

**OREGON DEATH REPORT
INSTRUCTIONS**

Oregon Death Report Instructions

Oregon Vital Events Registration System (OVERS)

Medical Certifier Edition

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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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Introduction

The Oregon Vital Events Registration System (OVERS) is a web-based application for submitting death report information to the state vital records office. All of your work on an *electronic* death report will be done using the Internet Explorer (IE) web browser. 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 during regular business hours at 971-673-0279.

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

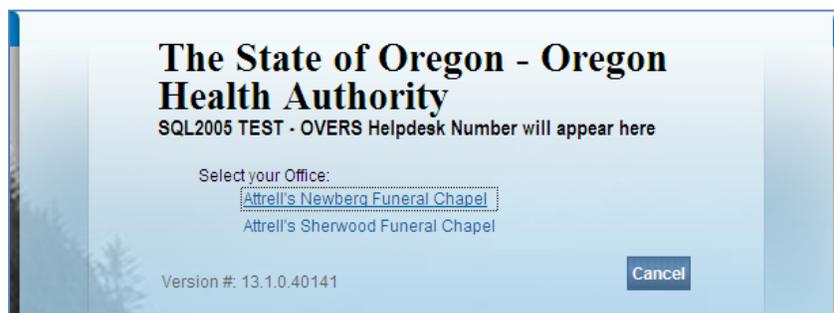
Getting Started

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.

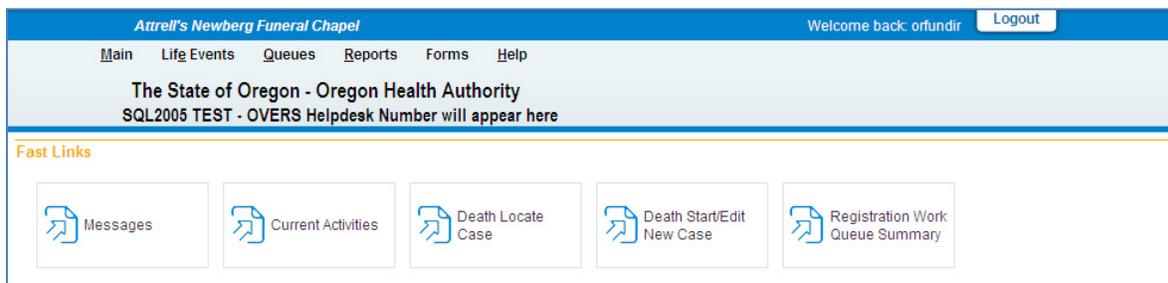


If your username is associated with more than one office location, then you must also make a selection from the office list. Click on the **Office** name to continue. This step is not necessary for all users.



Home

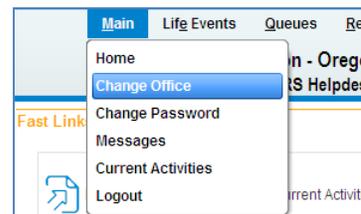
After you successfully log in to OVERS, you will be presented with a user-specific Home page. Your Home page shows links to sections of the OVERS application that you access frequently, so your **Fast Links** may change over time. The image below is an example of a **Home** page.



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

Change Office

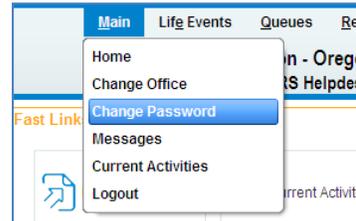
If your username is associated with more than one office location, then you chose which office to access when you logged in. To change offices without logging out, choose **Main** from the **Menu Bar** along the top of the page, then choose **Change Office**. A box will appear stating, "Click OK to change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

Although OVERS will require you to change your password periodically, 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 six to ten characters long and should be a combination of numbers, uppercase letters and lowercase letters. Passwords are case sensitive.

Change Password

Old Password:

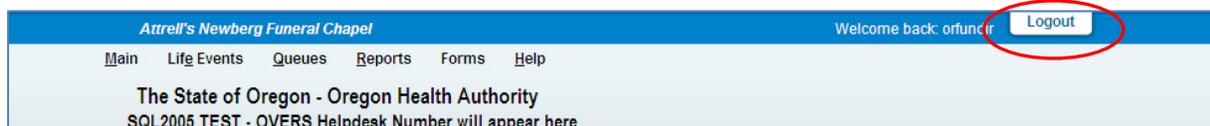
New Password:

Confirm Password:

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.



