

**OREGON DEATH REPORT
INSTRUCTIONS**

**Oregon Vital Events Registration
System (OVERS)**

Oregon Death Report Instructions

Medical Certifier User Edition

Revised June 2022



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

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OVERS Death Report Instructions

Medical Certifier Edition

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1

Basic OVERS Navigation

Introduction

The Oregon Vital Events Registration System (OVERS) is a web-based application for submitting death report information to the state vital records office. When you use the Favorite or Desktop Shortcut to access OVERS, you will be taken to the **Login** page. For instructions about creating a shortcut, see Appendix B. If you have questions about using OVERS, you may contact the OVERS Help Desk at 971-673-0279, Monday-Friday 8 AM to 5 PM.

All examples shown in this document contain fictional death report information.

Getting Started

Logging In

On the OVERS **Login** page, enter your assigned username in the **Username** field and your password in the **Password** field and click **Login**. Both your Username and Password are case sensitive.



If your username is associated with more than one office location, then you must also select from the office list. Click on the **Office** name to continue. This step is not necessary for all users.

Accept the User Acknowledgement. This statement states that as a user, it is your responsibility to safeguard the information in the system by not sharing your username and password. It is CHS's responsibility to monitor and support the system and its users.



Home

After you successfully log in to OVERS, you will be presented with a user-specific Home page. Your Home page shows links to sections of the OVERS application that you access frequently, so your **Fast Links** may change over time. The fast links will not appear for new users. They are added over time depending on which links are the most accessed. The image below is an example of a **Home** page:



Notice the **Menu Bar** across the top of the page. From the menu bar, you will navigate throughout the OVERS application.

Change Office

If your username is associated with more than one office location, then you chose which office to access when you logged in. To change offices without logging out, choose **Main** from the **Menu Bar** along the top of the page, then choose **Change Office**. A box will appear stating, "Click **OK** to change office." Click **OK**.

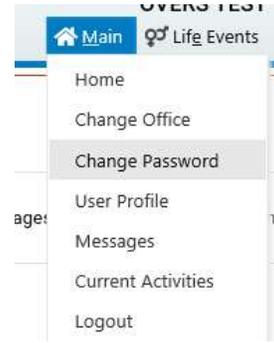


You will be taken to the Login page shown below. Enter your password in the **Password** field, then choose the **Office** name.



Change Password

You may change your password at any time. To change your password, choose **Main** from the **Menu Bar** along the top of the page, then choose **Change Password**.



You will be taken to the **Change Password** page. Enter your **Old Password**, or the password you used to log in to OVERS. Then enter your new password twice, once in the **New Password** field and again in the **Confirm Password** field. Click **Save**.

Passwords must be 8 to 26 characters long and must contain a number. Passwords are case sensitive. Special characters can be used but are not required.

A screenshot of the 'Change Password' form. It contains five input fields: 'Old Password', 'New Password', 'Confirm Password', 'Security Question' (a dropdown menu with 'What was your high school mascot?' selected), and 'Security Answer' (masked with asterisks). At the bottom right are three buttons: 'Save', 'Later', and 'Clear'.

If you don't know your password, then you can call the OVERS help desk at 971-673-0279 to have a new temporary one issued. They are available Monday through Friday from 8am to 5pm.

Logout

Whenever you are going to be away from your desk or workstation, whether you're going home for the day or just going to lunch, you should always log out of OVERS.

To log out of OVERS, click **Logout** in the upper right-hand corner. The **Logout** button is available on every page in OVERS.



After you click the **Logout** button you will be taken back to the **Login** page.

If you do not log out of OVERS, you will be automatically logged out after 15 minutes of inactivity and you may lose work you have not saved.

Navigation

General Navigation

Avoid using the 'Back' button. You may lose the data entered if this button is used. OVERS provides other tools for navigating from one page to another.

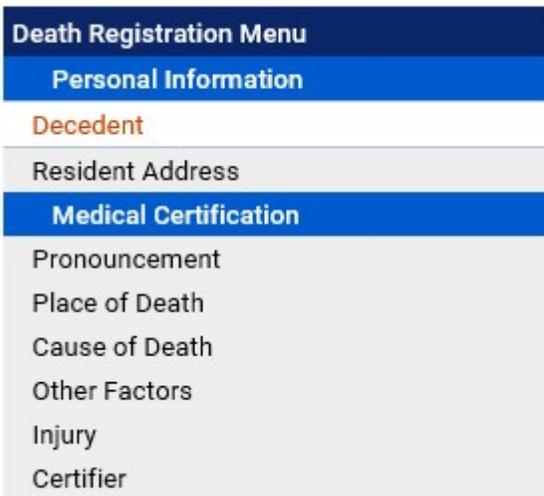


Menu Bar

The **Menu Bar** appears across the top of every page in OVERS and provides easy access to each section of OVERS. Each menu heading on the Menu Bar contains additional options to navigate through OVERS. For example, the **Queues** menu contains different queues that can be viewed. You will use these menu options to find the death reports that need completing.



Death Registration Menu



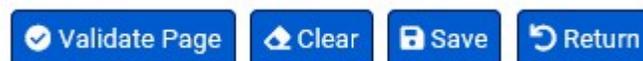
After you open a death report, the **Death Registration Menu** will appear along the left-hand side of the screen. Each of these pages must be completed by the Funeral Director or Medical Certifier in order for the report to be completed and signed.

The Funeral Director completes the Personal Information section and the Place of Death page.

The Medical Certifier completes the Medical Certification section and can update the Place of Death page.

Page-to-Page Button Controls

Page-to-page button controls are located at the bottom of every death report page. Each button serves a different purpose when completing a death report.



The **Validate Page** button will initiate an error check on the entire report. It is not necessary to validate every page before advancing to the next page. To save time, we recommend completing the entire death report before clicking the **Validate Page** button.

The **Next** button saves entries on the current page and moves to the next page in the death report. We recommend moving through the pages in a sequential, top-to-bottom manner from one page to another. The **Next** button will best facilitate this.

The **Clear** button removes all entries on the page that have not yet been saved.

The **Save** button saves changes without leaving the current page.

The **Return** button will take you out of the death report without saving entries on the current page.

Helpful Tools

Tools for Searching

The OVERS application provides two search tools for accessing death reports. Search tools are available under the **Life Events** menu along the top of the screen.



Search – The Search button searches an index and returns *exact* matches to a specified keyword.

Soundex – The Soundex button is a way of searching information based on how the word sounds rather than how it is spelled. It allows for variations in spelling so that a misspelled name entered as the search phrase will retrieve all items that sound like or are close to the spelling of the entered phrase.

Wildcard – Using the wildcard symbol (%) at the end of a partially entered phrase will return all matches to the partial entry. For instance, if the phrase “Sm%” is entered, all items that begin with “Sm” will be returned as results.

Required Fields Indicator

The Required Fields Indicator is a red arrow that appears next to all mandatory fields. They are most commonly found on the **Start/Edit New Case** page. An example is provided to the right.



Date Fields

The OVERS application allows you to enter a date using letters and/or numbers in various formats. When using numbers, you must enter months as two digits, days as two digits and years as four digits. Here are some examples of entering dates.

| If you type: | | OVERS will display: |
|--------------|---|--|
| MM-DD-YYYY | <input type="text" value="05-12-2012"/> | <input type="text" value="MAY-12-2012"/> |
| MM/DD/YYYY | <input type="text" value="05/12/2012"/> | |
| MMDDYYYY | <input type="text" value="05122012"/> | |
| monDDYYYY | <input type="text" value="may122012"/> | |

Note: Placing the cursor in the date field and pressing the F12 key on the keyboard will automatically enter the current system date into the field.

The OVERS application also allows you to enter dates using the calendar control feature. Anywhere you see the calendar icon, you can choose the date from the calendar rather than typing the date manually.

Date of Death:



By default, the current month, day and year are displayed. As with other dropdown menus, clicking the down arrow next to the month or year will show you all the available options in the list. Once you select the correct month and year from the dropdown menus, click on the day of the month. This will populate the date chosen.

Using Lookup Tools

Lookup Tools are searchable lists displayed in a popup window. To display the **Lookup Tool**, click the magnifying glass button on the right side of the field.



When the Lookup box appears, search for the person or facility you'd like to locate. When you find the person or facility name, click the **Select** link to the right. The Lookup box will close and the person's or facility's information will be completed on the report.



