

WV DAVE (Database Application for Vital Events)

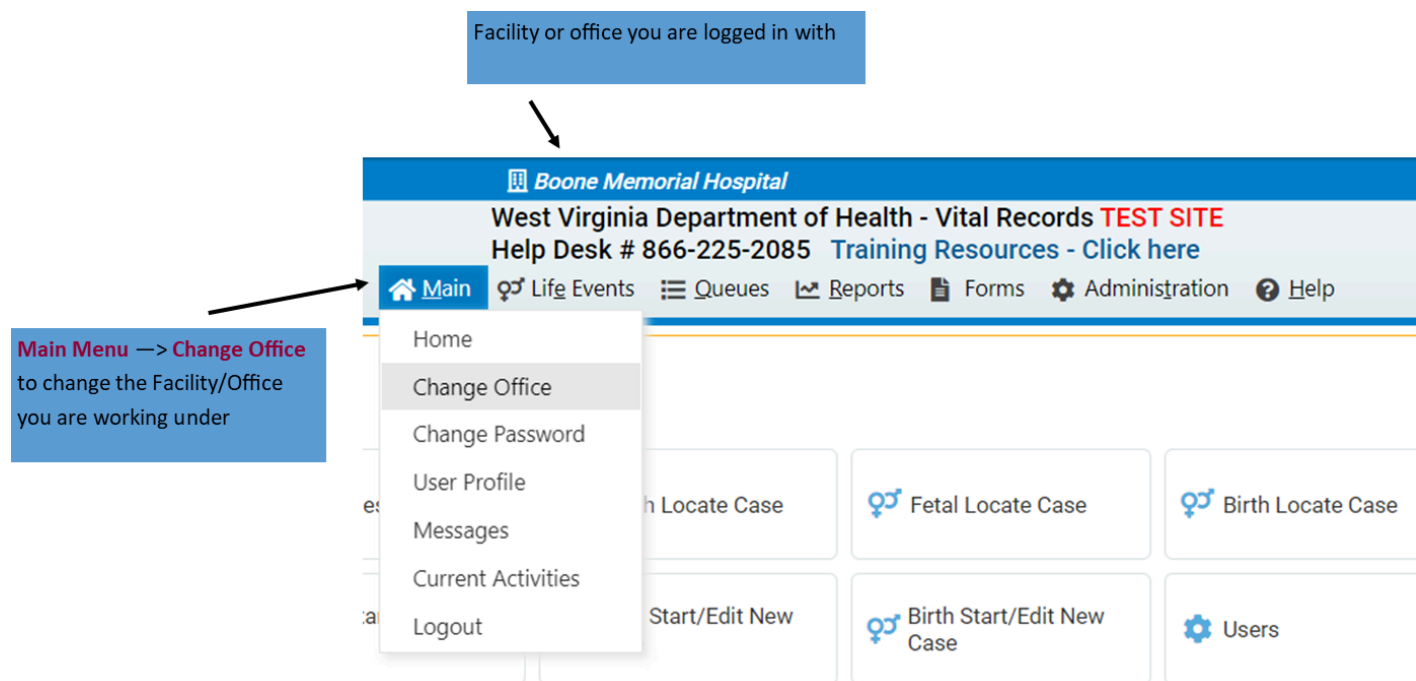
Medical Certifier Death Training Guides

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Guide 1: Logging In and Starting a New Case or Locating a Case

1) Logging in to WV DAVE

- Login in at: <https://davewv.vitalchek.com>
- If you are associated with more than one facility or office, you will choose the facility or office the case you are working on is associated with after logging in
 - You will see the facility or office you are working under at the top of the screen once you have logged in



- To change the facility you are working under, go to the **Main Menu** and click **Change Office**
 - This will bring you back to the login page where you will change the office and reenter your password to log in again

2) Starting a New Case

- To start a new case or see if a case has been started, got to:
 - **Life Events** → **Death** → **Start/Edit New Case**

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- Death Locate Case
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- Death Start/Edit New Case
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- Fetal Start/Edit New Case

Queues

- Registration Work Queue Summary (31)
- Order Work Queue Summary (1)
- Amendment Work Queue Summary

Death

- Search
- Fetal Death
 - Locate Case
 - Start/Edit New Case

- Clicking **Start/Edit New Case** will bring you to this page

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Death Start/Edit New Case

Decedent's Information

First: Last: Date of Death:
MMM-dd-yyyy

Sex: SSN: Date of Birth:
MMM-dd-yyyy

Case Id: ME Case Number: Medical Record Number:

Place of Death Location Type: Place of Death:

- On this page, you must enter the correct information in the required fields **First Name**, **Last Name**, **Date of Death**, and **Sex**
- Click **Search**
- The search is very precise. If another case has been started but just one letter in the name or number in the date is off, it will not show that a case exists. Be careful that you are entering the correct information.
- If a case with the criteria you entered hasn't been started, you will see this screen

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Death Search Results

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

- Click **Start New Case** to start a case with the criteria you entered

- Clicking **Start New Case** will bring you to this page

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Death Registration Menu

- Personal Information
- Decedent
 - Resident Address
 - Place of Death
 - Family Members
 - Informant
 - Disposition
 - Decedent Attributes
- Medical Certification
 - Pronouncement
 - Cause of Death
 - Other Factors
 - Injury
 - Certifier
- Other Links
 - Attachments
 - Comments
 - Print Forms
 - Relinquish Case
 - Request Medical Certification
 - Transfer Case
 - Trade Calls
 - Switch User

45362 :Test Test SEP-13-2024
 /New Event/New Event/Not Registered/Unsigned/Uncertified/NA

Decedent

Will OCME be responsible for completing personal demographic information at a later date?

Decedent's Legal Name

First: Middle: Last: Suffix:

Decedent's Maiden Name

Last:

Aliases
[Add/Edit Alias Names](#)

Sex: Social Security Number: None Unknown

Date of Birth: Age: Years: Months: Days: Under 1 Day: Hours: Minutes: SSN Verification Status: UNVERIFIED (0)

Decedent's Birth Place

City or Town: County: State or US Territory: Country:

Ever in US Armed Forces?

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

feEvents/Death/ResidentAddress.aspx;

- If a case already exists with the search criteria you entered you will see a page like this

Death Search Results

Case Id	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	Preview
45363	Training, Train	SEP-13-2024	Male			Preview

Total Records : 1

[+ Start New Case](#)
[New Search](#)

- To verify the case is the one you are looking for you can click the **Preview** Link on the right side which will bring up a preview of the case under the search results

Death Search Results

Case Id	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	Preview
45364	Training, Train	SEP-13-2024	Female	Boone	MAR-02-1973	Preview

Total Records : 1

[New Search](#)

Click **Preview** Link to view the case

A preview of the case will pop up below the search results

- If this is the case you are needing to work on, click **Select** to open the case

Death Search Results

Case Id	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	Preview
45364	Training, Train	SEP-13-2024	Female	Boone	MAR-02-1973	Select

Total Records : 1

[New Search](#)

Click **Select** Link to open the case

Preview

File Number: Case Id: 45364
 Decedent's Name: Train Training
 Spouse's Name:
 Sex: Female
 City or Town of Death: Madison
 Place of Death: Boone Memorial Hospital
 Residence: Hurricane West Virginia, United States
 Mother's Maiden Name: Jane Trained
 Funeral Director: Funeral Director
 Funeral Home: Bailey-Kirk Funeral Home, 1612 Honaker Avenue, Princeton
 Medical Certifier: Medical Certifier
 Date Entered: SEP-13-2024

File Date: Medical Record Number:
 ME Case Number:
 Date of Death: SEP-13-2024
 SSN: 123-32-5323
 County: Boone

Last Update Made By: Medical Certifier

Status: /Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/**Cremation Clearance Required**

3) Locating a Case

- If you know a case has already been started, you can search the case by going to:
 - **Life Events** → **Death** → **Locate Case**

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Home

Fast Links

- Messages
- Fetal Locate Case
- Birth Start/Edit New Case
- Fetal Start/Edit New Case

Queues

- Birth Locate Case
- Registration Work Queue Summary
- Amendment Work Queue Summary

Navigation Menu:

- Birth
 - Death
 - Search
 - Locate Case
 - Start/Edit New Case

- Once you click **Locate Case**, you will be brought to this page

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Death Locate Case

Decedent's Information

First: Last: Date of Death:
MMM-dd-yyyy

Sex: SSN: Date of Birth:
MMM-dd-yyyy

Case Id: ME Case Number: Medical Record Number:

Place of Death Location Type: Place of Death:

[Search](#)
[Soundex](#)
[Swap Names](#)
[Clear](#)

- There are no required fields on this page, but you must enter something so the system can locate the correct case. If you have the case number, you may enter it alone and **Search**