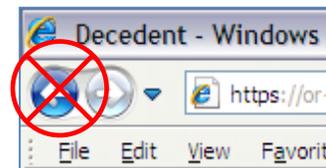
After you click the **Logout** button, you will not have the option to stay in OVERS. You will be taken back to the **Login** page.

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

Navigation

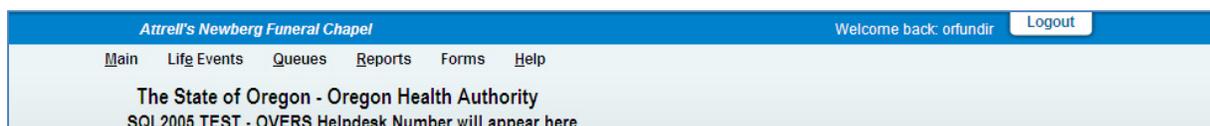
General Navigation

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

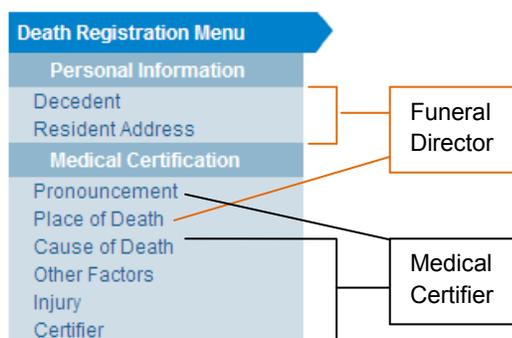


Menu Bar

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 three different queues that can be viewed. You will use these menu options to find the death reports to be completed.



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, except for 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.



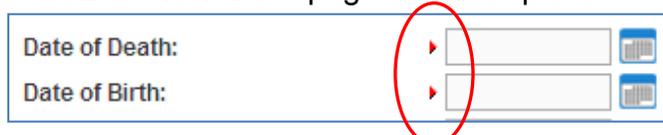
Search – The Search button searches an index and returns *exact* matches to a specified keyword.

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.

A screenshot of a form with two rows. The first row is labeled 'Date of Death:' and the second row is labeled 'Date of Birth:'. Each row has a text input field followed by a calendar icon. A red circle highlights a red arrow pointing to the right of each input field, indicating that these fields are required.

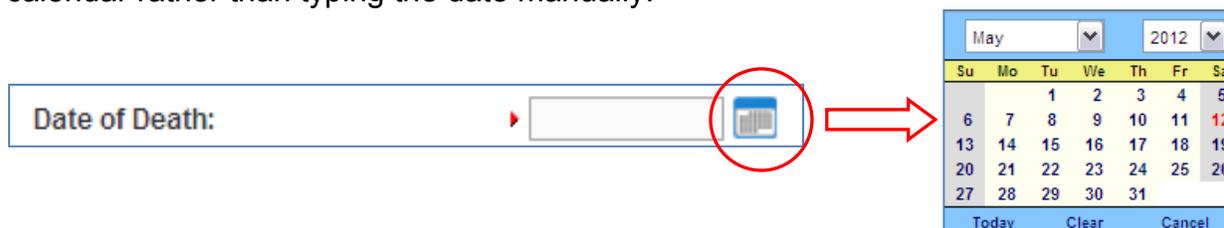
Date Fields

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 in OVERS.

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.



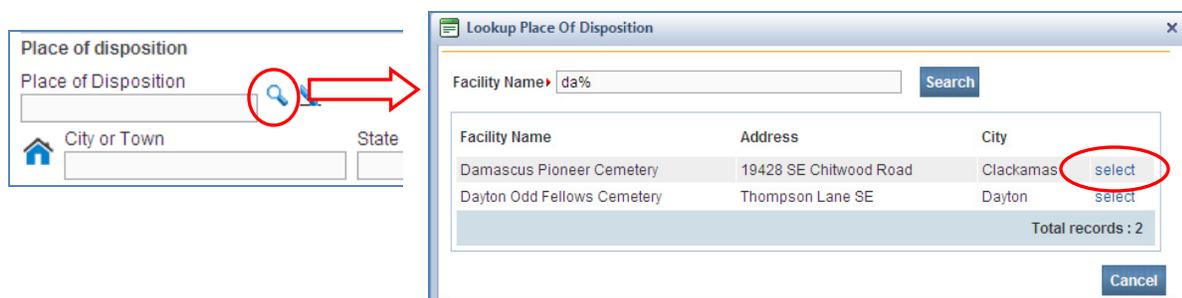
By default, the current month, day and year are displayed. As with other dropdown menus, clicking the down arrow next to the month or year will show you all the available options in the list. Once you select the correct month and year from the dropdown menus, click on the day of the month. This will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