Keyboard Shortcuts

A keyboard shortcut is a key or combination of keys that provides an alternative to standard ways of performing an action. The OVERS application includes the keyboard shortcuts shown below.

| <i>Shortcut Key(s)</i> | <i>Works in Field</i> | <i>Performs this Function</i> |
|--------------------------------|--------------------------------|--|
| F12 | Date fields | Enters the current date into any date field |
| Tab | Any field, button or check box | Moves <u>forward</u> from one box, button or check box to another |
| Shift + Tab | Any field, button or check box | Moves <u>backward</u> from one box, button or check box to another |
| Enter | Any button control | Activates the next button on the page |
| 1 st letter of word | Dropdown lists | Populates the field with the selection in the list beginning with the letter entered For lists with more than one selection beginning with the letter entered, repeat the first letter until the correct choice appears in the field. |
| Space bar | Radio button or check box | Selects a radio button or check box |
| Arrow key | Radio button | Moves from one radio button to the next |
| Alt + Down arrow | Dropdown list | Opens a dropdown list |
| Alt + Up arrow | Dropdown list | Closes a dropdown list |
| % | Any search box | Wildcard symbol that stands for one or more characters in a search string |

Communication

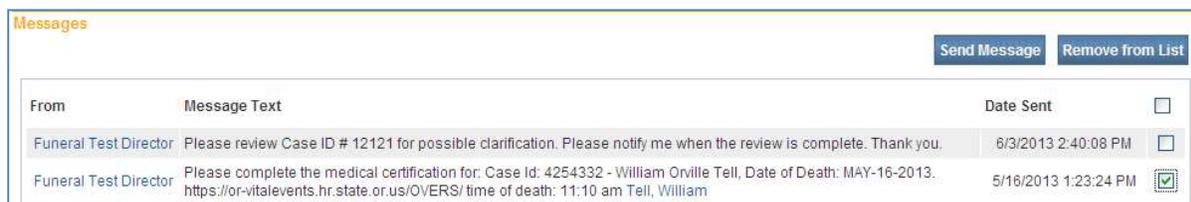
Messages

Using the messaging capabilities in OVERS, you will be able to send and receive messages about reports to be completed. For example, a Funeral Director may communicate with a physician about a report to be completed or a physician may need to ask another physician to complete a death report they've started but cannot finish.

To access the messages feature, click on the **Messages** fast link on the **Home** page. Alternatively, you can go to the **Main** menu along the top of the screen, then click **Messages**. You will be taken to the **Messages** page. On this page, you can view the messages you've received or send a new message to another OVERS user.

Viewing and Deleting Messages

If you received an e-mail to certify a death report, the corresponding message will also appear in the list. To view a message, click on the name in the **From** column. This will open the corresponding message. When you are finished reading the message, click the **Close** button to close the message window and return to the **Messages** page.



| From | Message Text | Date Sent | |
|-----------------------|---|----------------------|-------------------------------------|
| Funeral Test Director | Please review Case ID # 12121 for possible clarification. Please notify me when the review is complete. Thank you. | 6/3/2013 2:40:08 PM | <input type="checkbox"/> |
| Funeral Test Director | Please complete the medical certification for: Case Id: 4254332 - William Orville Tell, Date of Death: MAY-16-2013. https://or-vitalevents.hr.state.or.us/OVERS/ time of death: 11:10 am Tell, William | 5/16/2013 1:23:24 PM | <input checked="" type="checkbox"/> |

To delete a message, select the message by clicking on the corresponding check box to the right of the message information. Then click the **Remove from List** button as shown in the second message listed above.

Note: Placing a checkmark in the box to the right of **Date Sent** in the upper right-hand corner of the page will select all messages in the list.

Sending Messages

In the upper right-hand corner, click on the **Send Message** button. You will be taken to the **Send Message** page.

Send Message

Recipients:

Send By:

Subject:

1. You may send a message to a Person or an Organization. Enter the First and/or Last Name of the person to be added to the message as a recipient and a drop down will appear with a list of recipients that match what you entered. Select the correct one and the page will refresh and add the recipient to the **Selected Recipients** list. You can then search for another individual if you choose.

Note: Use caution when sending a message to an Organization, as the message will be sent to every user within that organization.

2. Make a selection from the **Send By** dropdown menu.
 - a. Email and Notification – Sends the message via external e-mail and internal messaging. The message will appear in the OVERS messages list.
 - b. Email – Sends the message via external e-mail only. The message will not appear in the OVERS messages list.
 - c. Notify – Sends the message via internal messaging only. The message will appear in the OVERS messages list. No external email will be sent.
3. Enter a **Subject** and type the message to the recipient in the box below.
4. Click **Send**. A box will appear to notify you that the message has been sent. Click **OK**.

Queues

Queues are a way for you to keep track of the reports assigned to you that need to be completed. Each user type in OVERS will see different queues to help them do their work. Your queues will display all cases assigned to your facility whether or not you are personally responsible for the case.

Medical Certifiers may see three registration work queues:

1. Medical Certification Requested – This queue lists death reports that Funeral Directors have started and sent to request that the report be completed in OVERS.
2. Medical Pending – This queue lists reports that are missing information in the medical portion of the death report. The missing information is required to complete the report.
3. Certification Required – This queue lists reports that have been completed but have not yet been signed. The report must be signed for the report to be complete.

Note: Death reports appearing in one work queue can also appear in another work queue. For example, if a report has been sent to you and it is missing information in the medical section of the report, it will appear in both the Medical Pending and Medical Certification Requested queues.

Access queues by clicking **Main** and then **Current Activities** on the **Home** page or by choosing **Queues** in the menu bar along the top of the page, then clicking **Registration Work Queue Summary**. Both actions will take you to the same list of queues. If there is nothing in a queue, the queue name will not be shown on the screen.

Current Activities

| Queue Name | Type ^ | Count | Age of Oldest in Days |
|---------------------------------|--------|-------|-----------------------|
| Certification Required | Death | 8 | 141 |
| Medical Certification Requested | Death | 8 | 146 |
| Medical Pending | Death | 13 | 163 |
| | | | Total Queues : 3 |

Chapter 1: Basic OVERS Navigation

Select one of the queues by clicking on the corresponding **Queue Name**. The queue will open, showing a list of all reports in the queue. An example is shown below. When you find the report you need to complete, click on either the **Case ID** or the **Registrant (Name)** to open the case.

Search by Registration Work Queue

Queue: Search Type: Value:

Display rows per page. Filter:

| All | Case Id | File Number | Registrant | Date of Event | Data Provider |
|--------------------------|---------|--------------|------------|---------------|---|
| <input type="checkbox"/> | 7322826 | Test, Kevin | | JAN-26-2021 | Tulip Cremation Inc |
| <input type="checkbox"/> | 7322591 | Test, Aa | | DEC-01-2020 | American Burial and Cremation of Oregon |
| <input type="checkbox"/> | 7322587 | Test, Karla | | NOV-25-2020 | Tulip Cremation Inc |
| <input type="checkbox"/> | 7322508 | Test, Hannah | | OCT-20-2020 | Tulip Cremation Inc |
| <input type="checkbox"/> | 7322487 | Test, Edward | | SEP-29-2020 | Tulip Cremation Inc |
| <input type="checkbox"/> | 7322483 | Test, Diane | | SEP-17-2020 | Tulip Cremation Inc |
| <input type="checkbox"/> | 7322472 | Test, Bonnie | | SEP-01-2020 | Tulip Cremation Inc |
| <input type="checkbox"/> | 7322469 | Test, Adam | | SEP-01-2020 | Tulip Cremation Inc |

Total Records : 8

Actions

Add

Print

If too many reports are shown, you can reduce the number shown by filtering the reports. Make a selection from the **Filter** drop-down menu to begin. A second dropdown menu will appear for you to enter an acceptable **Value** to be shown. In this case, **Age** refers to the length of time between today's date and the date of the death. For example, if you chose **Age**, you may choose only to view reports less than 45 days old.

Filter:

- Age
- Not Registered
- Record Source

Alternatively, you can sort reports by clicking any of the headers listed such as **Date of Event** or **Data Provider**.

Queues can help you identify reports that need to be completed and are an easy way to find the reports referred to you.

2

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 death 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.

Pick Up a Case

Generally, a funeral home will call the medical certifier first to confirm they will sign the record electronically and to approve the final disposition of the decedent. Disposition approval is considered an agreement to certify the death record. If the certifier isn't going to sign the record electronically then the funeral home will drop the record to paper for the medical certifier to fill out manually.

When a Funeral Director requests medical certification for a case in OVERS, an e-mail will be sent to the e-mail address associated with your OVERS account to notify you of a pending death report. The email associated with your OVERS account may be shared, if that is the case please find out who is responsible to notify you at your workplace. You can access the pending death report either by clicking on the link in the e-mail or by logging in to OVERS.

After you log in to OVERS, click the **Current Activities** button on the **Home** page. Then click on the queue, **Medical Certification Requested**.

After clicking the **Medical Certification Requested** link, the queue will open, showing a list of all reports in the queue. All medical certification requests for your facility will be shown. The list is not specific to cases referred to you. When you find the report you need to complete, click on either the **Case ID** or the **Registrant** (Name) to open the case. For more information about Queues, see Chapter One of this manual.

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 Menu |
| Personal Information |
| Decedent |
| Resident Address |
| Medical Certification |
| Pronouncement |
| Place of Death |
| Cause of Death |
| Other Factors |
| Injury |
| Certifier |

Personal Information

The **Personal Information** sub-menu collects legal and personal information about the decedent. The Funeral Director completes these pages, and Medical Certifiers are able to view two of the pages, the **Decedent** page and the **Resident Address** page. Review the information on these pages to ensure the information listed for the decedent matches the patient for whom you plan to complete the death report.