Death Locate Case

Decedent's Information

First: Last: Date of Death:
MMM-dd-yyyy

Sex: SSN: Date of Birth:
MMM-dd-yyyy

Case Id: ME Case Number: Medical Record Number:

Place of Death Location Type: Place of Death:

[Search](#)
[Soundex](#)
[Swap Names](#)
[Clear](#)

Enter as much information as possible so you locate the appropriate case, then click **Search**

- To verify the case is the one you are looking for you can click the **Preview** Link on the right side which will bring up a preview of the case under the search results

Case Id	Decedent's Name ^	Date of Death	Sex	Place of Death	Date of Birth	Preview
45364	Training, Train	SEP-13-2024	Female	Boone	MAR-02-1973	Preview

Total Records : 1

New Search

Click **Preview** Link to view the case

A preview of the case will pop up below the search results

- If this is the case you are needing to work on, click **Select** to open the case

Case Id	Decedent's Name ^	Date of Death	Sex	Place of Death	Date of Birth	Preview
45364	Training, Train	SEP-13-2024	Female	Boone	MAR-02-1973	Select

Total Records : 1

New Search

Click **Select** Link to open the case

Preview

File Number: Case Id: 45364
 Decedent's Name: Train Training
 Spouse's Name:
 Sex: Female
 City or Town of Death: Madison
 Place of Death: Boone Memorial Hospital
 Residence: Hurricane West Virginia, United States
 Mother's Maiden Name: Jane Trained
 Funeral Director: Funeral Director
 Funeral Home: Bailey-Kirk Funeral Home, 1612 Honaker Avenue, Princeton
 Medical Certifier: Medical Certifier
 Date Entered: SEP-13-2024

File Date:
 Medical Record Number:
 Marital Status: Never married
 Date of Birth: MAR-02-1973

ME Case Number:
 Date of Death: SEP-13-2024
 SSN: 123-32-5323
 County: Boone

Last Update Made By: Medical Certifier

Status: /Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/**Cremation Clearance Required**

4) Going to a case directly from WV DAVE Messaging

- When someone requests you as the medical certifier, you will receive an email like this



wvdavenoreply@wv.gov

11:44 AM (1 minute ago)



 to

Medical Certifier

Please complete the Medical Certification for:

Case Id: 46380
Decedent Name: New Testing
Decedent Date of Birth: OCT-03-2024
Date of Death: OCT-03-2024
Place of Death: Boone Memorial Hospital
Office Assigned to: Boone Memorial Hospital

You can log into DAVE here: <https://uat.davewv.vitalchek.com>

Attention Medical Certifiers - The CDC and the National Center for Health Statistics have an accredited online training course to help improve cause of death reporting at this link: <https://www.cdc.gov/nchs/nvss/improving-cause-of-death-reporting.htm>

They also have a resource website providing several helpful tools such as a mobile app for both Apple and Android devices, the Physician's Handbook on Medical Certification of Death, etc., located at this link: <https://www.cdc.gov/nchs/nvss/writing-cause-of-death-statements.htm>

We hope these tools will assist you in this process.

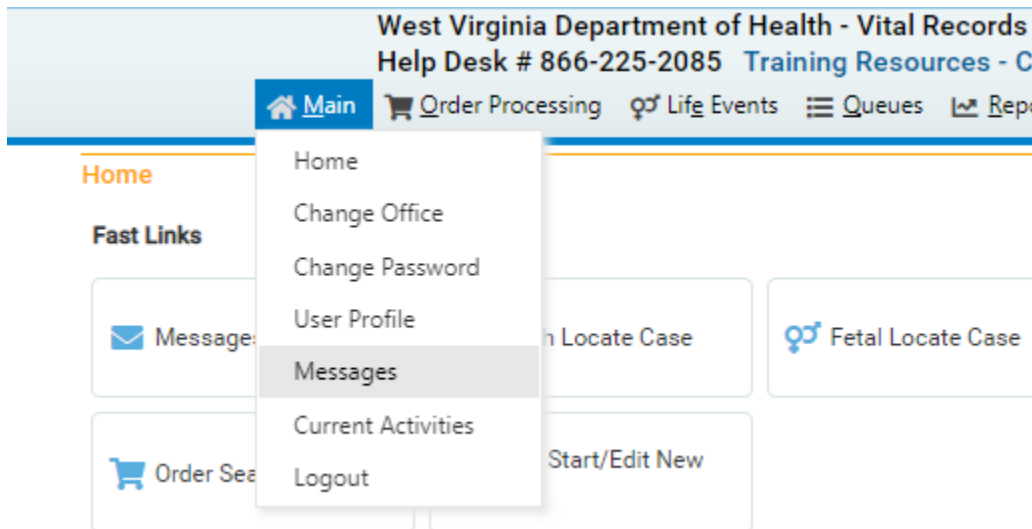
Please be advised that this is an unmonitored email address.

If you have any questions on use of the WV DAVE system, please go to this link: <https://dhr.wv.gov/HSC/NR/WV-DAVE/Pages/Electronic-Death-Registration-System.aspx> for more information, including user guides and walk-through/how-to videos.

If you would like live support via phone please call 866-225-2085, from 8:30am - 5pm ET, Monday through Friday. Testing, New

The information contained in this e-mail message is intended only for the personal and confidential use of the recipient(s) named above. This message may be an attorney-client communication and/or work product and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.

- You will also receive a message in WV DAVE
 - To review your messages, login to WV DAVE and go to **Messages** from the Home Page
 - Go to: **Main Menu** → **Messages**



- You can also access **Messages** under **Fast Links** on the Home Page

This is the screen you will see after logging in

- Once you click on **Messages**, you will see this screen

From	Subject	Message	Date Sent	
Sabrina McClure	Case id 46380 - Medical Certification Requested	Please complete the Medical Certification for: Case Id: 46380 Decedent Name: New Testing Decedent Date of Birth: OCT-03-2024 Date of Death: OCT-03-2024 Place of Death: Boone Memorial Hospital Office Assigned to: Boone Memorial Hospital You can log into DAVE here: https://uat.davewv.vitalchek.com Attention Medical Certifiers - The CDC and the National Center for Health Statistics have an accredited online training course to help improve cause of death reporting at this link: https://www.cdc.gov/nchs/nvss/improving-cause-of-death-reporting.htm They also have a resource website providing several helpful tools such as a mobile app for both Apple and Android devices, the Physician's Handbook on Medical Certification of Death, etc., located at this link: https://www.cdc.gov/nchs/nvss/writing-cause-of-death-statements.htm We hope these tools will assist you in this process. Please be advised that this is an unmonitored email address. If you have any questions on use of the WV DAVE system, please go to this link: https://dhhr.wv.gov/HSC/VR/WV-DAVE/Pages/Electronic-Death-Registration-System.aspx for more information, including user guides and walk-through/how-to videos. If you would like live support via phone please call 866-225-2085, from 8:30am - 5pm ET, Monday through Friday. Testing, New	10/4/2024 11:44:32 AM	<input type="checkbox"/>

- To go directly to this case and begin entering information, click on the **Decedent Name** Link in the message

Notes

Required fields have an indicator beside the field box and the field box is outlined in red.

Example:

Last:

Please confirm proper spelling of decedent first and last name to avoid duplicate cases and also because the search will only bring up **exactly** what you enter

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Guide 2: Pronouncement

- Once you have started a new case or located and opened the case you are needing to work on, you will see this page

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45364 :Train Training SEP-13-2024
/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/**Cremation Clearance Required**

Decedent

Will OCME be responsible for completing personal demographic information at a later date? No

Decedent's Legal Name

First Middle Last Suffix
Train Training

Decedent's Maiden Name

Last

Aliases

Add/Edit Alias Names

Sex Social Security Number
Female 123-32-5323 None Unknown

Date of Birth Age Years Months Days Under 1 Year Under 1 Day SSN Verification Status
MAR-02-1973 51 Verify SSN PENDING (0)

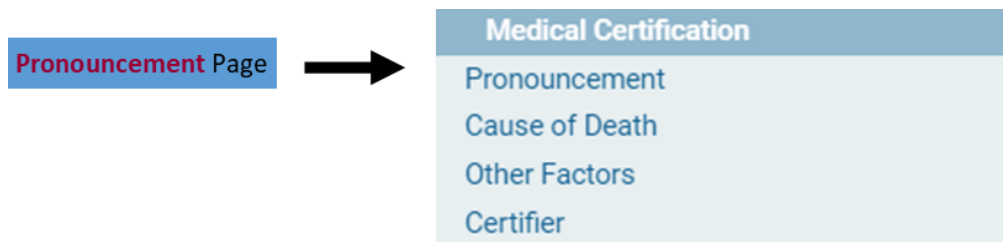
Decedent's Birth Place

City or Town County State or US Territory Country
Kanawha Head Upshur West Virginia United States

Ever in US Armed Forces? No

Validate Page Next Clear Save Return

- The case will automatically open to the Decedent Page, but you will click the **Pronouncement** Page



- If you click **Validate Page** before entering any information, you will see the fields that must be completed and the error messages for each field at the bottom of the page
 - Click **Validate Page** at any time to check what you have entered
 - If you prefer, you can review any errors all at once after you have entered all of the information in the Medical Certification Section by saving your work as you go and clicking **Validate Page** after you complete the last page (Other Factors)

- If you choose to validate your information this way, clicking the **Next** button goes to the next page and saves your work

45364 :Train Training SEP-13-2024

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/**Cremation Clearance Required**

Pronouncement

Date (Actual or Presumed) of Death (Required) Date of Death Modifier
MMM-dd-yyyy

Time (Actual or Presumed) of Death (Required) : Time of Death Modifier
MM:MM

Date Pronounced Dead (Enter if known.) Time Pronounced Dead (Enter if known.) :
MMM-dd-yyyy

Pronouncer Name
 (Enter below if known.)