Messages				
			Send Message	Remove from List
From	Message Text	Date Sent	<input type="checkbox"/>	
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 check box 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.

The screenshot shows a web form titled "Send Message". At the top left, there is a "Recipients:" label with a red circle and arrow pointing to it (1). To its right is a "Remove Recipient" button. Below this is a "Send By:" dropdown menu with "Notify" selected, also highlighted with a red circle and arrow (2). Underneath is a "Subject:" label with a red circle and arrow pointing to the text area (3). At the bottom right of the form are "Send" and "Cancel" buttons, with a red circle and arrow pointing to the "Send" button (4).

1. Select the recipient(s) of the message. Click on the **Recipients** link. 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 click **Find**. Place a check mark in the box to the left of the person to receive the message. Click **Add**. The page will refresh and add the recipient to the **Selected Recipients** list. You can then search for another individual if you choose. Once you have added all intended recipients, click **Save**.

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.

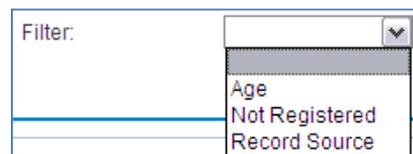
Access queues by clicking the **Current Activities** fast link on the **Home** page or by choosing **Queues** in the menu bar along the top of the page, then clicking **Registration Work Queue Summary**. Both actions will take you to the same list of queues. If there is nothing in a queue, the queue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

Current Activities			
Queue Name	Type ↓	Count	Age of Oldest in Days
Medical Certification Requested	Death	2	147
Medical Pending	Death	3	147
			Total Queues : 2

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:	Medical Certification Requested - Death ▼	Search Type:	▼	Value:	□
Display:	15 rows per page.	Filter:	▼		
				Search	Show All Rows
				Clear	Return
All	Case Id	File Number	Registrant	Date of Event ↑	Data Provider
<input type="checkbox"/>	4254089		Index, Test	APR-09-2013	Attrell's Newberg Funeral Chapel
<input type="checkbox"/>	4253845		Little, Sandy Ann	JAN-08-2013	Attrell's Newberg Funeral Chapel
					Total records : 2
Actions		Add		Print	
Register Event		Comments			
Abandon Case					
Request Medical Certification					
Certify Registration					

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.



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.

If you are reporting a death using a paper death certificate, 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>.

Pick Up a Case

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. 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 specifically. 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.



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.

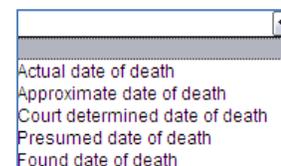
Pronouncement Page

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.



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.

 A screenshot of a web form input field labeled "Time of Death". It contains two numeric input boxes, the first with "02" and the second with "12", followed by a dropdown menu currently set to "AM".

A Funeral Director cannot enter the time of death in the report. If you do not know the time of death, you may need to obtain the information from the Funeral Director.



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 date of death entered. The choices permitted are listed in the image to the right.

 A screenshot of a dropdown menu with a downward arrow icon. The menu is open and lists six options: "Actual time of death", "Approximate time of death", "Court determined time of death", "Presumed time of death", "Unknown time of death", and "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. See Chapter 3 for instructions for completing this page.

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. You do not have to use every line on the 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 evaluation of diagnostics techniques, which in turn lead to improvements in patient care.

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 sequence of cause(s) or condition(s) leading to the immediate cause of death, if applicable. To the right, enter the approximate interval for onset prior to death for each line. If the interval is not known, enter “unknown.” You do not need to use every line, but be as specific as possible.

Part II, Other significant Conditions

In some cases, the cause of death is affected by other significant conditions. Enter other significant conditions contributing to death, but not resulting in the underlying cause given above. Examples may include undetermined natural causes, 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. More information on Oregon's cause of death section is available on Center for Health Statistics' Registration website, at <http://1.usa.gov/ORDeathRegistration>.