Medical Certification

The **Medical Certification** sub-menu is primarily completed by physicians, physician assistants, nurse practitioners, medical facility staff workers and those state staff members who have a need to review and/or edit the information found on these pages. However, Funeral Directors will complete the **Place of Death** page prior to sending the record to a Medical Certifier.

Pronouncement Page

Pronouncement

Date of Death: JAN-26-2021 MMM-dd-yyyy  Date of Death Modifier: Actual date of death

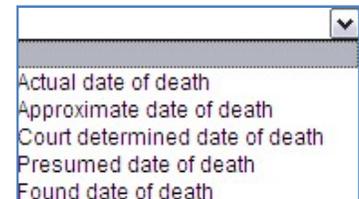
Time of Death: 10 : 10 AM Time of Death Modifier: Actual time of death

Date of Death

Date of death will be pre-populated from the Funeral Director's report. The date reported is to be the exact month, day and year that the death occurred.

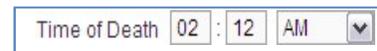
Date of Death Modifier

Select the appropriate modifier to describe the date of death entered. The choices permitted are listed in the image to the right. If the 'Found date of death' option is selected, then **Found** will print on the death certificate. Any other date will only print the date from the Date of Death entry.



Time of Death

Enter the time of death (hours and minutes) according to local time. Three boxes are used to report time of death: two number entry boxes and one **AM/PM/Military** dropdown list.



Time of Death 02 : 12 AM



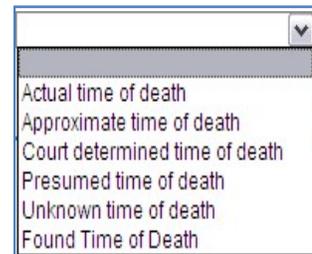
If daylight saving time is the official prevailing time when death occurs, it should be used to record the time of death. Midnight may be entered as 12:00 a.m. or 00:00 Military. (Note: If a death occurred at midnight between Monday and Tuesday, the day of death is considered Tuesday.) One minute after midnight is entered as 12:01 a.m. or 00:01 Military. Noon is entered as 12:00 p.m. or 12:00 Military. One minute after noon is entered as 12:01 p.m. or 12:01 Military.



This item establishes the exact time of death, which is important in inheritance cases when there is a question of who died first. This is often important in the case of multiple deaths in the same family.

Time of Death Modifier

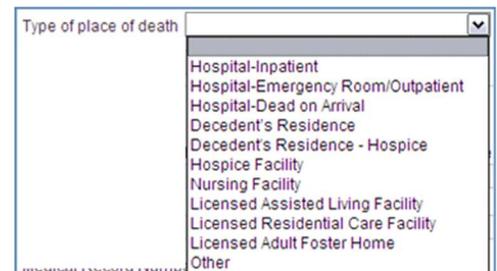
Select the appropriate modifier to describe the time of death entered. The choices permitted are listed in the image to the right. If the 'Found time of death' option is selected or the 'Unknown time of death' option is selected, then **Found** or **Unknown** will print on the death certificate. Any other time will only print the time from the Time of Death entry.



Actual time of death
Approximate time of death
Court determined time of death
Presumed time of death
Unknown time of death
Found Time of Death

Place of Death Page

Funeral Directors often complete this page before sending a report for medical certification. If it is complete and you agree with the reported information, you may proceed to the next page. If it is not completed, you will need to complete this page. Choose the **Type of place of death** from the drop-down menu.



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

Cause of Death Page

The **Cause of Death** page is used to describe the conditions under which the decedent died. Cause of death is the most important statistical and research item on the death certificate. Attention to detail and specificity is essential when completing this page.



Cause of death reports provide medical information that serves as a basis for describing trends in human health and mortality and for analyzing the conditions leading to death. Mortality statistics provide a basis for epidemiological studies that focus on leading causes of death by age, race, and sex (for example: AIDS, heart disease, and cancer). They also provide a basis for research in disease etiology and valuation of diagnostic techniques, which lead to improvements in patient care.

Chapter 2: Completing an Oregon Death Report

Cause of Death

NCHS Recommendations for Entry of Cause of Death

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. DO NOT ENTER OLD AGE. Enter only one cause on a line. Add additional lines if necessary.

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

| Cause of Death | Approximate Interval Onset to Death |
|--|-------------------------------------|
| PART I Line a Renal failure Immediate Cause (Final disease or condition resulting in death) | 1 week |
| Line b kidney disease → Due to or as a consequence of | 2 months |
| Line c → Due to or as a consequence of | |
| Line d → Due to or as a consequence of | |
| PART II Other significant conditions | |

Check Spelling Validate Page Next Clear Save Return

Cause of Death

Part I

Line a – Type the immediate cause of death, or the final disease or condition resulting in death. “Pending” is an acceptable interim response if the cause of death is not yet known. To the right, enter the approximate interval for onset prior to death. If the interval is not known, enter “unknown.”

Lines b-d – Type the sequence of cause(s) or condition(s) leading to the immediate cause of death, if applicable. On each line, to the far right, is a box for you to enter the “Approximate Interval Onset to Death” this is where you can enter how long the person had the particular disease or condition. For example: Breast Cancer “Approximate Interval Onset to Death” 3 years or Myocardial Infarction “Approximate Interval Onset to Death” 12 hours. Unknown is acceptable You do not need to use every line, just be as specific as possible.

Part II, Other significant Conditions

Enter other significant conditions contributing to death, but not resulting in the underlying cause given above. Examples may include hypertension, Parkinson’s disease, heart disease or others.

DO NOT enter the mode of dying.



Detailed instructions for the cause of death section, together with examples of properly completed records, are contained in the Physician's Handbook on Medical Certification of Death, available from the National Centers for Disease Control and Prevention website, at http://www.cdc.gov/nchs/data/misc/hb_cod.pdf. These items are to be completed by the certifying physician or the Medical Examiner. Training for the cause of death section is available on Center for Health Statistics' website and can be found [here](#).

Other Factors Page

Other Factors

Autopsy Performed

Autopsy findings available to complete cause of death

If Female age 10-65, specify pregnancy status

Did tobacco use contribute to death

Manner of Death

Was case referred to the Medical Examiner? ME Case Number

Autopsy Performed?

Choose the appropriate option from the dropdown list to indicate whether an autopsy was performed. The question applies to either a partial or a complete autopsy. Do not choose **Unknown**.



An autopsy is important in giving additional insight into the conditions that lead to death. This additional information is particularly important in arriving at the immediate and underlying causes of violent deaths.

Autopsy Findings Available to Complete the Cause of Death?

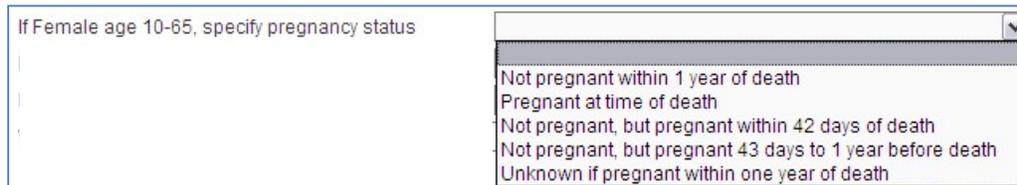
If an autopsy was done, choose the appropriate option from the dropdown list to indicate if the autopsy findings were available to determine the cause of death. If an autopsy was performed but the findings are not available at the time the report is completed, choose **No** (not available). If no autopsy was performed, the field will be disabled. Do not choose **Unknown**.



This information assists in determining whether, for the five percent of cases for which an autopsy is done, the information was useful in determining the cause of death. Knowing whether the autopsy results were used in determining the cause of death gives insight into the quality of the cause of death data.

If Female

If the decedent is a female between the ages of 10 and 65, choose the appropriate option from the dropdown list regarding her pregnancy status. If the decedent is a female outside of the age range or the decedent is a male, the field will be disabled.

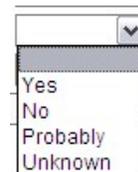


The screenshot shows a form field with the label "If Female age 10-65, specify pregnancy status". A dropdown menu is open, displaying the following options: "Not pregnant within 1 year of death", "Pregnant at time of death", "Not pregnant, but pregnant within 42 days of death", "Not pregnant, but pregnant 43 days to 1 year before death", and "Unknown if pregnant within one year of death".

 This information will be used to determine mortality among this population group, as well as assisting in maternal mortality review programs.

Did tobacco use contribute to death?

Choose the appropriate option from the dropdown list to answer the question.

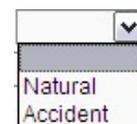


The screenshot shows a dropdown menu with the following options: "Yes", "No", "Probably", and "Unknown".

