two types of errors in OVERS: hard edits and soft edits.

<p>Red=Hard Edit: Shows pages containing non-overridable errors are marked by red arrows. These errors must be corrected.</p>	
<p>Yellow=Soft Edit: Shows pages containing overridable errors are marked by yellow arrows. Correct the information or override the error.</p>	
<p>Green=No Edit: Pages containing no errors are marked by green arrows. No further action is necessary.</p>	

Below is an example of a Hard Edit on the **Resident Address** page. The **Error Message** at the bottom of the page tells you what needs to be corrected. In this case, you must enter the **State** of the decedent's residence in order to complete the report.

Clicking the **List All Errors** button will display all errors for every page of the report in the **Error Message** section of the page.

Resident Address

Address

Street Number	Pre Directional	Street Name, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc.
<input type="text" value="1201"/>	<input type="text" value="SE"/>	<input type="text" value="Direct"/>	<input type="text" value="Road"/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value="Portland"/>	<input type="text" value="Multnomah"/>	<input type="text" value=""/>	<input type="text" value="United States"/>	<input type="text" value="97217"/>	<input type="text" value=""/>

City or Town County State Country Zip Code

Inside City Limits

Validation Results

Error Message	Override Goto Field Popup
DR_1572: Decedent residence State and/or country is invalid. Verify entries for Decedent residence state and country . If Country is "United States", a state must be entered.	<input type="button" value="fix"/> <input type="button" value="fix"/>

Below is an example of a Soft Edit on the **Family Members** page. The **Error Message** at the bottom of the page tells you what needs to be corrected. If the information is accurate, you may click the **Override** check box and then **Save Overrides**.

In this case, the error message is notifying us that the maiden name of the decedent's spouse is the same as the decedent's last name. The validation process is checking to make sure that we didn't accidentally report the spouse's married name.

Family Members

Marital Status Married ▼

Spouse's Name

First: Middle: Last (maiden name prior to first marriage): Suffix:

Father's Name

First: Middle: Last: Suffix:

Mother's Maiden Name Prior to First Marriage

First: Middle: Last: Suffix:

Validation Results

Error Message	Override	Goto Field	Popup
DR_0855: Surviving spouse's maiden surname is same as decedent's (husband) last name. Verify if the surviving spouse's maiden last name is truly the same as the decedent's (husband) last name. The maiden surname is not normally the same as the decedent's (husband) last name.	<input type="checkbox"/>	<input type="button" value="fix"/>	<input type="button" value="fix"/>

After all edits have been corrected or overridden, click **Validate Page** again.

If the errors on the page have been corrected, the arrows will turn green. If you override a Soft Edit, the arrow next to the page will remain yellow.

In the example to the right, the Hard Edit on the **Decedent** page has been corrected and Soft Edits on the **Decedent** and **Family Members** pages were overridden.



Notice that the **Sign** page is now listed. This means that the information provided has passed the validation rules built into OVERS and the report can be signed

Sign

After the report is completed and all validation edits are cleared or overridden, the **Sign** link will appear in the **Personal Information** sub-menu. The system does not automatically open the Sign page.

Click on the **Sign** link to open the **Affirmations** page shown



below.

To sign a death report, read the affirmation statement and place a check mark in the check boxes next to the affirmation statement. An example is provided below. Then click the **Affirm** button in the lower right-hand corner.



Affirmations

Affirm the following:

By submitting this information, I affirm under the penalty of perjury that I am the authorized signer whose name will appear on this certificate.

Found AES3500

Affirm **Clear** **Return**

You will be prompted to place your finger on the biometric reader attached to your computer. Place an enrolled finger on the fingerprint scanner.



Affirmations

Affirm the following:

By submitting this information, I affirm under the penalty of perjury that I am the authorized signer whose name will appear on this certificate.

Place Finger

Affirm **Clear** **Return**

After your fingerprint is recognized, the screen will show **Authentication Successful**. You have completed the report.

If you experience any problems with the biometric fingerprint scanner, call the OVERS Help Desk at 971-673-0279.

Request Medical Certification

Request Medical Certification is used by the funeral home director to notify the decedent's physician that the death report requires medical certification. Do not use this feature to send a case to a Medical Examiner. If the report will instead be referred to a Medical Examiner, see Chapter 3 for instructions.

In the **Other Links** sub-menu of the **Death Registration Menu**, click **Request Medical Certification**.



You will be taken to the **Request Medical Certification** page shown below. Notice that the **Message** box is pre-filled with information about the case. This message can be left as is, or you may add your own message at the end of the pre-filled message. It is common practice for funeral directors to add the time of death to this message before sending it to the doctor.

First, search for the **Certifier Name** then for the **Facility/Office Name** by clicking on the magnifying glass icons. Enter the first part of the name you are looking for, followed by the wildcard symbol, %. Choose the **Certifier Name** or **Facility/Office Name** by clicking on the **Select** link.

Click **Save** to complete the referral and send a message to the Medical Certifier.

As a courtesy to the Medical Certifier, you may want to call to confirm the certifier is ready and available to certify the death report.