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**.

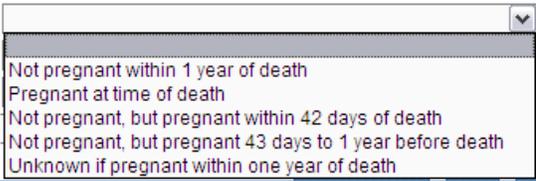


This information assists in determining whether, for the five percent of cases for which an autopsy is done, the information was useful in determining the cause of death. Knowing whether the autopsy results were used in determining the cause of death gives insight into the quality of the cause of death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

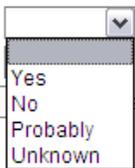
If Female age 10-65, specify pregnancy status



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

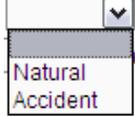
Did tobacco use contribute to death?

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


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))

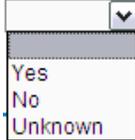
Choose the appropriate selection from the dropdown list. Deaths not due to external causes should be identified as **Natural**. Usually, “Natural” is the only type of death a physician will certify. The Medical Examiner must always be notified in case of a death occurring by **Accident**, including falls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



 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**.



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, communicable disease, 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 be displayed for all death reports, but must be completed for deaths resulting from violence (accidental or intentional) or injury. These death reports are usually certified by a Medical Examiner. However, the Medical Examiner will sometimes not assume jurisdiction and will give the Medical Certifier permission to certify the report.

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"/>	<input type="text" value="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.

Injury Activity

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

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.

 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.

It may sometimes be necessary to change the certifier information. If this is the case, 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. Typing the information will not link the certifier to the account in OVERS, and the fingerprint validation to sign the report will fail.

Certifier

Certifier Type Certifying Physician

License Number MD14761  Lookup Death Excellent Test Ce   Intern

Certifier Name

First Death Middle Excellent Test Last Certifier Suffix

Title Doctor of Medicine

Certifier Address

Edit Certifier Address

Street Number 123 Pre Directional SE Street Name, Rural Route, etc. Any Street Street Designator Post Directional Apt #, Suite #, etc.

City or Town Portland State Oregon Country United States Zip Code 97216

Date Signed 

Validate Page
Clear
Save
Return

Certifier Type

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

▼

Certifying Physician
Physician's Assistant
Nurse Practitioner

License Number

The medical license number of the certifier on the death report will automatically be filled in with the 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 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.

License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name	
MD09058	Moline		Daniel	Lee	124	Midland	select
MD14689	Molloy		James	Patrick	3818	21St	select
MD16887	Molloy		Thomas	Alexis	2222	Lovejoy	select

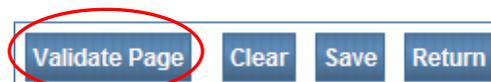
Total records : 3

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 **Medical Certification** pages.



The page will refresh. Look at the **Death Registration Menu** under the **Medical Certification** 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. After it is corrected, the arrow will turn green or yellow.</p>	<div style="border: 1px solid #007bff; padding: 5px;"> <p style="text-align: center; margin: 0;">Medical Certification</p> <ul style="list-style-type: none"> ▶ Pronouncement ▶ Place of Death ▶ Cause of Death ▶ Other Factors ▶ Injury ▶ Certifier </div>
<p>Yellow=Soft Edit: Shows pages containing overridable errors are marked by yellow arrows. Correct the information or override the error. After it is corrected or overridden, the arrow will remain yellow.</p>	
<p>Green=No Edit: Pages containing no errors are marked by green arrows. No further action is necessary.</p>	

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

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

Validation Results

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"/>	<input type="button" value="fix"/>	<input type="button" value="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 Due to or as a consequence of	3 years
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.'

fix 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 **Pronouncement** page has been corrected and the Soft Edit on the **Cause of Death** page was overridden so the arrow 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.