Manner of Death

Manner of death is defined in statute as the 'probable mode of production of the cause of death, including natural, accidental, suicidal, homicidal, pending investigation or undetermined.' (ORS 146.003(8))

Choose the appropriate selection from the dropdown list. Deaths not due to external causes should be identified as **Natural**. Usually, "Natural" is the only type of death a physician will certify. The Medical Examiner must always be notified in case of a death occurring by **Accident**, including falls and overdoses.

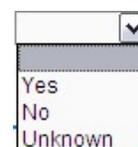


The screenshot shows a dropdown menu with the following options: "Natural" and "Accident".

 In cases of accidental death, this information is used to justify the payment of double indemnity on life insurance policies. It is also used to obtain a more accurate determination of cause of death.

Was Case Referred to a Medical Examiner?

Choose the appropriate selection from the dropdown menu to answer the question. Do not choose **Unknown**.



The screenshot shows a dropdown menu with the following options: "Yes", "No", and "Unknown".

This item records whether the Medical Examiner was informed when the circumstances required such action. The physician must ensure that necessary referrals are made.

For instructions to electronically refer a case to the Medical Examiner, see Chapter 3.



In accordance with ORS 146.090 deaths due to the following must be referred to Medical Examiner: violent or unnatural deaths (including falls and overdoses), unattended deaths, under 24 hours in a medical facility, drug deaths, jail deaths, and deaths relating to employment, threat to public health, or any suspicious death.

In cases of suicide, homicide, or undetermined manner, the Medical Examiner must complete the medical portion of the death report. Accidental deaths are usually certified by the Medical Examiner. However, in some instances the Medical Examiner may give the attending physician permission to certify the accidental death.

ME Case Number

If the case was handled by the Medical Examiner, the Medical Examiner's case number may be entered. This may more easily facilitate finding the report in OVERS in the future.

Injury Page

The **Injury** page shown below will display for all death reports, but it will only be completed for deaths resulting from violence (accidental or intentional) or injury. A Medical Certifier should complete this page when referring the report to a Medical Examiner or when any portion of the **Cause of Death** page indicates accident or injury. Overdoses and falls qualify as injuries.

Injury

ME Case Number

Date of Injury Time of Injury :

Injury at Work

Place of Injury Other Specified Place

Place of Injury Description - At home, factory, street, etc.

Location of Injury

| | | | | | |
|----------------------|----------------------|--|----------------------|----------------------|----------------------|
| Street Number | Pre Directional | Street Name or PO Box, Rural Route, etc. | Street Designator | Post Directional | Apt #, Suite #, etc. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <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"/> | |

Describe how injury occurred

Injury Activity

If transportation injury, Specify Other Specify

Date of Injury

Enter the exact month, day and year that the injury occurred. You may abbreviate the month. The date of injury may not necessarily be the same as the date of death.

Time of Injury

Enter the time of death (hours and minutes) according to local time. Three boxes are used to report time of death: two number entry boxes and one **AM/PM/Military** dropdown list.

Injury at Work

Select Yes, No or Unknown from the dropdown list to indicate if the decedent was at work at the time of the injury.

Place of Injury

Choose the general category of the place where the injury occurred from the dropdown list. If the options in the dropdown list do not apply, you may choose **Other Specified Place** and provide a brief description.

Place of Injury Description...

Briefly describe the place of injury. Examples may include Home, Factory, Street, etc.

Location of Injury

Enter the complete address where the injury took place.

Describe how injury occurred

Briefly and clearly describe how the injury occurred; explaining the circumstances or cause of the accident or injury (e.g., “fell off ladder while painting house” or “driver of car collided with pick-up truck on highway”. For motor vehicle accidents, indicate the type of vehicles/objects involved and whether the injury resulted from a traffic or non-traffic accident.

- Home
- Farm
- Residential Institution
- Military Residence
- Hospital
- School, Other Institution, Administrative Area
- Industrial & Construction
- Garage/Warehouse
- Trade and Service Area
- Mine/Quarry
- Street/Highway
- Public Recreation Area
- Institutional recreation Area
- Sports & Athletics Area
- Lake
- River
- Ocean
- Sand Dunes
- Other building
- Other Specified Place
- Unspecified Place
- Unknown

Injury Activity

Make a valid selection from the dropdown list to describe the activity in which the decedent was engaged when injured.

- While engaged in sports activities
- While engaged in leisure activities
- While working for income
- While engaged in other types of work
- While resting, sleeping, eating, or engaging in other vital activities
- While engaged in other specified activities
- During unspecified activity

If transportation injury, Specify

Choose the appropriate selection from the dropdown list to indicate whether the decedent was a driver, passenger, pedestrian or other. If other, specify the decedent's role.

- Driver/Operator
- Passenger
- Pedestrian
- Other
- Unknown
- Not Applicable



In cases of accidental death, these items are used in justifying the payment of double indemnity on life insurance policies. They are also needed for a more accurate determination of causes of death. Information from these items form the basis of statistical studies of occupational injuries.

Certifier Page

The **Certifier** page shown below is used to gather information about the person who is legally responsible for providing the decedent's cause of death. If the current user is a Medical Certifier, or if the case was referred for medical certification, the **Certifier** fields will be automatically filled in with the user's information. Your information should be listed, if it is not then you will need to use the following instructions to change to the correct certifier.

It may sometimes be necessary to change the certifier information. If this is the case, using the **Certifier Type** drop-down menu clear the certifier type. Next, you must select the magnifying glass icon to look up the certifier's information in OVERS. See below for more information about using this tool. (Do not type the certifier's information on this page, using the instructions below search and select the correct certifier. Typing the information will not link the certifier to the account in OVERS.

Chapter 2: Completing an Oregon Death Report

Certifier

Certifier Type

Certifier Name 

License Number

First Middle Last Suffix

Title

Certifier Address

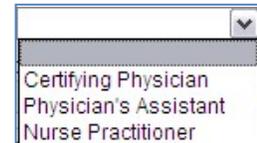
Edit Certifier Address

| | | | | | |
|---------------------------------------|-------------------------------------|---|------------------------------------|----------------------|----------------------|
| Street Number | Pre Directional | Street Name, Rural Route, etc. | Street Designator | Post Directional | Apt #, Suite #, etc. |
| <input type="text" value="3181"/> | <input type="text" value="SW"/> | <input type="text" value="Sam Jackson Park"/> | <input type="text" value="Road"/> | <input type="text"/> | <input type="text"/> |
| City or Town | State | Country | Zip Code | | |
| <input type="text" value="Portland"/> | <input type="text" value="Oregon"/> | <input type="text" value="United States"/> | <input type="text" value="97239"/> | | |

Date Signed
MMM-dd-yyyy

Certifier Type

Choose the appropriate certifier type to describe the category of the person who will sign the report.



Certifying Physician
Physician's Assistant
Nurse Practitioner

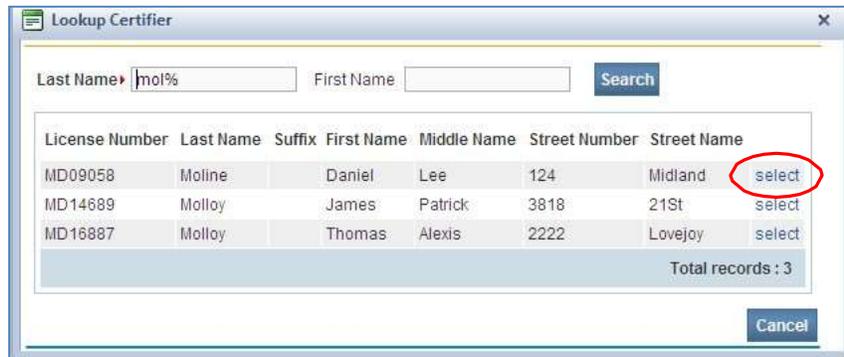
License Number

The license number of the certifier on the death report will automatically be filled in with the medical license number of the certifier chosen in the next step, Lookup. The license number cannot be typed in.

Lookup

This tool allows you to search the master list of Medical Certifiers from the facility you are associated with in OVERS to find the information for the person who will certify, or sign, the death report. Start by clicking on the lookup icon (magnifying glass) enter the first few letters of the certifier's last name followed by the wildcard symbol (%). Then click **Search**. The **Lookup Certifier** box will appear. Click the **select** link to the right of the certifier who will sign the report.

Do not type the certifier's information on this page. Typing the information will not link the certifier to the account in OVERS.



Certifier Name & Certifier Address

The name, title and address of the Medical Certifier will automatically be filled in with the information on file for the certifier chosen.

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 visible pages.



When you click **Validate Page**, the page will refresh. Look at the **Death Registration Menu** under the **Medical Certification** sub-menu. A color-coded symbol has appeared next to each page. These symbols 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.

Red=Hard Edit: Pages containing non-overridable errors are marked by a red X. These errors must be corrected. After the error corrected and you re-validate the page, the X will turn green.

Yellow=Soft Edit: Pages containing overridable errors are marked by a yellow circle. Correct the information or override the error. After it is corrected or overridden the circle will remain yellow.

Green=No Edit: Pages containing no errors are marked by green arrows. No further action is necessary.