License Number

First Middle Last Suffix

Title Other Specify

Date Signed
MMM-dd-yyyy

Validation Results

Error Message	Override	Goto Field	Popup
DR_6221: Time of death cannot be left blank. Enter the exact time of death (hours and minutes) according to local time. One minute after 12 midnight is entered as "12:01 a.m." of the new day. If the exact time of death is unknown, the time should be approximated by the person who pronounces death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Fix"/> <input type="button" value="Fix"/>

- A red box means that field must be completed and validated by the system before you can sign the case

Example:

Time (Actual or Presumed) of Death (Required) :
MM:MM

- Sometimes a doctor may have already completed this page if the death occurred in a hospital, assisted living facility, etc.
- If it has not been completed by another doctor, the medical certifier must at least complete the one required field
 - If an exact time of death is not known, enter an approximate time and in the **Time of Death Modifier** Field select the appropriate option

Date of Death Modifier

Time of Death Modifier

Announced Dead (Enter if known)

- 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

- Once you have entered the time of death and modifier click **Validate Page** to verify the information you entered is validated by the system
- If there are no errors, click the **Next** button to go to the next page, which is Cause of Death

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Guide 3: Cause of Death

- Once you navigate to the **Cause of Death** Page, this is what you will see

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Death Registration Menu

- Personal Information
- Decedent
- Place of Death
- Medical Certification
- Pronouncement
- Cause of Death**
- Other Factors
- Certifier
- Other Links
- Attachments
- Comments
- Print Forms
- Refer to Medical Examiner
- Relinquish Case
- Request Medical Certification
- Transfer Case

45364 :Train Training SEP-13-2024
/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/**Cremation Clearance Required**/FIPS Coding Required

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
Immediate Cause (Final disease or condition resulting in death) PART I Line a <input type="text"/>	<input type="text"/>
Due to or as a consequence of Line b <input type="text"/>	<input type="text"/>
Due to or as a consequence of Line c <input type="text"/>	<input type="text"/>
Due to or as a consequence of Line d <input type="text"/>	<input type="text"/>
PART II Other significant conditions <input type="text"/>	

- If you click the **NCHS Recommendations for Entry of Cause of Death** Link at the top of the page, a window will pop up with instructions for completing this page (see below)

NCHS Recommendations for Entry of Cause of Death

A death certificate is a permanent record of the fact of death of an individual. It provides important personal information about the decedent and about the circumstances and cause of death. Information on cause of death is important to the family to bring closure, peace-of-mind, and to document the exact cause of death. Cause of death is also used for medical and epidemiological research on disease etiology and evaluating the effectiveness of national and international levels.

Physician's responsibility

The physician's primary responsibility in completing the cause-of-death section is to report to the best of his or her knowledge, based upon available information, the causal chain that led to the death. The causal chain should begin with the cause that was closest to the time of death and work backwards to the initiating condition which is called the underlying cause of death. For example, the physician might report a death for which staphylococcus pneumonia occurs closest to the time of death; however the physician also reports that the pneumonia is due to carcinoma metastatic to both lungs, which in turn, is due to poorly differentiated adenocarcinoma, unknown primary site.

Medical examiner/coroner's responsibility

The medical examiner/coroner investigates deaths that are unexpected, unexplained, or if an injury or poisoning was involved. State laws provide guidelines for when a medical examiner/coroner must be notified. In the case of deaths known or suspected to have resulted from injury or poisoning, report the death to the medical examiner/coroner as required by State law. The medical examiner/coroner will either complete the cause-of-death section of the death certificate or waive that responsibility. If the medical examiner/coroner does not accept the case, then the certifier will need to complete the cause-of-death section.


General instructions for completing cause of death


- Cause-of-death information should be your best medical opinion.
- List only one condition per line in Part I. Additional lines may be added as needed.
- Each condition in Part I should cause the condition above it.
- Abbreviations and parentheses should be avoided in reporting causes of death.
- Provide the best estimate of the interval between the presumed onset of each condition and death.
- The original death certificate should be amended if additional medical information or autopsy findings become available that would change the cause of death originally reported.
- For deaths caused by injury or poisoning, complete only if the medical examiner or coroner instructs you to do so.
- The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. You should report the causes of the terminal event (e.g., cardiac arrest due to coronary artery atherosclerosis or cardiac arrest due to blunt impact to chest).
- If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (e.g., renal failure due to Type I diabetes mellitus). When indicating neoplasms as a cause of death, include the following: 1) primary site or that the primary site is unknown, 2) benign or malignant, 3) cell type or that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected (e.g., primary well-differentiated squamous cell carcinoma, lung, left upper lobe).
- Always report the fatal injury (e.g., stab wound of chest), the trauma (e.g., transection of subclavian vein), and impairment of function (e.g., air embolism).
- In Part II, report all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the underlying cause of death.
- If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

- You can also refer to the [Instructions for Completing the Cause-of-Death Section of the Death Certificate](#) for further guidance

- WV DAVE will check what you enter in cause of death fields for any errors

Immediate Cause (Final disease or condition resulting in death)

PART I Line a 



Click the **ABC** Icon to check your cause of death entry for errors

45364 :Train Training SEP-13-2024

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/**Cremation Clearance Required**/FIPS Coding Required

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

If there is an error with the cause of death that you entered, it will turn red and you can click on the link to read the error

If you click on the blue link, WV DAVE will update the entry for you to Chronic Obstructive Pulmonary Disease

Cause of Death	Approximate Interval Onset to Death
Immediate Cause (Final disease or condition resulting in death) PART I Line a <input type="text" value="COPD"/> 	<input type="text"/>
<input type="text" value="Chronic Obstructive Pulmonary Disease"/>  <small>COPD is a known abbreviation. Please select the correct term from the provided list:</small>	<input type="text"/>
Due to or as a consequence of Line b <input type="text"/> 	<input type="text"/>
Due to or as a consequence of Line c <input type="text"/> 	<input type="text"/>
Due to or as a consequence of Line d <input type="text"/> 	<input type="text"/>
PART II Other significant conditions <input type="text"/> 	<input type="text"/>

Abbreviations are not accepted by WV DAVE

- When there are no errors found, you will see a green check mark beside the entry

Immediate Cause (Final disease or condition resulting in death)

PART I
Line a Chronic Obstructive Pulmonary Disease



- NCHS / CDC will not accept terms like “cardiac arrest” or “respiratory failure”

Immediate Cause (Final disease or condition resulting in death)

PART I
Line a

Respiratory Failure



III Defined term "RESPIRATORY FAILURE" found on Line1a. Please be more specific. III-defined or trivial cause

Due to or as a consequence of

Immediate Cause (Final disease or condition resulting in death)

PART I
Line a

Cardiac Arrest



III Defined term "CARDIAC ARREST" found on Line1a. Please be more specific. III-defined or trivial cause

Due to or as a consequence of

- If you feel listing a mechanism of death such as cardiac arrest is the most appropriate cause of death, then you must add “due to” on **Line a** and list additional causes on the lines below

The green check marks mean WV DAVE accepts these causes of death

Immediate Cause (Final disease or condition resulting in death)

PART I
Line a Cardiac Arrest due to congestive heart failure Years

Due to or as a consequence of

Line b Coronary Artery Disease Years

Due to or as a consequence of

Line c High Blood Pressure Years

Due to or as a consequence of


Line d Diabetes Years

PART II
Other significant conditions History of smoking, high cholesterol

- You can edit an entry by clicking on the **Pencil** Icon

Terms like Cardiac Arrest and Respiratory Failure are not accepted.


Immediate Cause (Final disease or condition resulting in death)

PART I Line a 

To edit an entry that has already been checked, click the **Pencil** Icon beside of the field to edit your entry


Then click the **Triangle** Icon to recheck the field

Immediate Cause (Final disease or condition resulting in death)


PART I Line a 

Diseases/conditions that led to the cardiac or respiratory event should be used.