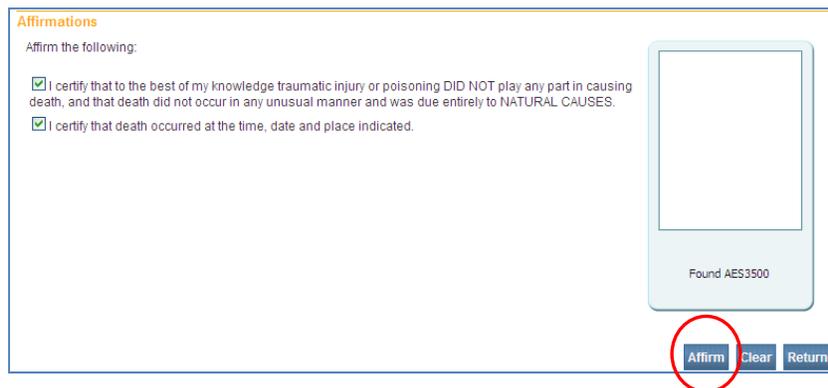
Certify/Affirmations Page

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.

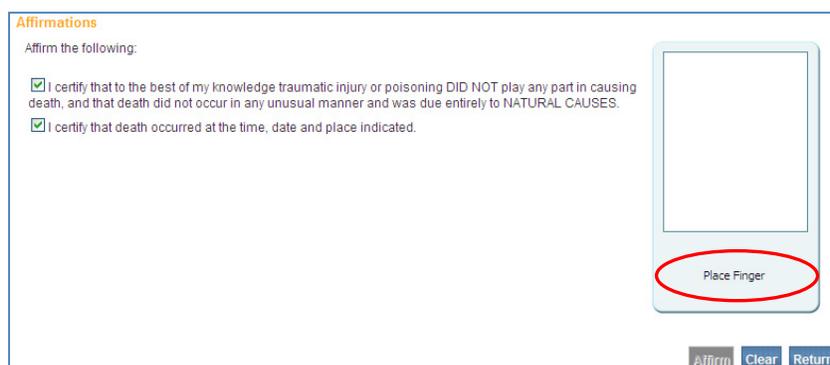
Click on the **Certify** link to open the **Affirmations** page shown below.



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

A screenshot of the "Affirmations" page. It contains two affirmation statements, each with a checked checkbox. To the right is a biometric scanner icon labeled "Found AES3500". At the bottom right, there are three buttons: "Affirm", "Clear", and "Return". The "Affirm" button is circled in red.

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

A screenshot of the "Affirmations" page, identical to the previous one, but the biometric scanner icon now displays the text "Place Finger" and is circled in red.

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.

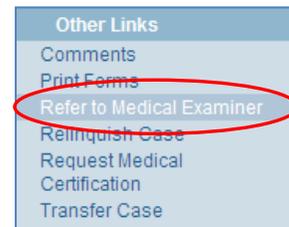
3

Special Situations & Tools

Refer to Medical Examiner

The purpose of the **Refer to Medical Examiner** page is to notify a Medical Examiner of a death that was due or may have been due to unnatural causes.

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.

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 red circle labeled "1" points to the Office field, and a red circle labeled "2" points to the Medical Examiner field. The Message field 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/". A red circle labeled "3" points to the Save button. At the bottom right are buttons for Clear, Save, and Return.

First, search for the **Office** then for the specific **Medical Examiner** by clicking on the magnifying glass icon. Enter the first part of the name you are looking for, followed by the wildcard symbol, %. Choose the **Office** or **Medical Examiner** by clicking on the **Select** link.

A screenshot of a "Lookup Office" window. It has a search field with "st%" entered and a "Search" button. Below is a table with columns for Facility Name, Address, and City. The first row shows "State Medical Examiner Office", "13309 SE 84th Avenue", and "Clackamas". A red circle highlights a "select" link next to the "Clackamas" entry. The text "Total records : 1" is at the bottom right of the table, and a "Cancel" button is at the bottom right of the window.

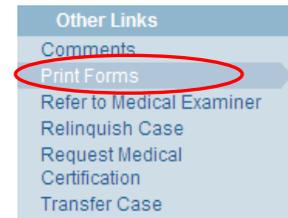
Facility Name	Address	City
State Medical Examiner Office	13309 SE 84th Avenue	Clackamas

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

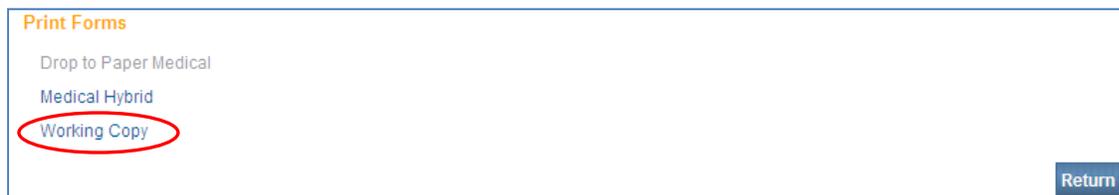
Print a Working Copy

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**.