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

Chapter 2: Completing an Oregon Death Report

Below is an example of a Hard Edit on the **Pronouncement** page. The **Error Message** at the bottom of the page tells us what needs to be corrected. In this case, you must make a selection from the **Time of Death Modifier** dropdown list in order to complete the report.

Pronouncement

Date of Death JUN-03-2013 Date of Death Modifier Actual date of death

Time of Death 02 : 12 PM Time of Death Modifier

[Validate Page](#) [Next](#) [Clear](#) [Save](#) [Return](#)

Validation Results [List All Errors](#) [Save Overrides](#) [Hide](#)

| Error Message | Override | Goto Field | Popup |
|---|--------------------------|---------------------|---------------------|
| DR_6218: The time of death modifier cannot be left blank. Enter the appropriate modifier for the time of death. | <input type="checkbox"/> | fix | fix |

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

Cause of Death

NCHS Recommendations for Entry of Cause of Death

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. DO NOT ENTER OLD AGE. Enter only one cause on a line. Add additional lines if necessary.

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

| Cause of Death | Approximate Interval Onset to Death |
|---|-------------------------------------|
| PART I Line a Respiratory Arrest | |
| Immediate Cause (Final disease or condition resulting in death) | |
| Line b Asthma | 3 years |
| Due to or as a consequence of | |
| Line c | |
| Due to or as a consequence of | |
| Line d | |
| Due to or as a consequence of | |
| PART II Other significant conditions | |

[Check Spelling](#) [Validate Page](#) [Next](#) [Clear](#) [Save](#) [Return](#)

Validation Results [List All Errors](#) [Save Overrides](#) [Hide](#)

| Error Message | Override | Goto Field | Popup |
|--|--------------------------|---------------------|---------------------|
| DR_3002: Interval for line a cannot be left blank. Provide the best estimate of the interval between the presumed onset of each condition and death. The terms 'approximately' and 'unknown' may be used. Do not leave the interval blank. If unknown , enter 'Unknown.' | <input type="checkbox"/> | fix | fix |

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

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

When you have saved an override and subsequently make a correction that would make it so the override is no longer necessary, you must “un-click” the override and re-save it with the override not clicked to clear the issue.

In the example to the right, the Hard Edit on the **Pronouncement** page has been corrected and the Soft Edit on the **Cause of Death** page was overridden so the circle remains yellow.



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

Certify/Affirmations Page

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



Click on the **Certify** link to open the **Affirmations** page shown below.

To certify a death report, read the affirmation statements, place a checkmark in the check boxes next to the affirmation statements and click **Affirm**.

Affirmations

Affirm the following:

- I certify that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES.
- I affirm under the penalty of perjury that I am the authorized certifier whose name will appear on this certificate.
- I certify that death occurred at the time, date and place indicated.

The screen will show **Authentication Successful**. You have completed the report.

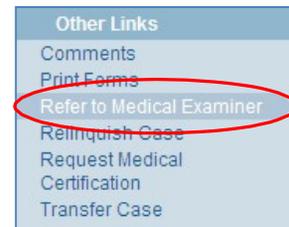
3

Special Situations & Tools

Refer to Medical Examiner

The purpose of the **Refer to Medical Examiner** page is to transfer ownership of a case that the Medical Examiner's Office has agreed to complete.

To begin, go to the **Other Links** section of the **Death Registration Menu**. Click on **Refer to Medical Examiner**.



You will be taken to the **Refer to Medical Examiner** 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. The message may or may not be reviewed by the recipient.

A screenshot of the 'Refer To Medical Examiner' form. It includes fields for County (Multnomah), Office, and Medical Examiner, each with a magnifying glass icon. A Message box contains pre-filled text: 'Please review Case Id: 4254343 - Samuel George Solomon, Date of Death: JUN-02-2013 referred by Adventist Medical Center. https://or-vitalevents.hr.state.or.us/OVERS/'. Buttons for Clear, Save, and Return are at the bottom right.

First, search for the **Office** then for the specific **Medical Examiner** by clicking on the magnifying glass icon. Enter the wildcard symbol, **%**. Choose the **Office** or **Medical Examiner** by clicking on the **Select** link. When you spoke to the Medical Examiner's Office, they should have given you the name of the assigned certifier.



Click **Save** to complete the referral and send a message to the Medical Examiner. The record will only be available to you until the Medical Examiner goes in and accepts the referral.

Print a Working Copy

The working copy is a version of the death certificate that you can print to help review the information before signing a death report.

To print a working copy of the death report, go to the **Death Registration Menu**. Under **Other Links**, click **Print Forms**.

Other Links

- Comments
- Print Forms
- Refer to Medical Examiner
- Relinquish Case
- Request Medical Certification
- Transfer Case

You will be taken to the **Print Forms** menu shown below. Click on **Working Copy**.

Print Forms

Drop to Paper Medical

Working Copy

Return

The **File Download** box will appear. Click **Open**.

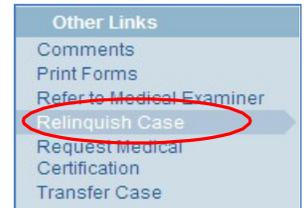
The form will open using Adobe Reader. To print a paper copy, choose **File** then **Print**.

| 12345 (01 100 00) | | OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH | | | | DEATH FILE NUMBER |
|--|--------------------|---|--|---|--|---|
| 1. Legal Name First: Ted | | Middle: | | Last: Test | | 2. Death Date July 20, 2020 |
| 3. Sex Male | 4. Age 60 years | 5. Social Security Number None | | 6. County of Death Coos | | |
| 7. Birthdate February 15, 1960 | | 8. Birthplace Sandy, Utah | | 9. Decedent's Education Bachelor's degree | | |
| 10. Was Decedent of Hispanic Origin? No | | 11. Decedent's Race(s) White | | 12. Was Decedent Ever in U.S. Armed Forces? No | | |
| 13. Residence: Number and Street 123 Main Street | | 14. City/Town Sandy | | 15. State or Foreign Country Oregon | | |
| 16. Residence County Clackamas | | 17. ZIP Code + 4 97055 | | 18. Place City Listed? Yes | | |
| 19. Marital Status at Time of Death Never married | | 20. Spouse's Name Prior to First Marriage | | | | |
| 21. Usual Occupation Carpenter | | 22. Kind of Business/Industry Construction | | | | |
| 23. Father's Name Tom Test | | 24. Mother's Name Prior to First Marriage Doris Doe | | | | |
| 25. Informant's Name Tucker Test | | 26. Telephone Number Not Available | | 27. Relationship to Decedent Nephew | | 28. Mailing Address 123 Main Street, Sandy, OR 97055 |
| 29. Place of Death Hospital-Inpatient | | 30. Facility Name Bay Area Hospital | | | | |
| 31. Location of Death 1775 Thompson Road | | 32. City/Town at Location of Death Coos Bay | | 33. State Oregon | | 34. ZIP Code + 4 97420 |
| 35. Method of Disposition Cremation | | 36. Place of Disposition Tulip Cremation Inc | | 37. Location Portland, Oregon | | |
| 38. Name and Complete Address of Funeral Facility Tulip Cremation Inc, 920 SW 6th Avenue 10C134, Portland, Oregon 97204 | | | | | | |
| 39. Date of Disposition July 27, 2020 | | 40. Funeral Director's Signature Phonetic/Other Director | | 41. OR License Number PS-0655 | | 42. Local File Number |
| 43. Registrar's Signature | | 44. Date Received | | 45. Local File Number | | |
| 46. Amendment | | | | | | |
| 47. Was case referred to Medical Examiner? No | | 48. Autopsy? No | | 49. Were autopsy findings available to complete the cause of death? No | | 50. Time of Death 11:03 AM |
| 51. CAUSE OF DEATH | | | | | | Approximate Interval From to Death |
| IMMEDIATE CAUSE 1- a. Pulmonary Embolism | | | | | | 2 Hours |
| Due to (or as a consequence of) 1- b. Deep Vein Thrombosis of the left thigh | | | | | | |
| Due to (or as a consequence of) 2- c. Acute Hepatic Failure | | | | | | 3 Weeks |
| Due to (or as a consequence of) 3- d. Moderately Differentiated Hepatocellular Carcinoma | | | | | | 4 Months |
| 52. Other significant conditions contributing to death, but not resulting in the underlying cause given above. | | | | | | |
| 53. Manner of Death Natural | | 54. If Female Not Applicable | | 55. Did tobacco use contribute to death? No | | 56. Injury at Work? No |
| 57. Date of Injury | | 58. Time of Injury | | 59. Place of Injury | | 60. Injury at Work? |
| 61. Location of Injury | | | | | | |
| 62. Describe how injury occurred | | | | | | 63. If transportation injury, specify: |
| 64. Name and Address of Certifier Medical Test Certifier, 3181 SW Sam Jackson Park Road, Portland, Oregon 97239 | | | | | | |
| 65. Name and Title of Attending Physician (Other than Certifier) Not Available | | | | | | |
| 66. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, due to the cause(s) and manner stated. /s/ Medical Test Certifier | | | | | | 67. License Number MD172956 |
| 68. Amendment | | | | | | |

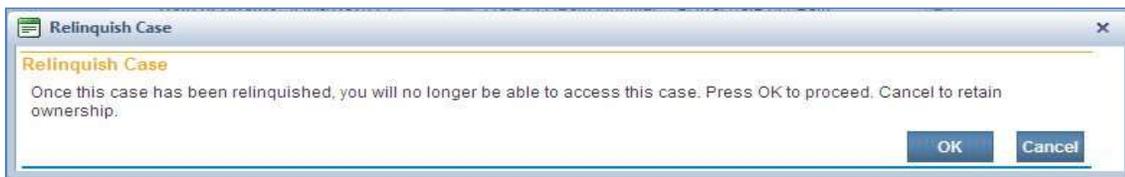
Relinquish a Case

Once a Medical Certifier has been sent an electronic medical certification request, the death report cannot be sent to another facility or certifier until the Medical Certifier relinquishes the report.

