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 62. Name and Address of Certifier (Number & Street or RFD No. CityTown. State. Zip + 4) <u>Megan Snith</u> <u>H300 SW</u> <u>Soun Jackson Parks Rd.</u> <u>Modical Certifier</u> 64. Title of Certifier <u>M.P.</u> 65. License Number <u>Modical Certifier</u> 66. Date Signed (MON DD YYY) <u>Mume 23, 2011</u> 67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <u>Megan Snith</u> <u>Megan Snith</u> <u>Modical Examiner</u> - On the basis of examination, and/or investigation, in my opinion, deal occurred at the time, date, and place, and due to the cause(s) and manner stated. <u>Megan Snith</u> <u>Megan Snith</u> 		BY MEDICAL CERTIFIER Sedinary Sedinary Center Sedinary Sedinary Se	Footn Was case referred to Medical E Yes S No Enter the chain of events - dise such as cardiac arrest, respirat Final disease or condition resulting in death→ uentially list conditions, if any, ing to the cause listed on line a ER THE UNDERLYING ISE LAST (disease or injury initiated the events resulting in h). Other significant conditions con Manner of Death Activat □ Homicide Accident □ Undetermined Suicide □ Pending Date of Injury (Number & Street	xaminer? 47. Auto asses, injuries, or complicitory arrest or ventricular fill IMMEDIATE CAUSE ↓ a. Congestave Hear Due to (or as a consequence) b. Due to (or as a consequence) c. Due to (or as a consequence) d. tributing to death, but not 53. If Female Pregnant at time of deat Not pregnant, but pr	ASY? ASY No ASY No CAUSE ations - that directly ca brillation without showi t Failure are of) ↓ are of) ↓ are of) ↓ are sulting in the underly typer □ Not pregnant h □ Unknown if p ant within 42 days before co Place of Injury (e.g., Dec	e autopsy findings available to o Part of the death. DO NOT ENT age the death. DO NOT ENT ing the etiology. DO NOT ABBF ying cause given above: but pregnant 43 days to 1 year bef regnant within the past year leath edent's home, construction site, rest	complete the compl	A. Did tobacco	5:30 pm Approximate Interval: Onset to Death years use contribute to death? Probably Unknown Injury at Work? Yes No Unknown	
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FOR COUNTY USE ONLY LEGEND



Personal items that can be amended by an affidavit from a licensed funeral director for the facility submitting the record

Medical items that can be amended by an affidavit from the medical certifier listed on the record



Items that cannot be amended



Location of death can be amended by *either* the funeral director *or* the medical certifier listed on the record.

Marital Status & Spouse Name, Informant, Funeral Home – The following items are <u>timing dependent</u>: changing the funeral home to a different facility, changing the informant from one person to another, changing the marital status, and changing the spouse's name. These changes can only be made if a legally sufficient affidavit from the funeral director <u>accompanies</u> the death record when it is delivered to the county for initial filing or the funeral director affidavit indicates that the change is due to a clerical error. Otherwise, only <u>minor</u> spelling errors should be corrected. For example, informant's first name "Stuart" to "Stewart" would be allowed but adding a spouse's middle name that is blank would not. Refer all other requests for changes to these items to the state office for review to ensure the rules are being followed.

Footnotes (45 & 69)

All changes to an original record must be documented with a footnote. If you do not have a typewriter or do not have room to type the footnote in the correct footnote box, send the original record and affidavit to the state. <u>Do not issue</u> from the uncorrected record and <u>do not change</u> the record without adding a footnote. Wait for the record to be registered by the state, then issue the corrected record electronically. Footnotes must be specific enough for someone to tell exactly what was changed without seeing the affidavit – for example "Last Name formerly Jones" is not specific enough because several last names appear on a death record.

Examples:

5. Amendment SSN was blank, Res. Street name was B	Burnside corr. by F. Dir. A	ff. 2/18/17, M.	Smith, Co. Re	eg., dp
Item corrected Prior entry	Document used	Date corrected	Registrar's Name/Title	Initials of person correcting
5. Amendment Date of Death formerly Apr-02-2017 amende	ed by medical certifier's affi	idavit 2/18/17, M	. Smith, Co. R	eg., mgf
Item corrected Prior entry	Document used	Date corrected	Registrar's Name/Title	Initials of person correcting
9. Amendment Time of Death, Manner, and Other significant condit	ions amended by medical cert	ifier's affidavit 2/18	/17, M. Smith, C	co. Reg., mg
Item corrected	Document used	Date corrected	Registrar's Name/Title	Initials o person

Death Corrections Specialist | 971-673-1163 | CHS.Amendments@oha.oregon.gov 04/23