Immediate Cause (Final disease or condition resulting in death)

PART I Line a 


Due to or as a consequence of

Line b 

Due to or as a consequence of

Line c 


Due to or as a consequence of

Line d 

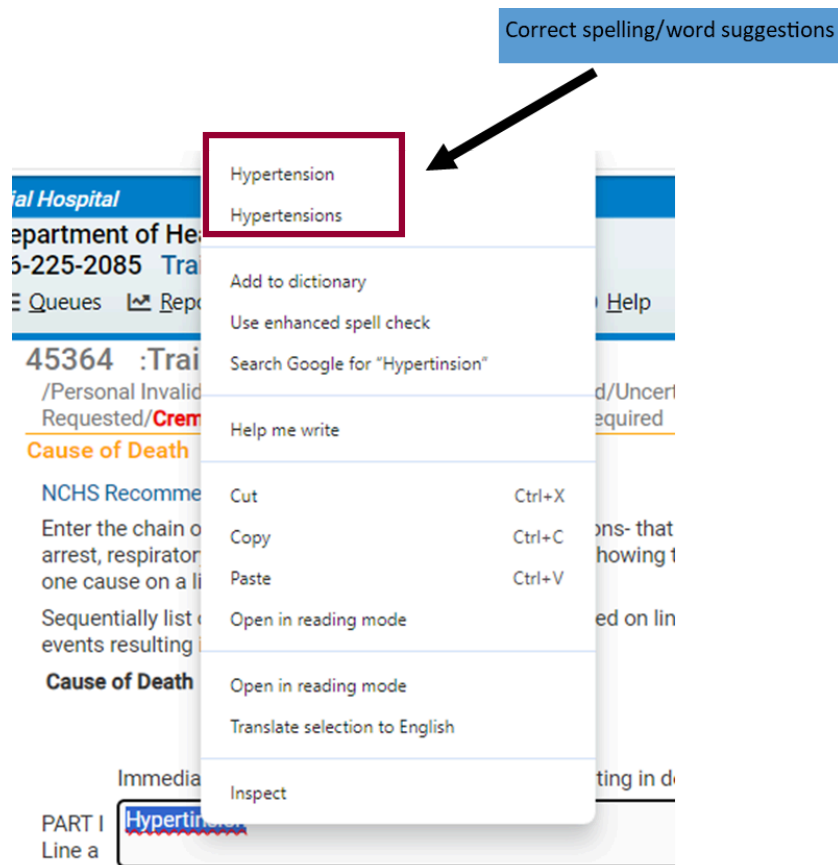
“If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (e.g., renal failure due to Type I diabetes mellitus)” - Instructions for Completing the Cause-of-Death Section of the Death Certificate

- If you misspell something in a cause of death field, WV DAVE will underline the misspelling

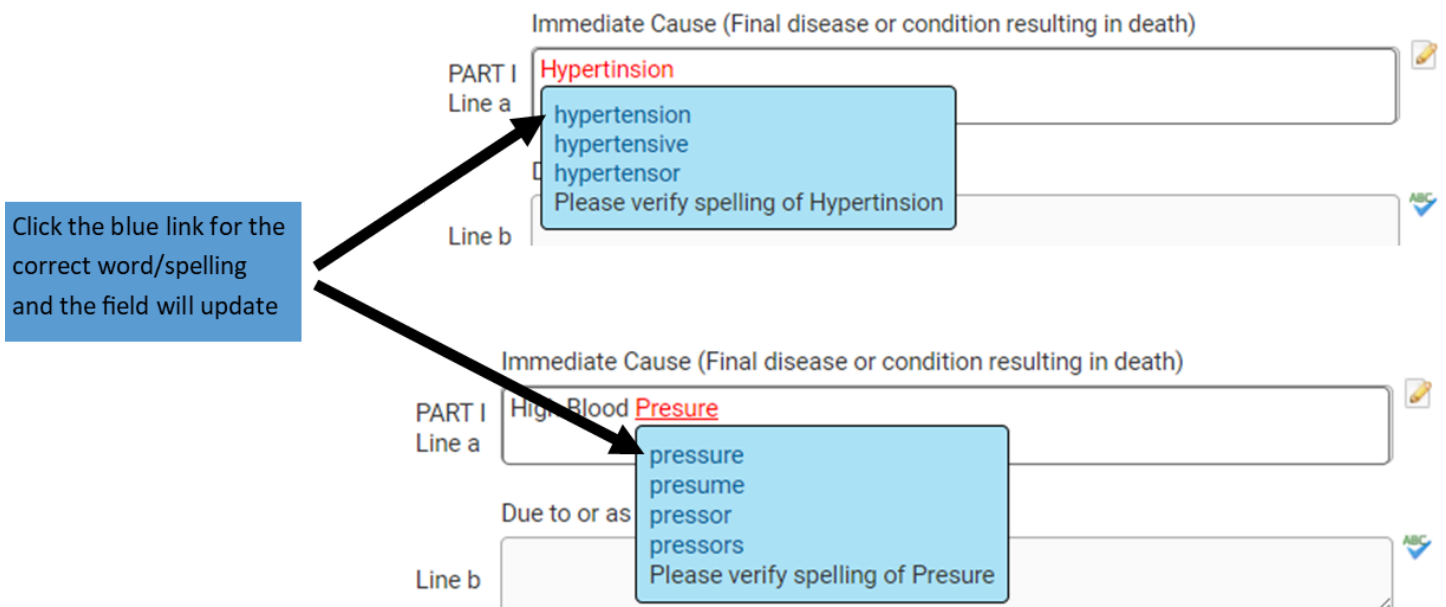
Immediate Cause (Final disease or condition resulting in death)

PART I Line a 

- Right click on the word to see correct spellings








- Or, if you click on the **ABC** icon and something is misspelled, the entry will become red
 - Click on the entry to see correct spelling/word suggestions



- Each cause of death entry requires an **Approximate Interval Onset to Death**
 - Terms such as “Unknown” or “Approximately” are accepted

- You also use years, months, days, etc. Please **do not** just enter a number and nothing else.

Cause of Death		Approximate Interval Onset to Death
Immediate Cause (Final disease or condition resulting in death)		
PART I Line a	Cardiac Arrest due to congestive heart failure 	Approximately 5 yrs
Due to or as a consequence of		
Line b	Coronary Artery Disease 	Years
Due to or as a consequence of		
Line c	High Blood Pressure 	Years
Due to or as a consequence of		
Line d	Diabetes 	Years
PART II Other significant conditions	History of smoking, high cholesterol 	

- **Part II, other significant conditions** is where you would enter other conditions/diseases that attributed to the person's death
 - "If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases." - Instructions for Completing the Cause-of-Death Section of the Death Certificate
- Once you have completed the **Cause of Death** Page and no errors are found, you will see a green check mark beside of the **Cause of Death** Page in the **Medical Certification** Menu

Medical Certification	
	Pronouncement
	Cause of Death
	Other Factors
	Certifier

- If there are no errors, click **Next** to move to the next page, which is Other Factors

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Guide 4: Other Factors

- Once you navigate to the **Other Factors** Page, this is what you will see

Death Registration Menu	
Personal Information	
Decedent	
Place of Death	
Medical Certification	
Pronouncement	
Cause of Death	
Other Factors	
Certifier	
Other Links	
✓ Attachments	
Comments	
Print Forms	
Refer to Medical Examiner	
Relinquish Case	
Request Medical Certification	
Transfer Case	

45364 :Train Training SEP-13-2024
/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/**Cremation Clearance Required**/FIPS Coding Required

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? Yes ME Case Number

Medical Records Reviewed

Was Body Viewed?

- If you click **Validate Page** before entering any information, you will see the fields that must be completed and the error messages for each field at the bottom of the page
 - Click **Validate Page** at any time to check what you have entered

45364 :Train Training SEP-13-2024

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/**Cremation Clearance Required**/FIPS Coding Required

Other Factors

Autopsy Performed	<input type="text" value=""/>		
Autopsy findings available to complete cause of death	<input type="text" value=""/>		
If Female age 10-65, specify pregnancy status	<input type="text" value=""/>		
Did tobacco use contribute to death	<input type="text" value=""/>		
Manner of Death	<input type="text" value=""/>		
Was case referred to the Medical Examiner?	<input type="text" value="Yes"/>	ME Case Number	<input type="text" value=""/>
Medical Records Reviewed	<input type="text" value=""/>		
Was Body Viewed?	<input type="text" value=""/>		

Validation Results

Error Message	Override	Goto Field	Popup
DR_4997: "Was There A Pregnancy Within The Last Year ?" cannot be left blank. Select the appropriate entry to indicate whether decedent was pregnant within the last year.	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
DR_4998: Did Tobacco Use Contribute to Death cannot be left blank. Enter a valid value for Did Tobacco Use Contribute to Death.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
DR_5000: Autopsy Performed cannot be left blank. Enter a valid value for Autopsy Performed. Autopsy Performed must be either "Yes" or "No" or "Unknown"; it cannot be blank.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
DR_5005: "Was There A Pregnancy Within The Last Year ?" cannot be left blank. Select the appropriate entry to indicate whether decedent was pregnant within the last year.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>
DR_5008: Manner of Death cannot be left blank. Manner of death is required. If Manner of death is unknown or pending, the case must be referred to a Medical Examiner.		<input type="button" value="Fix"/>	<input type="button" value="Fix"/>

- If you select anything other than **Natural** for **Manner of Death**, the case will automatically be referred to the OCME

A dropdown menu with a red background and a blue header bar. The options listed are: Natural, Accident, Homicide, Suicide, Pending, and Cannot be determined.

- If something other than natural is selected for **Manner of Death**, the OCME will complete an injury page in the case in WV DAVE before you can certify/sign the case

45364 :Train Training SEP-13-2024

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/**Cremation Clearance Required**/FIPS Coding Required

Other Factors

Autopsy Performed	<input type="text" value="No"/>
Autopsy findings available to complete cause of death	<input type="text"/>
If Female age 10-65, specify pregnancy status	<input type="text" value="Not pregnant within past year"/>
Did tobacco use contribute to death	<input type="text" value="No"/>
Manner of Death	<input type="text" value="Accident"/>
Was case referred to the Medical Examiner?	<input type="text" value="Yes"/> ME Case Number <input type="text"/>
Medical Records Reviewed	<input type="text"/>
Was Body Viewed?	<input type="text"/>

Validation Results

Error Message

DR_3208: Place of Injury cannot be left blank.
Please enter "Place of Injury". If Manner of Death is Accident, Suicide, or Homicide then Place of Injury is required.

- If the case needs to be reviewed by the OCME, you can refer the case by going to the **Death Registration Menu** → **Other Links** → **Refer to Medical Examiner**

Click **Refer to Medical Examiner** Page if the case needs reviewed by the OCME (in the case of an accident, suicide, homicide, etc.



Death Registration Menu
Personal Information
✗ Decedent
✓ Place of Death
Medical Certification
✓ Pronouncement
✓ Cause of Death
✗ Other Factors
✗ Certifier
Other Links
✓ Attachments
Comments
Print Forms
Refer to Medical Examiner
Relinquish Case
Request Medical Certification
Transfer Case

- After you click **Refer to Medical Examiner** you will see this screen

45364 :Train Training SEP-13-2024

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/**Cremation Clearance Required**/FIPS Coding Required

Refer To Medical Examiner

Office Name

Message

Click **Save** to request OCME to review the case

- The Status Bar will show that medical examiner review is required and that it has been referred to the medical examiner

This is where the Medical Certifier requested OCME

It shows as **ME Review Required** because **Accident** was selected for **Manner of Death**

45364 :Train Training SEP-13-2024

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/**Referred to ME** **ME Review Required**/Personal Pending/Medical Pending/Medical Certification Requested/**Cremation Clearance Required**/FIPS Coding Required

- Once the OCME is requested they will be the one to finish completing the death certificate and certify/sign the case
 - Typically the OCME will start and complete a case if it is anything other than natural causes, but you might have to refer a case to the OCME
- Once you have entered all of the information, click **Validate Page** to verify the information you entered is validated by the system
- Now you need to certify/sign the case

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Guide 5: Certifying/Signing a Death Case

- Once you have completed a case, click on the **Certifier** Page Link by going to: **Death Registration Menu** → **Medical Certification** → **Certifier**



- Clicking the **Certifier** Page will bring you to this screen

45370 :Train Trainer SEP-19-2024
/Personal Valid With Exceptions/Medical Invalid/Not Registered/Signed/Uncertified/NA/Medical Pending/Medical Certification Requested

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.
Zip Code City or Town State Country

Date Signed
MMM-dd-yyyy

Validation Results

Error Message	Override	Goto Field	Popup
DR_2566: Medical Certifier type cannot be left blank. Select the appropriate entry to indicate the medical certifier type.	<input type="checkbox"/>	<input type="button" value="Fix"/>	<input type="button" value="Fix"/>

- Your name, address, title, and license number will already be entered
- You will only need to select **Certifier Type**

45370 :Train Trainer SEP-19-2024

/Personal Valid With Exceptions/Medical Valid/Not Registered/Signed/Certified/NA/Registration Approval Required

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.

Zip Code City or Town State Country

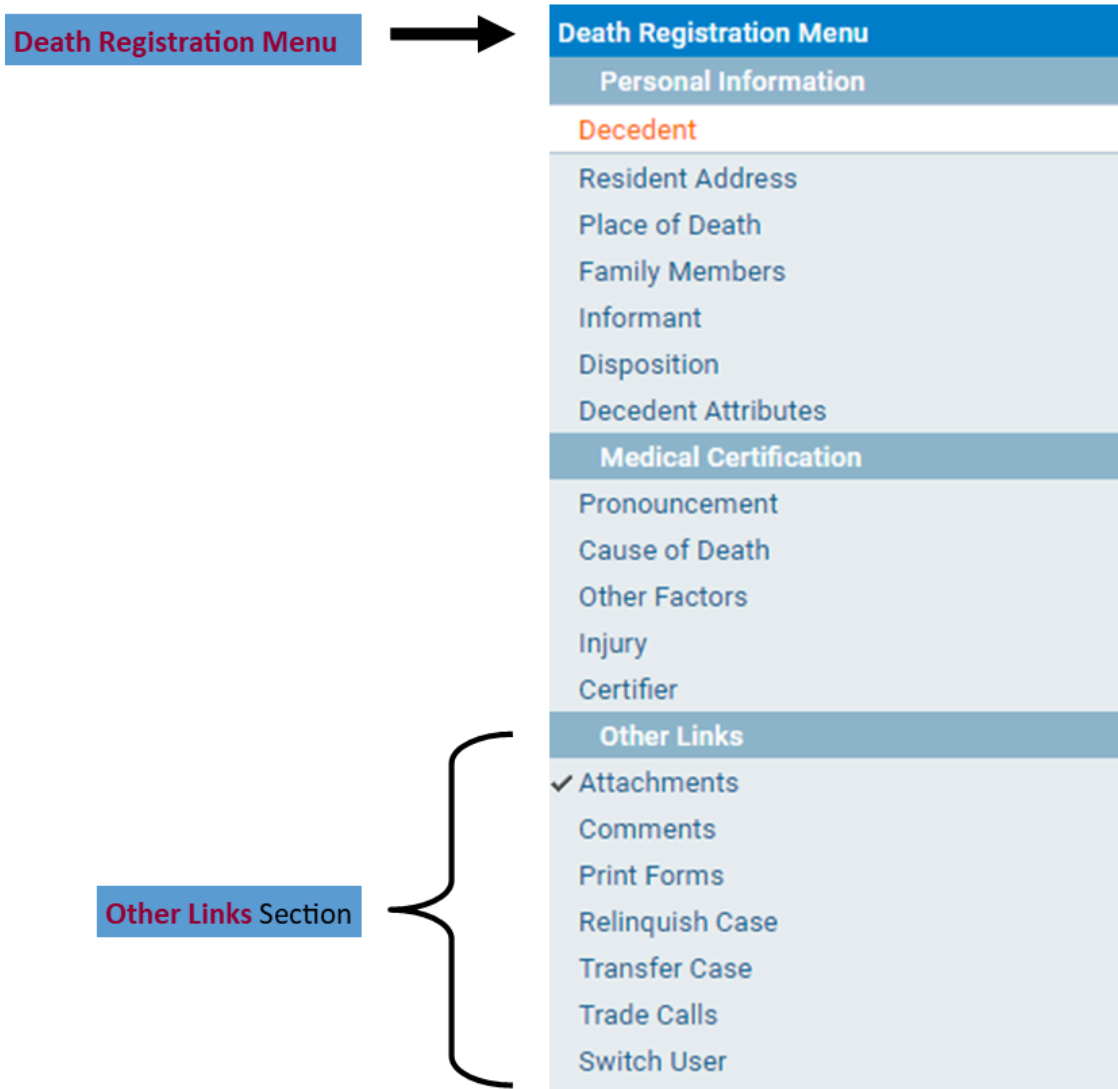
Date Signed 
MMM-dd-yyyy

THANK YOU, YOUR CASE IS NOW CERTIFIED

This registration is currently certified press uncertify to make changes

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As a Medical Certifier, there are certain pages you will have access to under the **Other Links** Section



1) Comments

- This is where you can leave/read comments regarding the case

If there are comments on the case, there will be a check mark beside **Comments**



Other Links

- Attachments
- ✓ Comments
- Print Forms
- Relinquish Case
- Transfer Case
- Trade Calls
- Switch User

- If there isn't a checkmark beside the **Comments** Page and you click on the **Comments** Page, this is what you will see

Comments

Comments

State File Number:
Registrant Name: Train Training
Event Type: Death
Event Date: SEP-13-2024

No data found.

New Comment Close

- If there are comments on a case, you would see this

Comments

Comments

State File Number:
Registrant Name: New Train
Event Type: Death
Event Date: SEP-17-2024

Comment Type	Date Entered	Entered By	Office	Comment	
General Comments	09/19/2024 08:38	doctor11	Boone Memorial Hospital	I am not the Medical Certifier. I am the pronouncer, and I h	View Delete

Total Records : 1

New Comment Close

- To view the comment you can hover your mouse over the comment

Comments

State File Number:

Registrant Name: New Train

Event Type: Death

Event Date: SEP-17-2024

Comment Type	Date Entered	Entered By	Office	Comment	
General Comments	09/19/2024 08:38	doctor11	Boone Memorial Hospital	I am not the Medical Certifier. I am the pronouncer, and I h	View Delete

Total Records : 1

New Comment Close

Here the comment is cut off

To read the entire comment, hover your mouse over the comment and a gray window with the full comment will pop up

Comments

State File Number:

Registrant Name: New Train

Event Type: Death

Event Date: SEP-17-2024

Comment Type	Date Entered	Entered By	Office	Comment	
General Comments	09/19/2024 08:38	doctor11	Boone Memorial	I am not the Medical Certifier. I am the pronouncer, and I have completed the pronouncement page.	View

New Comment Close

- You can also view the comment by clicking the **View** Link on the right side of the comment pop up window

Comments

State File Number:

Registrant Name: New Train

Event Type: Death

Event Date: SEP-17-2024

Comment Type	Date Entered	Entered By	Office	Comment	
General Comments	09/19/2024 08:38	doctor11	Boone Memorial Hospital	I am not the Medical Certifier. I am the pronouncer, and I h	View Delete

Total Records : 1

New Comment Close

View Link

- Clicking **View** Link, will bring up this window

Comments
✕

Comments

State File Number:

Registrant Name: New Train

Event Type: Death

Event Date: SEP-17-2024

Comment Type	Date Entered	Entered By	Office	Comment	
General Comments	09/19/2024 08:38	doctor11	Boone Memorial Hospital	I am not the Medical Certifier. I am the pronouncer, and I h	View Delete

Total Records : 1

Update Existing Comment

Comment Date: 09/19/2024 08:38

Entered By: doctor11

Comment Type: General Comments ▾

Comment:

I am not the Medical Certifier. I am the pronouncer, and I have completed the pronouncement page.

Save
Clear
Cancel

Maximum text length: **4000** Characters left: **3903**

New Comment
Close

- When you are finished viewing the comment, click **Close**
- To add a comment, click on the **Comments** Page

Comments

Comments

State File Number:
Registrant Name: New Train
Event Type: Death
Event Date: SEP-17-2024

Comment Type	Date Entered	Entered By	Office	Comment	
General Comments	09/19/2024 08:38	doctor11	Boone Memorial Hospital	I am not the Medical Certifier. I am the pronouncer, and I h	View Delete

Total Records : 1

New Comment Close

Click on **New Comment** to add a comment



- Clicking **New Comment** will pop up a window that looks like this

Comments

Comments

State File Number:
Registrant Name: New Train
Event Type: Death
Event Date: SEP-17-2024

Comment Type	Date Entered	Entered By	Office	Comment	
General Comments	09/19/2024 08:38	doctor11	Boone Memorial Hospital	I am not the Medical Certifier. I am the pronouncer, and I h	View Delete

Total Records : 1

Enter New Comment

Comment Type:

Comment:

Maximum text length: 4000 Characters left: 4000

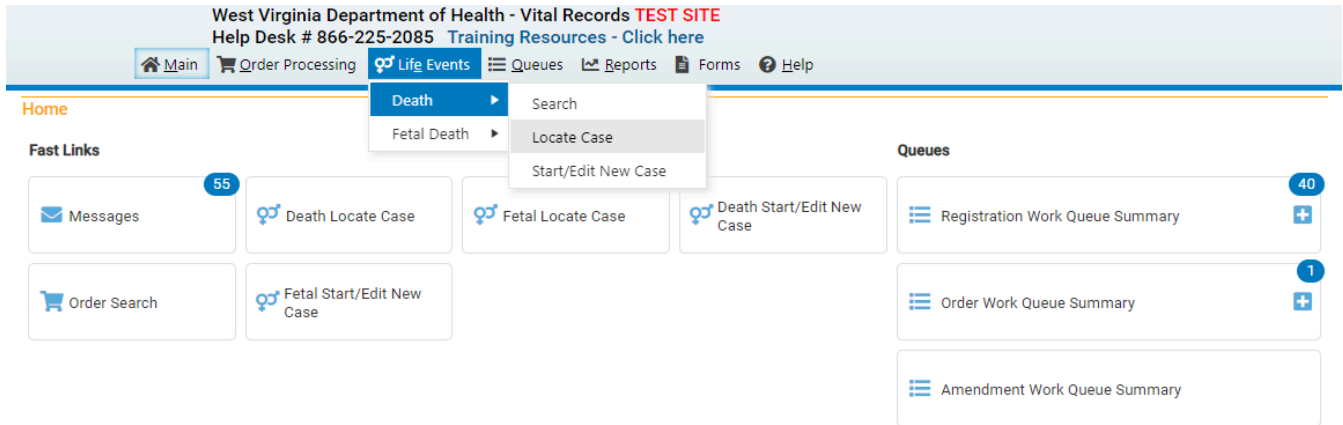
Save
Clear
Cancel

New Comment Close

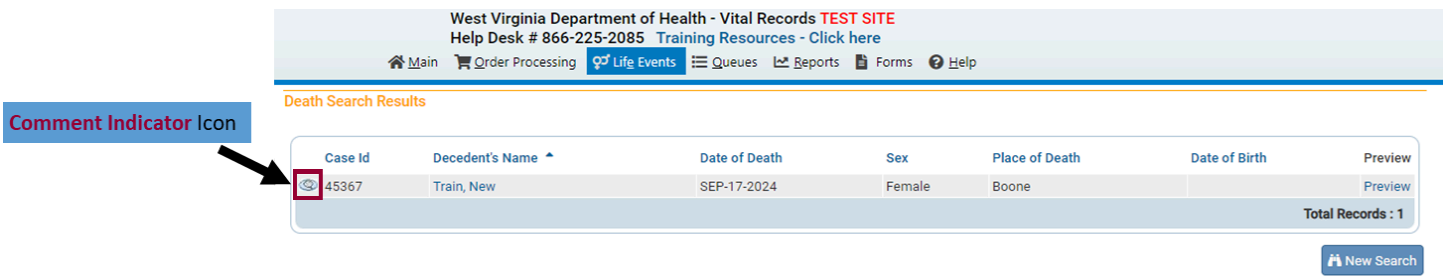
Select **General Comment** for **Comment Type**

After entering your comment, click **Save**

- You can also tell if a case has a comment after searching for a case using **Search** or **Locate Case**
 - Life Events** → **Death** → **Search** or **Life Events** → **Death** → **Locate Case**



- The search results will pop up and you will see an icon beside the case that indicates the case has a comment or comment(s)



- If you click on the **Comment Indicator** Icon, a window will open up showing all the comments on the case

1) Print Forms

- Print Forms** can be found by going to: **Death Registration Menu** → **Other Links** → **Print Forms**
 - Print Forms** is where you can print a **Working Copy** of a death certificate to review before certifying



- After clicking on **Print Forms**, this is what you will see

45367 :New Train SEP-17-2024

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/FIPS Coding Required/Funeral Home Requested