The **Relinquish Case** link allows a Medical Certifier to release control of the report so that the Funeral Director can drop the report to paper or so that a different facility or certifier can complete the report. Do not relinquish a case until you have spoken to the funeral home. The funeral home will not be notified that you relinquished the case and will be waiting indefinitely for you to complete it.

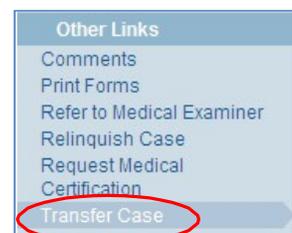


From the **Death Registration Menu**, select **Relinquish Case** in the **Other Links** section. The **Relinquish Case** box will appear. Click **OK**. The case will be released and the Funeral Director will now be able to refer the case to another certifier. You will not be able to view or edit the report after you relinquish the case.



Transfer a Case

It may sometimes be necessary for a medical facility or Medical Certifier to transfer ownership of a case to another facility or certifier. In these situations, the transferring facility would use the **Transfer Case** page to transfer ownership to the facility or certifier



From the **Death Registration Menu**, select **Transfer Case** in the **Other Links** section.

Notice that there are two options on the **Transfer Case** page: **Transfer Personal Ownership** and **Transfer Medical Ownership**. Medical Certifiers can only **Transfer Medical Ownership**.

To transfer ownership, place a check mark in the **Transfer Medical Ownership To:** box. Next, click on the magnifying glass icon next to the facility field. Enter a **Facility Name** in the box and click **Search**. Select the correct facility. The **Message** box is pre-filled with information about the case. You may add text at the end of the pre-filled message only. Then click **Save**. You will be transferring to an office or facility, not a specific certifier. You will need to speak to the certifier before transferring the case to get the correct office or facility name.

Chapter 3: Special Situations and Tools

If a case is transferred to you, you will not receive notification. You should receive a call from the transferring office. To access the record, you log in to OVERS and search by name and/or case ID. You will get a “message from webpage” asking you to assume responsibility. Click **OK**.

Transfer Case

Transfer Personal Ownership To:
Attrell's Sherwood Funeral Chapel

Transfer Medical Ownership To:
Adventist Medical Center

Message
The following case has been transferred to your facility: Case Id: 4254343 - Samuel George Solomon, Date of Death: JUN-02-2013 transferred by Adventist Medical Center.

Clear Save Return

Reporting Place of Death

Funeral Directors often complete this page before sending a report for medical certification. If it is complete and you agree with the reported information, you may proceed to the next page. If the Place of Death is not completed, or is incorrect, you will need to complete this page.

Place Of Death

Type of place of death: Hospital-Inpatient Other Specify: _____

Facility Name: Adventist Medical Center

Address

| Street Number | Pre Directional | Street Name or PO Box, Rural Route, etc. | Street Designator | Post Directional | Apt #, Suite #, etc |
|---------------|-----------------|--|-------------------|------------------|---------------------|
| 123 | SE | Any Street | | | |

| City or Town | County | State | Country | Zip Code |
|--------------|-----------|--------|---------------|----------|
| Portland | Multnomah | Oregon | United States | 97215 |

Medical Record Number: _____

Validate Page Next Clear Save Return

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.

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**, you must type the **Facility Name** and **Address** into the fields on this page. If you select **Other**, you must use the **Other Specify** field and leave the facility name blank.

Address

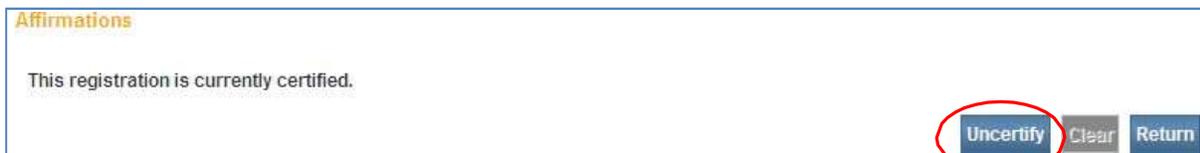
If you used the lookup tool to find the **Facility Name**, the **Address** will automatically be filled in. If you did not use the lookup tool, type the address in the boxes provided.

Making Changes to a Report

Once the report is certified you can still access and view the report. However, you will not be able to edit the report without uncertifying it (if it has not yet been registered at the State level) or requesting an amendment (if it has already been registered at the State level).

Uncertify

Until the report is dropped to paper or registered at the State office and assigned a State File Number (SFN), you may uncertify it if you need to make edits. To do this, click on the **Certify** link. Notice that the **Affirm** button has changed to the **Uncertify** button. To uncertify a report so that you can edit it, click the **Uncertify** button.



A popup message will ask you to confirm that you want to uncertify the death report. Click **OK**.



Make the necessary edits. Once you have completed edits to the death report, validate and certify the report again.

Amendments

It may sometimes be necessary to make corrections to a death certificate after it has been registered at the State and assigned a State File Number (SFN). Requesting an amendment in OVERS significantly shortens the processing time necessary to change a death certificate.

After a record is registered, different options will appear under **Other Links**. To request an amendment to a record, select **Amendments** from the **Other Links** section of the **Death Registration Menu**.



The **Amendment Page** will appear. Choose the **Type** of amendment from the dropdown list. Your only option is **Medical**. Then click **Save**.

Chapter 3: Special Situations and Tools

Amendment Page

Type: Amendment Date:
 Year: Amendment Number:
 Order Number: Description:
 Amendment Status:

The page will refresh and automatically show an **Amendment Date, Amendment Number, Year and Amendment Status**. In addition, a new dropdown list appears for **Page to Amend**. Choose the page that contains the information you need to change.

Amendment Page

Type: Amendment Date:
 Year: Amendment Number:
 Order Number: Description:
 Amendment Status:

Page to Amend:
 Death - Certifier
 Death - Other Factors
 Death - Place of Death
 Death - Injury
 Death - Pronouncement
 Death - Cause of Death

The page will refresh to show the **Page to Amend** on the **Amendment Page**. Make the necessary changes, then click **Save**.

The page will refresh and show the information that has changed. In this case, the date of death was changed from Jun-02-2013 to May-31-2013. For amendments involving multiple pages select the additional pages to amend from the drop-down. If all the changes are complete and correct, click **Save**.

Amendment Page

Type: Amendment Date:
 Year: Amendment Number:
 Order Number: Description:
 Amendment Status:

Page to Amend:

| Item In Error | Item as it Appears | Item as it Should be | Edit | Delete |
|-----------------------------|--------------------|----------------------|-------------------------------------|---------------------------------------|
| Pronouncement-Date of Death | JUN-02-2013 | MAY-31-2013 | <input type="button" value="Edit"/> | <input type="button" value="Delete"/> |

While you are working on an amendment, a new menu appears above the **Death Registration Menu**, called the **Amendments Menu**. To complete the amendment, click **Amendment Affirmation** in the **Amendments Menu**.



You will be taken to the **Affirmations** page. As with signing a death report, read the affirmation statement, click the check box to affirm the statement and click **Affirm**. Once the amendment is affirmed, the amendment request will be sent to the State office for review.

Searching for an Incomplete Amendment

Once an amendment is started, it appears in the **Amendment List**. From the **Death Registration Menu**, select **Amendment List** under the **Registrar** sub-menu to find incomplete or pending amendment requests.



In the example shown below, three medical amendment requests were submitted to the State office.

- The first request was completed by the Medical Certifier and is pending review at the State office.
- The second amendment request was completed by the Medical Certifier and approved by the State office.
- The third amendment request has been Keyed, or typed into OVERS, but requires Affirmation.

To view or edit an amendment request, click on the **Amendment Id** number to the left.