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



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

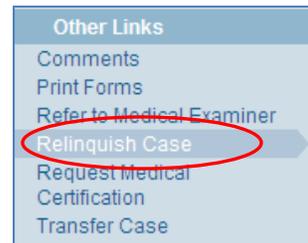
The form will open using Adobe Reader. To print a paper copy, choose **File** then **Print**.

87514 I.D. TAG NO.		OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH				STATE FILE NUMBER	
1. Legal Name First: Samuel Middle: George Last: Solomon Suffix:					2. Death Date June 02, 2013		
3. Sex Male		4. Age 62 years		5. Social Security Number 898-98-9898		6. County of Death Multnomah	
7. Birthdate November 10, 1950		8. Birthplace Cape Girardeau, Missouri		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? Yes			
13. Residence: Number and Street 3245 N Ridge Way				14. City/Town Portland			
15. Residence County Multnomah		16. State or Foreign Country Oregon		17. Zip Code + 4 97215		18. Inside City Limits? Yes	
19. Marital Status at Time of Death Never married		20. Spouse's Name Prior to First Marriage					
21. Usual Occupation Teacher				22. Kind of Business/Industry Education			
23. Father's Name Samuel James Solomon				24. Mother's Name Prior to First Marriage Jennifer Wendy Smith			
25. Informant's Name George Solomon		26. Telephone Number Not Available		27. Relationship to Decedent Nephew		28. Mailing Address 12105 NE 121 Avenue, Portland, OR 97232	
29. Place of Death Hospital-Emergency Room/Outpatient		30. Facility Name Adventist Medical Center					
31. Location of Death 123 SE Any Street		32. City/Town or Location of Death Portland		33. State Oregon		34. Zip Code + 4 97216	
35. Method of Disposition Burial		36. Place of Disposition River View Cemetery		37. Location Portland, Oregon			
38. Name and Complete Address of Funeral Facility Attrell's Sherwood Funeral Chapel 16195 SW First St, Sherwood, Oregon 97140							
39. Date of Disposition June 04, 2013		40. Funeral Director's Signature Funeral Test Director				41. OR License Number CO-3385	
42. Registrar's Signature		43. Date Received		44. Local File Number			
45. Amendment							
46. Was case referred to Medical Examiner? No		47. Autopsy? No		48. Were autopsy findings available to complete the cause of death?		49. Time of Death 02:12 AM	

Relinquish a Case

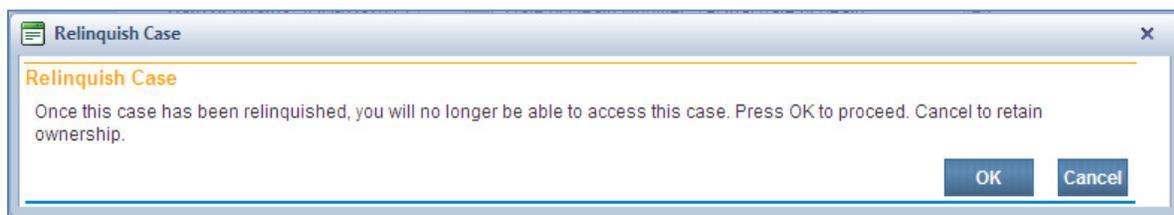
Once a Medical Certifier has been sent an electronic medical certification request, the death report cannot be sent to another facility or certifier until the Medical Certifier relinquishes the report.

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 a so that a different facility or certifier can complete the report.



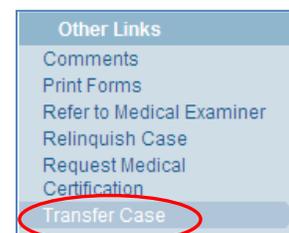
From the **Death Registration Menu**, select **Relinquish Case** in the **Other Links** section.

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**.

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 it is not completed, 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	97216	

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** 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. If there is a medical record number available, enter it here.