Print Forms

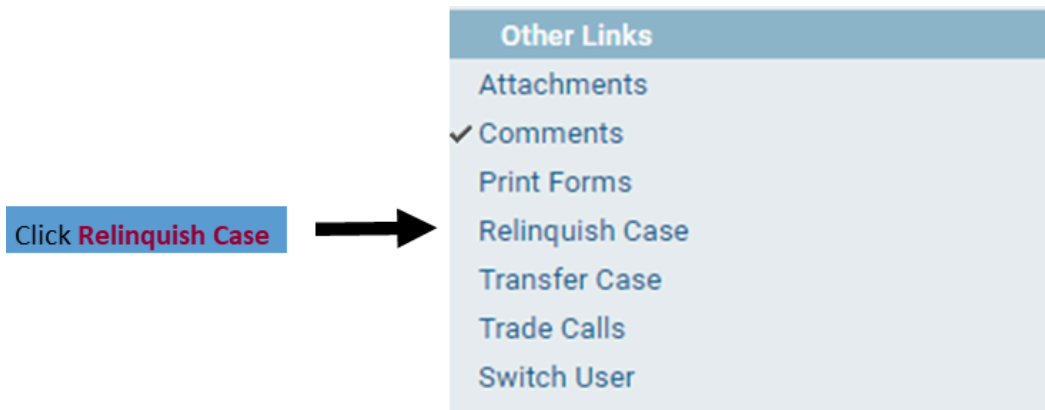
Delayed Certificate of Death **Cannot be printed unless event has a 'registered' status.**
Disposition Permit
Working Copy ***** Print Form missing *****
Working Copy
Cremation Clearance Form **Must have a paid Cremation Certificate order**

[Return](#)

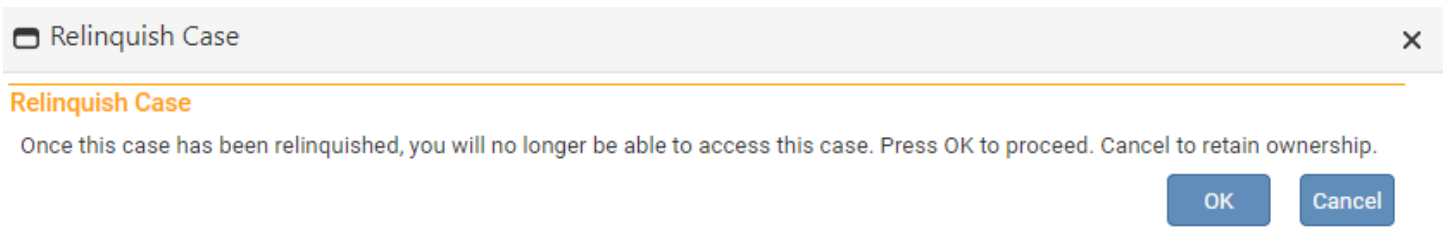
- Click on **Working Copy** to download a working copy to your computer

2) Relinquish Case

- The ONLY time you would relinquish a case is if you are not the Medical Certifier on the case
- **Relinquish Case** can be found by going to: **Death Registration Menu** → **Other Links** → **Relinquish Case**



- Clicking **Relinquish Case** will bring up this pop up window



- Click **OK** to relinquish the case and **Cancel** to retain the case
 - Only relinquish the case if you are sure it is not your case

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Guide 7: Making Changes to a Case & Creating Amendments

1) Making Changes to a Case

- If a case has not been registered, you can make a change without submitting an amendment
 - If the case doesn't have a **State File Number (SFN)** when you look up a case, that means it is not registered

State File Number (SFN) means a case is registered by the State Office

Death Search Results

Case Id	SFN	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	Preview
45318		Test, Test	MAY-30-2024	Male			
45320		Test, Test	MAY-30-2024	Male	Boone		
45321	2024000016	Test, Test	MAY-30-2024	Male	Boone	MAY-30-1980	
45327	2024000018	Test, Test	JUN-21-2024	Male			
45270		Test, Test	FEB-22-2024	Male			
44881		Test, Test	NOV-02-2022	Male	Boone		
45234		Test, Test	JAN-30-2024	Male			
45232		Test, Test	JAN-29-2024	Male	Boone	SEP-19-1980	
16436		Test, Test	JUN-10-2022	Male			
44853		Test, Test	SEP-21-2022	Male			

These cases are registered

- The **SFN** is also located at the top of a case, and you can tell by the **Status Bar** whether a case is registered or not

State File Number (SFN)

Status Bar

45321 2024000016 :Test Test MAY-30-2024
/Personal Valid With Exceptions/Medical Valid Registered NA/NA/NA

- If you haven't certified/signed a case, you can make any changes
- Once you have affirmed/signed a case, you will need to **Uncertify** the case to make changes to the Medical Certification Section
 - To **Uncertify** a case, go to the appropriate case, and click on the **Certifier** Page

Certifier Page →

Medical Certification

- Pronouncement
- Cause of Death
- Other Factors
- Injury
- Certifier

- Clicking on the **Certifier** Page, you will see this pop up box

45364 :Train Training SEP-13-2024
/Personal Invalid/Medical Valid/Not Registered/Unsigned/Certified/Personal Pending

Certifier

Certifier Type: Certifying Physician

Certifier Name: [Search] [Refresh]

License Number: MD1029

First: Medical Middle: Last: Certifier Suffix:

Title: Doctor of Medicine

Certifier Address

Edit Certifier Address

Street Number: 456 Pre Directional: Street Name, Rural Route, etc.: Some Street Designator: Boulevard Post Directional: Apt #, Suite #, etc.:

Zip Code: 25130 City or Town: Madison State: West Virginia Country: United States

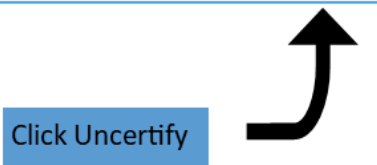
Date Signed: SEP-25-2024 [Calendar icon]

Save/Validate Page Clear Return

THANK YOU, YOUR CASE IS NOW CERTIFIED

This registration is currently certified press uncertify to make changes

Uncertify



- After clicking **Uncertify**, this window will pop up

uat.davewv.vitalchek.com says

Are you sure you wish to Uncertify this registration?

- Click **Ok** to Uncertify the case
- Now you can make an necessary changes
- After making the changes to the case, be sure to validate the changes and certify/sign the case again

2) Amendments

- For a case that is registered, you have to create an amendment to make changes
 - To make an amendment, go to the appropriate case and click the **Amendment List** Page under the **Registrar** Section
 - The **Registrar** Section will appear once the case is registered

Click **Amendment List** Page

Death Registration Menu

- Personal Information
- Decedent
 - Resident Address
 - Place of Death
 - Family Members
 - Informant
 - Disposition
 - Decedent Attributes
- Medical Certification
 - Pronouncement
 - Cause of Death
 - Other Factors
 - Injury
 - Certifier
- Registrar
 - Amendment List
- Other Links
 - Amendments
 - Attachments
 - Comments
 - Order Certified Copies
 - Print Forms
 - Trade Calls
 - Switch User

45339 2024000020 :Joe Test AUG-28-2024
/Personal Valid With Exceptions/Medical Valid With Exceptions/Registered/NA/NA/NA

Decedent

Will OCME be responsible for completing personal demographic information at a later date?

Decedent's Legal Name

First Middle Last Suffix
Joe Test

Decedent's Maiden Name

Last

Aliases

Add/Edit Alias Names

Sex Social Security Number None Unknown
Male 123-45-6789

Date of Birth JAN-01-1970 Age 54 Under 1 Year Under 1 Day
SSN Verification Status UNVERIFIED (0)

Decedent's Birth Place

City or Town County State or US Territory Country
Portland Oregon United States

Ever in US Armed Forces?

- Clicking the **Amendment List** Page will bring you to this screen

45339 2024000020 :Joe Test AUG-28-2024

/Personal Valid With Exceptions/Medical Valid With Exceptions/Registered/NA/NA/NA

Amendment List

New Amendment Return

- Click **New Amendment** and you will be brought to this screen

45339 2024000020 :Joe Test AUG-28-2024

/Personal Valid With Exceptions/Medical Valid With Exceptions/Registered/NA/NA/NA

Amendment Page

Type Amendment Date
Year Amendment Number
Order Number Description
Amendment Status

Save Clear Return

- Here you will need to select the **Amendment Type**
 - For Funeral Directors the only option is **Personal**
- After selecting **Personal**, click **Save** to be taken to the next page

16423 2022008905 :Test Test MAY-18-2022

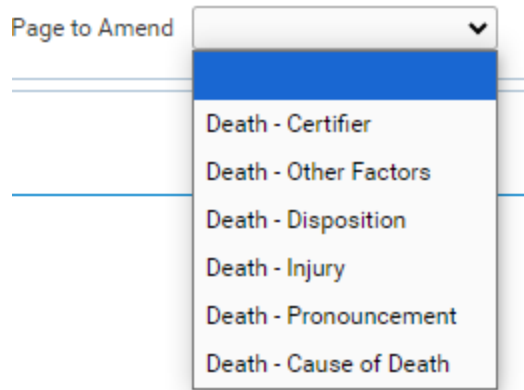
/Personal Valid With Exceptions/Medical Valid With Exceptions/Registered/Signed/Certified/NA/Cause of Death Pending/FIPS Coding Required

Amendment Page

Type Amendment Date
Year 2024 Amendment Number 4283
Order Number Description
Amendment Status Keyed (Requires Affirmation)
Page to Amend