Amendment List

| Amendment Id | Processing History | Amendment Type | Date Received | Date Completed / Rejected | Amendment Status | Order # |
|--------------|--------------------|----------------|---------------|---------------------------|------------------------------|---------|
| 352428 | History | Medical | JUN-18-2013 | | Pending | |
| 352429 | History | Medical | JUN-18-2013 | 7/30/2013 1:50:20 PM | Complete | |
| 352439 | History | Medical | JUL-30-2013 | | Keyed (Requires Affirmation) | |

Understanding the Status Line

The OVERS application manages data quality and work flow of the death registration process through the assignment of statuses. In order to track the steps taken by the various parties involved in completing a vital event report, the OVERS application assigns one or more statuses to a report when an action is performed.

The **Status** line provides a dynamic, real time view of the status of a death report. It can be viewed on any page in the death report. The example below shows a record that has been registered by the State office. The status line appears below the decedent's name.

4254340 2013000054 - James Ernest Jones JUN-03-2013 Amendment Exists
 /Personal Valid With Exceptions/Medical Valid With Exceptions/Registered/Signed/Certified/NA

Decedent

Will Medical Examiner be completing personal information?

Decedent's Legal Name

| | | | | | |
|--------|-------|--------|--------------|-------|--------|
| Prefix | First | Middle | Other Middle | Last | Suffix |
| | James | Ernest | | Jones | |

Status Line Terms

The following is a list of terms that are pertinent to your work in OVERS. You may see other terms, but they will be less meaningful for completing a death report.

| Term | What it Means |
|---------------------------------|--|
| Registered | The record has been registered at the State and assigned a State File Number (SFN). |
| Not Registered | The report has not yet been registered at the State. |
| Signed | The report has been signed by the Funeral Director |
| Not Signed | The report has not yet been signed by the Funeral Director |
| Certified | The report has been signed by the Medical Certifier. |
| Not Certified | The report has not yet been signed by the Medical Certifier. |
| Certification Required | The Medical Certifier's must certify the record. |
| Medical Certification Requested | The Funeral Director has sent an electronic request to the Medical Certifier to complete the death report in OVERS. |
| Medical Pending | The confidential, medical data has been started but not completed or validated. |
| Medical Valid | The confidential, medical data has been entered, checked for completeness and found to pass the validation rules. |
| Medical Valid with Exceptions | The confidential, medical data had one or more exceptions that were manually overridden by the Medical Certifier. (Soft edits/yellow circle) |
| Medical Invalid | The confidential, medical data has one or more errors or omissions that require correction. |
| Amendment Exists | This status appears any time an amendment an amendment has been approved by the State office. |

Appendices:



Appendices

Appendix A – Quick Reference Guide for Medical Certifiers

See next page.

OVERS Quick Reference Guide

Medical Certifier

1. Getting Started

- Log in to OVERS at <http://bit.ly/overslogon>.
- Find the case: Go to **Queues > Registration Work Queue Summary** then click **Medical Certification Requested**
- Click on the Registrant's name to open the case.

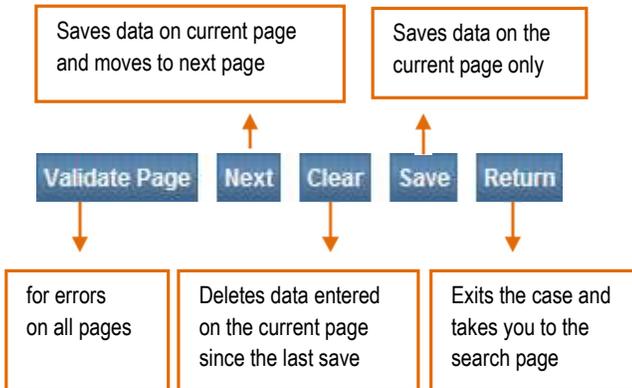
2. Entering Death Certificate Data

- Complete each page under the **Medical Certification Heading**
- Click on **Pronouncement** to begin



Site Navigation

Use the buttons at the bottom of the page.



Regarding Cause of Death:

You may sometimes be confused about errors that appear for cause of death. Most errors are related to the terminology used to report cause of death that does not comply with national standards for reporting. For more information about reporting cause of death, visit: <http://bit.ly/ordeathreg>.

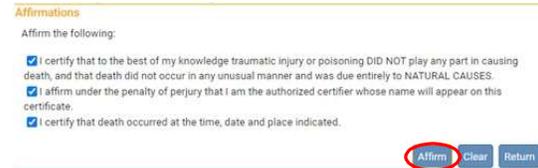
3. Validating Death Certificate Data

After you enter the information on the last page, click **Validate Page**. This will check for errors on all pages. A checkmark, X, or Circle will appear to the left of each page. The color tells you what to do next. After you have made the necessary corrections, click **Validate Page** again.

- ✓ [Green] There are no errors on the page. You may certify the report. (See step 5 below.)
- [Yellow] Click on the page with the yellow circle pointing toward it. *Carefully read the error message.* You may: 1.) edit and save the information, or 2.) confirm your entry is accurate by clicking the **Override** box, then click **Save Override**. *The circle will remain yellow even after you override the message.*
- ✗ [Red] Go to the page with the red X pointing toward it. You must edit the item highlighted in red to complete the report.

4. Certify the Death Certificate

- After all corrections and overrides are complete, the **Certify** option will appear after the **Certifier** link. Click on **Certify**.
- Read the three affirmation statements. Click the check boxes to affirm the three statements.
- Click **Affirm**. The page will refresh and show **Authentication Successful**.
- The report is complete.



Making Corrections or Amendments

Before the report is registered or dropped to paper (no SFN assigned):

- Click on **Certify**, then click the **Uncertify** button. Make the necessary changes then click **Validate Page**. Then follow step 4 above to **Certify** the report again.

After the record is registered (assigned a SFN):

- Under **Other Links**, click **Amendments**. Choose the type of amendment (Medical) and the page you want to amend. Make the changes and choose **Save**.
- In the **Amendments Menu**, click on **Amendment Affirmation**.
- Read and click the check box to certify the changes.
- Click **Affirm**.
- The amendment will be finalized by the vital records office before the new information will appear on the death certificate.



Appendix B – OVERS Navigation

Add a site to my favorites in Microsoft Edge

1. Open the Edge app then navigate to the desired website.
2. Select the Star icon. (located on the address bar in the upper-right).
3. From the Favorites tab (located at the top), edit the Name and Save location (if desired) then select Add.

How to add bookmarks in Google Chrome on desktop

1. Open Google Chrome on your Mac or PC and navigate to the web page you want to bookmark.
2. Click the star on the right edge of the address bar. A bookmark will be automatically created.
3. A pop-up box will appear where you can customize the bookmark.

Create website shortcut on desktop using Chrome, Edge, Firefox

1. Launch your browser.
2. Open the web page whose shortcut you want to create.
3. Click and hold the icon just before the URL in the address bar.
4. Drag the icon to your desktop.
5. The web shortcut will be created.

Appendix C – Vital Records Law

The Oregon Revised Statutes are cited only for your reference and are not quoted in their entirety nor verbatim.

432.005 Definitions. (9) "Dead body" means a human body or such parts of such human body from the condition of which it reasonably may be concluded that death occurred.

IMPORTANT – If an infant breathes or shows any other evidence of life after completed delivery, even though it may be only momentary, then dies, both a birth certificate and a death certificate must be filed – DO NOT file a fetal death report.

432.083 Requirements for institutions, health care practitioners and persons who transport dead bodies.

(1) A person in charge of an institution shall keep a record of personal data concerning each person admitted or confined to the institution. The record shall include information as required for the reports of live birth, death, fetal death or induced termination of pregnancy required by this chapter. The record shall be made at the time of admission from information provided by the person being admitted or confined, but when it cannot be so obtained, the information shall be obtained from relatives or other persons acquainted with the facts. The name and address of the person providing the information shall be a part of the record.

(2) A licensed health care practitioner shall keep a record of personal data concerning each person under the practitioner's care for a condition that results in a reportable vital event if a record for that event is not maintained by an institution as described in subsection (1) of this section. The record shall include information as required for the reports of live birth, death, fetal death or induced termination of pregnancy required by this chapter. The record shall include information provided by the person under the practitioner's care. If the person being treated cannot provide the information, then the practitioner shall obtain the information from relatives or other persons acquainted with the facts. The name and address of the person providing the information shall be a part of the record.

(3) When a dead body or fetus is released or disposed of by an institution, the person in charge of the institution shall keep a record showing the name of the decedent, Social Security number, if issued, date of death, name and address of the person to whom the body or fetus is released and date of removal from the institution. If final disposition is made by the institution, the date, place and manner of disposition shall also be recorded.

(4) A funeral service practitioner, embalmer, sexton or other person who removes from the place of death, transports or makes final disposition of a dead body or fetus, in addition to filing a report required by this chapter or rules adopted under this chapter, shall keep a record that identifies the body and that includes information

Appendices:

pertaining to the receipt, removal, delivery and final disposition of the body as may be required by rules adopted by the State Registrar of the Center for Health Statistics.