Making Changes to a Report

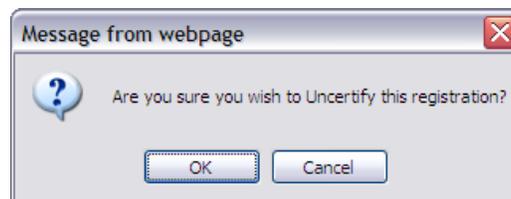
Once the report is certified you can still access and view the report. However, you will not be able to edit the report without uncertifying it (if it has not yet been registered at the State level) or requesting an amendment (if it has already been registered at the State level).

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 sign the report as you would for any other death report.

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**.

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. If the changes are 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, click the check box to affirm the statement on the screen. Then click **Affirm**. Place your finger on the fingerprint scanner attached to your computer. When your fingerprint is accepted, 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 using fingerprint verification.

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

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
<input type="text"/>	<input type="text" value="James"/>	<input type="text" value="Ernest"/>	<input type="text"/>	<input type="text" value="Jones"/>	<input type="text"/>

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.

<i>Term</i>	<i>What it Means</i>
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.
Death Certification Required	The Medical Certifier's signature is required.
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 arrow)
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 is requested. The status will not change when the amendment is pending or approved.

A

Appendices

Appendix A – Quick Reference Guide for Medical Certifiers

See next page.

OVERS Quick Reference Guide

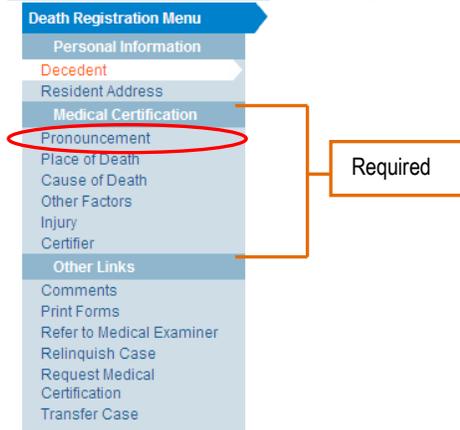
Medical Certifier

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.

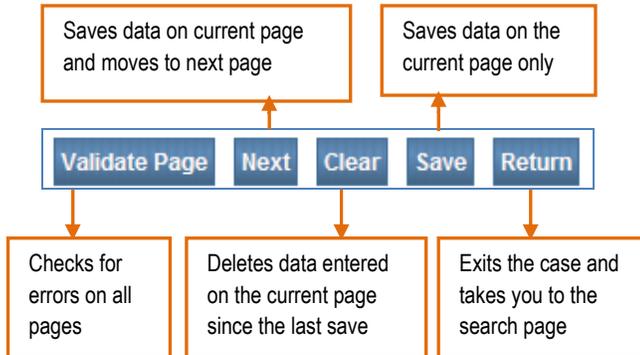
2. Entering Death Certificate Data

- 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 medical pages. An arrow will appear to the left of each page. The color tells you what to do next.

After you make the necessary corrections, click **Validate Page** again.

- [Green] There are no errors on the page. You may certify the report. (See step 4 below.)
- [Yellow] Click on the page with the yellow arrow 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 arrow will remain yellow even after you override the message.*
- [Red] Go to the page with the red arrow 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 two affirmation statements. Click the check boxes to affirm the two statements. Then click **Affirm**.
- Place your finger on the biometric reader attached to your computer until OVERS registers your fingerprint. The page will refresh then 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**.



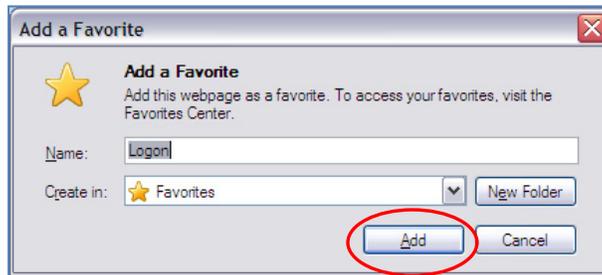
- Read and click the check box to certify the changes. Click **Affirm**.
- Place the pad of your finger on the biometric reader attached to your computer until OVERS registers your fingerprint. The page will refresh, then show **Authentication Successful**.
- The amendment will be finalized by the vital records office before the new information will appear on the death certificate.

Questions? Contact the OVERS Help Desk at 971-673-0279, Monday through Friday during regular business hours.

Appendix B – OVERS Navigation

Creating a Favorite Webpage

When your account is set up in OVERS, you will receive the web address that will take you to the login page. Once that page is displayed in Internet Explorer, select **Favorites** from the menu then **Add to Favorites**. This will launch the **Add a Favorite** box shown below:



The **Name** field will automatically be filled in for you. You may change the name if you choose. To save the webpage as a favorite, click **Add**. You will now be able to choose the OVERS website from your list of stored **Favorites**.

Creating a Desktop Shortcut

Another way to provide for quick access OVERS is to create a **Desktop Shortcut**. First, navigate to the login page. From the toolbar select **File > Send > Shortcut to Desktop**. This will create an Internet Explorer icon on your desktop that, when selected, will automatically take you to OVERS.

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. (1) "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.

432.307 Compulsory filing of death certificates; persons required to file.

(1) A certificate of death for each death that occurs in this state shall 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 days after death or the finding of a dead body and prior to final disposition, and shall be registered, if it has been completed, and filed in accordance with this section.

(2) The funeral service practitioner or person acting as a funeral service practitioner who first assumes custody of the dead body shall submit the certificate of death. The funeral service practitioner or person acting as a 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 therefore. The funeral service practitioner or person acting as a funeral service practitioner shall provide the certificate of death containing information as specified by rule to identify the decedent to the certifier within 48 hours after death.

(3) The physician, physician assistant practicing under the supervision of a person licensed to practice medicine under ORS chapter 677 or certified nurse practitioner in charge of the care of the patient for the illness or condition that resulted in death shall complete, sign and return the medical certification of death to the funeral service practitioner or person acting as a funeral service practitioner within 48 hours after receipt of the certificate of death by the physician or nurse practitioner, except when inquiry is required by ORS chapter 146. In the absence or inability of the physician, physician assistant or nurse practitioner or with the approval of the physician, the medical certification of death may be completed by an associate physician, the chief medical officer of the institution in which death occurred, or the physician who performed an autopsy upon the decedent, provided that the individual has access to the medical history of the case and death is due to natural causes. The person completing the medical certification of death shall attest to its accuracy either by signature or by an approved electronic process.

(4) When inquiry is required by ORS chapter 146, the Medical Examiner shall determine

the cause of death and shall complete and sign the medical certification of death within 48 hours after taking charge of the case.

(5) If the cause of death cannot be determined within the time prescribed, the medical certification of death shall be completed as provided by rule of the state registrar. The attending physician, physician assistant, nurse practitioner or the Medical Examiner shall give the funeral service practitioner or person acting as a funeral service practitioner notice of the reason for the delay and final disposition of the body shall not be made until authorized by the attending physician, physician assistant, nurse practitioner or the Medical Examiner.

432.317 Report upon receipt of body or fetus; authorization for final disposition; rules.

(1) The funeral service practitioner or person acting as a funeral service practitioner who first assumes possession of a dead body or fetus shall make a written report to the county registrar in the county in which death occurred or in which the body or fetus was found within 24 hours after taking possession of the body or fetus. The report shall be on a form prescribed and furnished by the State Registrar of the Center for Health Statistics and in accordance with rules adopted by the Department of Human Services.

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

(5) An authorization for final disposition issued under the laws of another state which accompanies a dead body or fetus brought into this state shall be authority for final disposition of the body or fetus in this state. Permits for transporting a body or fetus out of another state issued under the laws of another state shall be authority for transporting a body or fetus into Oregon.

(6) No sexton or other person in charge of any place in which interment or other disposition of dead bodies is made shall inter or allow interment or other disposition of a dead body or fetus unless it is accompanied by authorization for final disposition.

The only permit that is acceptable is the new permit that is part of the current death certificate. You are no longer authorized to use the obsolete half sheet alternative permits.

(7) Each person in charge of any place for final disposition shall include in the authorization the date of disposition and shall complete and return all authorizations to the county registrar within 10 days after the date of the disposition. When there is no person in charge of the place for final disposition, a responsible party other than the funeral service practitioner or person acting as a funeral service practitioner shall complete and return the authorization to the county registrar within 10 days after the date of disposition.

On the back of each permit is a list of addresses for each County Vital Records Office. You should forward the completed permit to the county in which death occurred.