Cancel Amendment Save Clear Return

- For the **Page to Amend** field, you have the option to choose any of the pages in the Personal Information Section (Funeral Home Section)



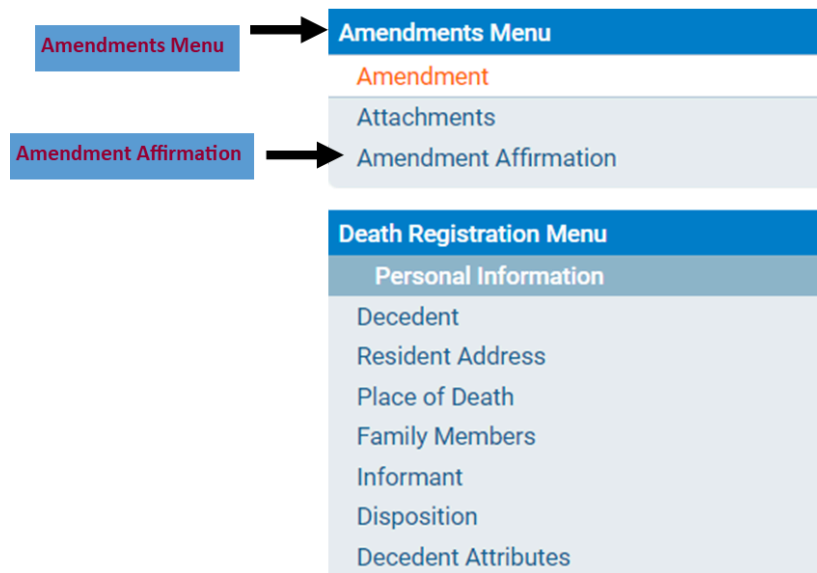
- After you click the page you need to amend, you will see a screen like this

A screenshot of the "Amendment Page" interface. On the left is a navigation menu with sections: "Amendments Menu" (containing "Amendment Affirmation"), "Death Registration Menu" (containing "Personal Information", "Decedent", "Place of Death", "Medical Certification", "Pronouncement", "Cause of Death", "Other Factors", "Certifier", "Registrar", "Amendment List", "Other Links"), and "Amendments" (containing "Attachments", "Comments", "Print Forms"). The main content area shows the following details:
- Header: "46379 2024000025 :First Trained OCT-01-2024" with a sub-header "/Personal Valid/Medical Valid/Registered/Signed/Certified/NA".
- Section: "Amendment Page".
- Fields: "Type" (Medical < 1 Year), "Amendment Date" (OCT-04-2024), "Year" (2024), "Amendment Number" (5283), "Order Number" (empty), "Description" (empty), "Amendment Status" (Keyed (Requires Affirmation)), "Page to Amend" (Death - Disposition).
- Section: "Disposition".
- Field: "Date of disposition" (OCT-07-2024).
- Field: "Funeral Director" (with search and refresh icons).
- Field: "License Number" (FD1234).
- Footer buttons: "Cancel Amendment", "Validate Page", "Validate Amendment", "Save", "Clear", "Return".

- You will see an **Amendments Menu** has also been added to the **Death Registration Menu** on the left
- After you make the change, click **Save** and your change will be brought up for review

- Click the **Edit** Link or **Delete** Link if you realize you made a mistake and need to edit your amendment or delete it

- If you need to make another change on a different page, choose a different **Page to Amend**
 - That will bring up the next page you wish to amend
 - You can make multiple changes under one amendment so you don't have to go in and create a new amendment for each change
 - Be sure to click **Save** after each page you amend
- Once you are finished making changes and you have reviewed them for accuracy, go to the **Amendments Menu** to the left and click on **Amendment Affirmation**



- Clicking **Amendment Affirmation** will bring you to this page

46379 2024000025 :First Trained OCT-01-2024
 /Personal Valid/Medical Valid/Registered/Signed/Certified/NA

Affirmations

Affirm the following:

The original facts for the amended items were incorrectly stated at the time of death. I affirm that the amendment(s) requested is/are supported by documentation and will change the original record to reflect the true facts

Click the **Checkbox**

Affirm Clear Return

Then click **Affirm**

- If you have multiple changes, you will have multiple checkboxes to click

46379 2024000025 :First Trained OCT-01-2024
 /Personal Valid/Medical Valid/Registered/Signed/Certified/NA

Affirmations

Affirm the following:

The original facts for the amended items were incorrectly stated at the time of death. I affirm that the amendment(s) requested is/are supported by documentation and will change the original record to reflect the true facts

I certify that, to the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. I affirm that this medical information is submitted for inclusion on the death record

Affirm Clear Return

- Once you have clicked **Affirm**, you will see this screen

Affirmations

Authentication successful.

Clear Return

- The State Office will have to approve the amendment
- Once it is approved you will receive a message in WV DAVE and an email to the email address you entered when setting up your user account in WV DAVE

WV DAVE message stating the amendment has been approved

Messages

Send Message Mark as Read Remove from List

From	Subject	Message	Date Sent	
Sabrina McClure	Case 46379 Amendment Approved	The amendment submitted for: 46379; First Trained , Event Date: OCT-01-2024 has been Approved.	10/4/2024 11:01:31 AM	<input type="checkbox"/>

Clicking on these link will take you directly to the case

- When receiving a message in WV DAVE, you can click the **Case ID Link** or **Decedent Name Link** to go directly to that case

Email message stating the amendment has been approved

Case 46379 Amendment Approved Inbox x

Print Share

wvdavenoreply@wv.gov
Medical Certifier

11:01AM (0 minutes ago) ☆ ↶ ⋮

The amendment submitted for: 46379; First Trained, Event Date: OCT-01-2024 has been Approved.

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Guide 8: Status Bar

- The **Status Bar** is located at the top of a case and provides information about that case

After a case is registered, there will be a State File Number (SFN) created and that will be seen here

Case ID 45367 **Decedent Name** :New Train **Date of Death** SEP-17-2024

Status Bar { /Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/FIPS Coding Required/Funeral Home Requested

Decedent

Will OCME be responsible for completing personal demographic information at a later date? No

Decedent's Legal Name

First: New Middle: Last: Train Suffix:

Decedent's Maiden Name

Last:

Aliases

Add/Edit Alias Names

Sex: Female Social Security Number: None Unknown

Date of Birth Under 1 Year Under 1 Day

Age: Years Months Days Hours Minutes

SSN Verification Status: UNVERIFIED (0)

Decedent's Birth Place

City or Town: County: State or US Territory: Country: United States

Ever in US Armed Forces?

Validate Page Next Clear Save Return

- The second status in the **Status Bar** refers to the Medical Certifier's Section which is Medical Certification
- If you, as the Medical Certifier, haven't complete all of the pages, haven't signed/certified the case or there are errors the **Status Bar** would say **Medical Invalid**

Medical Invalid = Nothing has been entered; some has been entered; or it has been entered but contains "red" errors and/or hasn't been signed/certified

/Personal Valid/**Medical Invalid**/Not Registered/Signed/Uncertified/NA/Medical Pending/Medical Certification Requested/FIPS Coding Required

Death Registration Menu	
Personal Information	
✓	Decedent
✓	Place of Death
Medical Certification	
✓	Pronouncement
✓	Cause of Death
✓	Other Factors
✗	Certifier

Medical Certifier Section

When the **Status Bar** says **Medical Invalid**, at least 1 page in the Medical Certification Section will have a red x (X)

- If you, as the Medical Certifier, have completed all of the pages, there are no errors, and you have signed/certified the case the **Status Bar** would say **Medical Valid**

Medical Valid = Everything has been entered and validated by the system

/Legal Valid/**Medical Valid**/Certified/Registered/**Hold**/Plural Delivery Linkage Required

When the **Status Bar** says **Medical Valid**, all the pages in the **Facility Information Section** will have a green checkmark beside the pages

Facility Information Section is the Legal Section

Facility Information	
✓	Place of Birth
✓	Prenatal
✓	Pregnancy Factors
✓	Labor
✓	Delivery
✓	Newborn
✓	Newborn Factors
✓	Attendant/Certifier
	Certify

- The **Status Bar** will also tell you whether the case is registered or not

/Personal Valid/Medical Valid/Registered/Signed/Certified/NA

/New Event/New Event/Not Registered/Unsigned/Uncertified/NA

- The **Status Bar** will also tell you whether the Funeral Director has completed their section and signed the case

/Personal Valid/Medical Valid/Registered/Signed/Certified/NA

/New Event/New Event/Not Registered/Unsigned/Uncertified/NA

- The **Status Bar** will also tell you whether you, the medical certifier, has completed their section and signed the case

/Personal Valid/Medical Valid/Registered/Signed/Certified/NA

/New Event/New Event/Not Registered/Unsigned/Uncertified/NA

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