(5) Copies of records described in subsections (1) to (3) of this section shall be sent to the state registrar at least monthly. Records maintained under this section shall be retained for a period of not less than seven years and shall be made available for inspection by the state registrar or a representative of the state registrar upon demand. [Formerly 432.165]

432.133 Mandatory submission and registration of reports of death; persons required to report.

(1)(a) A report of death for each death that occurs in this state must be submitted to the county registrar of the county in which the death occurred or to the Center for Health Statistics, or as otherwise directed by the State Registrar of the Center for Health Statistics, within five calendar days after death or the finding of a dead body and before final disposition, and must be registered if it has been completed and submitted in accordance with this section.

(b) If the place of death is unknown, but the dead body is found in this state, the report of death must be completed and submitted in accordance with this section. The place where the body is found must be noted as the place of death except, if in an emergency the decedent is moved by conveyance to another county and is dead on arrival, the death shall be considered to have occurred in the county from where the body was originally moved.

(c) When death occurs in a moving conveyance within or outside the United States and the body is first removed from the conveyance in this state, the death must be registered in this state and the place where the body is first removed shall be deemed the place of death. The report of death may note the actual location of death insofar as it can be determined.

(d) In all other cases, the place where death is pronounced shall be considered the place where death occurred.

(e) If the date of death is unknown, the medical certifier shall determine the date by approximation. If the date cannot be determined by approximation, the date that the body was found shall be entered on the report of death.

(2)(a) The funeral service practitioner or person acting as a funeral service practitioner who first assumes custody of the dead body shall submit the report of death to the county registrar of the county in which the death occurred or to the Center for Health Statistics. In cases where there is no funeral service practitioner or person acting as a funeral service practitioner, the medical examiner shall submit the report of death.

(b) The funeral service practitioner or person acting as the funeral service practitioner shall obtain the personal data from the next of kin or the best qualified person or source available and shall obtain the medical certification from the person responsible for the medical certification.

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(c) The funeral service practitioner or person acting as the funeral service practitioner shall provide sufficient information to identify the decedent to the medical certifier within 48 hours after death unless the medical certification has already been submitted.

(3) A medical certification shall be completed within 48 hours after having access to the report of death by the decedent's primary or attending medical certifier who was in charge of the care of the patient for the illness or condition that resulted in death, except when inquiry is required under ORS chapter 146. In the absence or inability of the medical certifier, or with the medical certifier's approval, the report of death may be completed by an associate of the medical certifier, the chief medical officer of the institution where death occurred or the physician who performed an autopsy upon the decedent, provided that the associate, chief medical officer or physician has access to the medical history of the case and death is due to natural causes. The person completing the cause of death shall attest to its accuracy either by signature or by electronic signature.

(4) When inquiry is required under ORS chapter 146, the medical examiner in the jurisdiction where death occurred or the body was found shall determine the cause and manner of death and shall complete and sign the medical certification within 48 hours after taking charge of the case. If the cause or manner of death is unknown or pending investigation, the cause or manner of death shall be noted as such on the report of death.

(5) When the death occurs in a hospital where more than 10 deaths occurred during the previous calendar year, the person in charge of the hospital shall require the medical certification to be reported through the state electronic reporting system and the report of death to include the electronic signature of the medical certifier.

(6)(a) When a death occurs in a hospital described in subsection (5) of this section and the death is not under the jurisdiction of a medical examiner, the person in charge of the hospital or the designated representative of the person in charge of the hospital shall enter the following information on the report of death within 48 hours of death:

(A) If the report of death does not exist in the state electronic reporting system, the name of the decedent, the date of the decedent's birth, the date of the decedent's death and the county in which the decedent died; and

(B) The medical certification of death, accompanied by the signature or electronic signature of the person completing the cause of death as described in subsection (3) of this section.

(b) The partially completed report of death prepared under this subsection shall be made available to the funeral service practitioner or person acting as a funeral service practitioner within 48 hours of death.

(7) Upon receipt of autopsy results or other information that would change the information related to the cause or manner of death, a medical certifier or medical examiner shall submit an amendment to the record of death within five calendar days to the Center for Health Statistics.

Appendices:

(8) When a death that is not the subject of a presumptive death proceeding in a court in this state or another state is presumed to have occurred in this state as the result of

a known event in this state, but no remains of the presumed deceased can be located, a report of death may be prepared by the Chief Medical Examiner upon receiving an order from a court of competent jurisdiction that contains findings of fact necessary to complete the report of death. A report of death prepared under this subsection shall be marked or flagged "Presumptive" and must show on its face the date of death as determined by the court, the date of registration, the identity of the court and the date of the order.

(9) When a death of a missing person domiciled in this state, and that is not the subject of a presumptive death proceeding in a court of this state or another state, has been determined by a court of competent jurisdiction to have presumptively occurred in another state, a report of death may be prepared by the Chief Medical Examiner upon receiving an order from the court that contains findings of fact necessary to complete the report of death. A report of death prepared under this subsection shall be marked or flagged "Presumptive" and must show on its face the date of death as determined by the court, the date of registration, the identity of the court and the date of the order.

(10) When a death occurring in this state has not been registered as prescribed by this section, a report of death may be submitted to the state registrar as described in this section provided that the medical certifier or medical examiner and the funeral service practitioner or person acting as a funeral service practitioner are available to complete the report of death. If the report of death is submitted more than one year after the date of death or the date on which the body was found, the medical certifier or medical examiner and funeral service practitioner or person acting as a funeral service practitioner shall state in accompanying notarized statements that the information submitted is based on records kept in the files of the medical certifier or medical examiner and funeral service practitioner or person acting as a funeral service practitioner. If the medical certifier or medical examiner and funeral service practitioner or person acting as a funeral service practitioner are unavailable to complete the report of death, or decline to complete the report death, then the death shall not be registered except upon the receipt of an order from a court of competent jurisdiction.

(11) A report of death required to be submitted under this section must contain the Social Security number of the decedent when the Social Security number is reasonably available from other records related to the decedent or can be obtained from the person in charge of the final disposition of the decedent.

(12) If a decedent's death was caused by suicide, the person who submits the report of death to the county registrar or to the Center for Health Statistics, or as otherwise directed by the state registrar, shall make reasonable efforts to ascertain whether the decedent was a veteran and, if the decedent was a veteran, whether the decedent served in combat and, if so, where the decedent served. Information acquired under this subsection must be reported to the Center for Health Statistics through the state electronic reporting system. [Formerly 432.307; 2017 c.151 §25]

Appendices:

432.158 Disposition of remains; rules.

(1) Human remains shall be disposed of in accordance with ORS chapter 97.

(2) The funeral service practitioner or person acting as a funeral service practitioner who first assumes possession of a dead body or fetus shall submit written notice to the county registrar in the county in which death occurred or in which the dead body or fetus was found within 24 hours of taking possession of the dead body or fetus. The notice must be on a form prescribed and furnished by the State Registrar of the Center for Health Statistics.

(3) Before the final disposition of a dead body, the funeral service practitioner or person acting as a funeral service practitioner who first assumes custody of the dead body shall obtain written authorization, on a form prescribed and furnished by the state registrar, for final disposition of the dead body from the medical certifier or medical examiner who certifies the cause of death as described in ORS 432.133. If the funeral service practitioner or person acting as a funeral service practitioner is unable to obtain written authorization before the final disposition of the dead body, the funeral service practitioner or person acting as a funeral service practitioner may authorize, with the oral consent of the medical certifier or medical examiner who is responsible for certifying the cause of death, the final disposition of the dead body on a form prescribed and furnished by the state registrar.

(4) Upon request of a parent or the parent's authorized representative, a disposition permit may be issued for a fetus that is not reportable as a fetal death.

(5) A permit authorizing final disposition issued under the law of another state that accompanies human remains brought into this state shall have the same force and effect as a permit authorizing final disposition issued by the state registrar.

(6) A person in charge of a place where interment or other disposition of human remains is made may not inter or allow interment or other disposition of human remains unless the human remains are accompanied by a permit authorizing disposition.

(7) A person in charge of a place where interment or other disposition of human remains is made shall indicate on the permit authorizing disposition the date of disposition and return the completed permit to the county registrar of the county where death occurred. If there is no such person, the funeral service practitioner or person acting as the funeral service practitioner shall complete the permit and return it to the county registrar of the county where death occurred.

(8) Except as provided in ORS 97.223, disinterment of human remains requires authorization for disinterment and reinterment. The state registrar may issue

authorization for disinterment and reinterment to a funeral service practitioner or person acting as a funeral service practitioner upon application, as required by the state registrar by rule.

Appendices:

(9) Prior to removing a dead body or fetus from this state under ORS 692.270, a funeral service practitioner or a person acting as a funeral service practitioner shall

submit a written notice of removal to the country registrar in the county in which death occurred or in which the dead body or fetus was found. The notice shall be on a form prescribed and furnished by the state registrar. A copy of a written notice of removal serves as a permit for transporting the remains of a decedent named on the notice. [Formerly 432.317; 2019 c.241 §4]

Burial/Cremation Tags must be assigned for all deaths that occur in Oregon.

Appendices: