County & Deputy Registrar Amending Death Records – Amendment Tool

Public Health Division
Center for Public Health Practice
Center for Health Statistics
December 4th and 7th 2017



Presenters

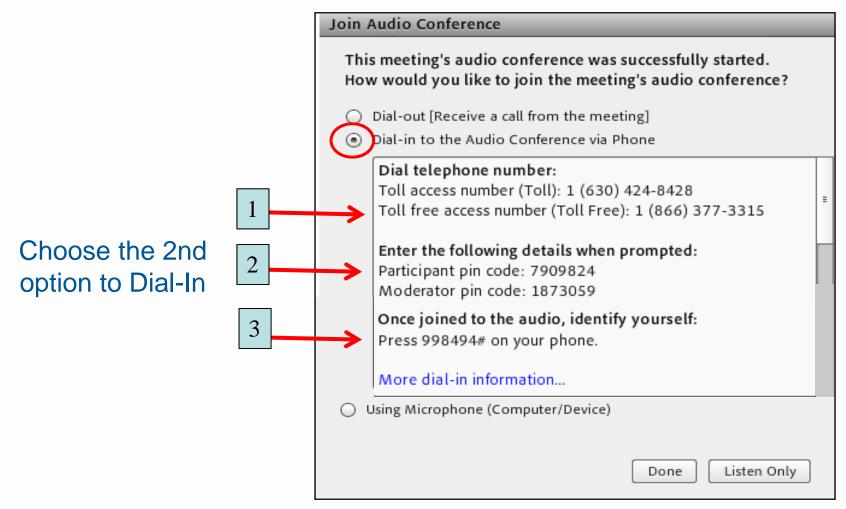
Ryan Sanders Amendments Manager

Derrick Patterson
Death Corrections Specialist





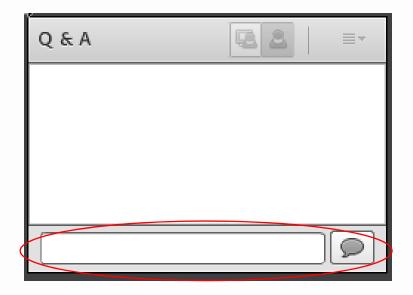
Joining the audio conference





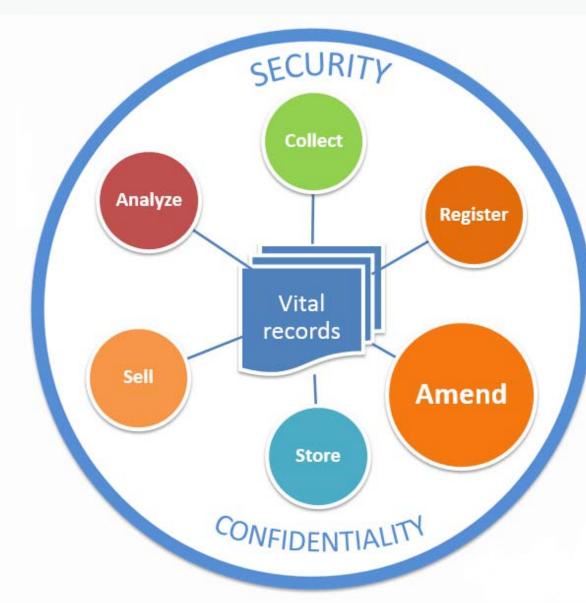
How we will communicate

- Question and Answer
 Session between
 segments (phones will be
 unmuted)
- Type your questions in the Q & A chat box; we can either respond to questions individually or address to the whole group





Vital Records Wheel





Today's Agenda

- 1. Reminders and announcements
- 2. Amendment tool introduction
- 3. Amendment tool overview
- 4. Example scenarios



Reminders and announcements





Fee change reminder

- All certificates will be the same price regardless of how many you order (no discount for second copies)
 - The price for a certified death certificate and any additional copies is \$25
- This change is effective January 1, 2018
- New order forms will be available on our website mid-December
- Dispose of outdated forms



House Bill 2673 Implementation

- ❖ Effective on January 1, 2018, HB 2673 creates an administrative application process to change the name and/or sex designation on an Oregon birth record if the change is requested to support the registrant's gender identity and the gender of the individual does not match their sex reported on the birth record.
- Please refer questions to <u>CHS.Amendments@state.or.us</u> or 971-673-1178





Amendment tool introduction



Introduction

The amendment tool is the result of feedback from counties requesting help with evaluating amendments.

It was developed with input from members of several teams at the State and piloted in four counties.

We then used their feedback from using the tool in their day-to-day work to further improve it.



Thank you

Thank you to our piloting counties and those who offered feedback:

Malheur County – Peggy Winslow

Clackamas County - Risa Kemp

Morrow County - Theresa Crawford

Klamath County – Jessica Dale



What is the amendment tool?

- ❖ A reference tool similar in format to the sight verification tool
- Designed to simplify the process of determining whether you can amend a record when you have a legally sufficient affidavit
- Helps guide you in typing footnotes to document changes
- Warns you of restrictions to specific items such as marital status



What limitations does it have?

- ❖ It is not an exhaustive manual you still need a legally sufficient affidavit, it does not cover all possible scenarios, and there are rare exceptions that it does not address.
- It is not a substitute for comprehensive training.



How should it be used?

- ❖ The amendment tool should be used like the sight verification tool – it will be most helpful when viewed side-by-side with the death record and affidavit as you make an amendment.
- It should be used in your daily work as a reference to help you spot common problems.
- ❖ When you have a legally sufficient affidavit, use it to determine if the change being requested is allowed, who should be signing the affidavit, and where you should footnote the change.





Q & A Break



Amendment tool overview



The front of the amendment tool uses color coded boxes and shading to guide footnotes, identify fields with special instructions, and warn of items that may not be able to be changed at the county.

PUBLIC HEALTH DIVISION Center for Health Statistics

FOR COUNTY USE ONLY Legend on back AMENDMENT TOOL - Death certificate Medical but OREGON HEALTH AUTHORITY 245874 CENTER FOR HEALTH STATISTICS LD. TAG NO. CERTIFICATE OF DEATH STATE FILE NUMBER Last Doe June 22, 2011 4. Age 56 years Social Security Number County of Death Multnomah 123-45-6789 8. Birthplace Portland, Oregon March 12, 1955 High school grad, or GED 11. Decedent's Race(s) Was Decedent Ever in U.S. Armed Forces? Yes White Residence: Number and Street
 123 N Oak Street 14. City/Town Portland State or Foreign Country 17. Zip Code + 4 18. Inside City Limits? Multnomah 97111 Oregon 9. Marital Status at Time of Deat 20. Spouse's Name Prior to Never married 22. Kind of Business/Industry Construction Usual Occupation Can only be changed in certain Mason circumstances - see back 23. Father's Name 24. Mother's Name Prior to First Marriage Martha Miller James Doe Not Available Sister 28. Mailing Address 4477 N Prine Street, Portland, OR 94554 Decedent's Residence City/Town or Location of Death Portland 123 N Oak Street 36. Place of Disposition Columbia Pioneer Cemetery Burial Portland, Oregon Affordable Burial and Cremation Company 505 NE 1st Street, Newport, Oregon 97365 40. Feneral Director's Signature Date of Disposition Funeral Director CO-3002 2. Registrar's Signature 44. Local File Number Footnotes to items 1-39 go here. See back for examples of format. ☐ Yes SNo death? ☐ Yes ☐ No 5:30 pm CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENT such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE ↓ Final disease or condition a. Congestive Heart Failure years resulting in death-> quentially list conditions, if any, Due to (or as a consequence of) N ading to the cause listed on line a ENTER THE UNDERLYING Due to (or as a consequence of) 4 CAUSE LAST (disease or injury hat initiated the events resulting in Due to (or as a consequence of) 4 51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: 53. If Female Manner of Death 54. Did tobacco use contribute to death? S Natural D Homicide
D Accident D Undetermined ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Pyrobabily [] Yes Unknown if pregnant within the past year Unknown ☐ Suicide ☐ Pending Not pregnant, but pregnant within 42 days before death 56. Time of Injury 57. Place of Injury (e.g., Decedent's home, or 55. Date of Injury (MONDO 1111) 58. Injury at Work? 60. Describe how injury occurred If transportation injury, specify. ☐ Driver/Operator ☐ Passenger ☐ Pedestria 14300 SW Sam Jackson Park Rd. Portlas Megan Smith 65. License Number MD61234 66. Date Signed MONODYYY)
June 23, Zoll Footnotes to items 46-66 go here. See back for examples of formation 45-2DP (01/06)

The back contains a legend explaining the boxes and shading, and an in depth explanation regarding timing dependent changes.

It also contains a short explanation regarding footnotes, and examples.

PUBLIC HEALTH DIVISION Center for Health Statistics



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

Signatures Items that cannot be amended

on the record.

are being followed.

listed on the record

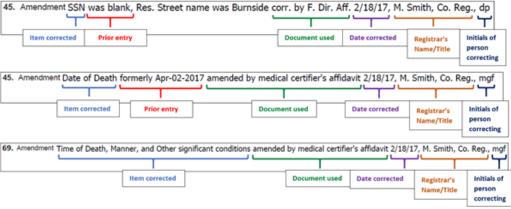
Marital Status & Spouse Name, Informant, Funeral Home – The following items are timing dependent: changing the funeral home to a different facility, changing the informant from one person to another, changing the marital status, and changing the spouse's name. These changes can only be made if a legally sufficient affidavit from the funeral director accompanies the death record when it is delivered to the county for initial filing; otherwise, only minor 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

Location of death can be amended by either the funeral director or the medical certifier listed

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. Do not issue from the uncorrected record and do not change 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:



Legend on back

FOR COUNTY USE ONLY

AMENDMENT TOOL - Death certificate

47. Autopsy?

50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS

death?

CAUSE OF DEATH

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

 Legal Name First John Last Doe Suffix A blue box 4. Age 56 years Social Security Number 6. County of Death Male 123-45-6789 outlines Multnomah Birthdate 8. Birthplace 9. Decedent's Education March 12, 1955 Portland, Oregon High school grad, or GED personal items 10. Was Decedent of Hispanic Origin? 11. Decedent's Race(s) White 294137* Residence: Number and Street
 N Oak Street 14. City/Town on the death Portland 15. Residence County 16. State or Foreign Country 17. Zip Code + 4 Multnomah 97111 Oregon certificate. It 19. Marital Status at Time of Death 20. Spouse's Name Prior to First Marriage Never married 21. Usual Occupation directs you to 22. Kind of Business/Industry Mason Construction COMPLETED 23. Father's Name 24. Mother's Name Prior to First Marriage footnote them James Doe Martha Miller Informant's Name Carla Doe 26. Telephone Number | 27. Relationship to Decedent | 28. Mailing Address | Not Available | Sister | 4477 N Prine S Sister 4477 N Prine Street, Portland, OR 94554 in box #45, so 29. Place of Death Decedent's Residence 30. Facility Name BE 31. Location of Death 32. City/Town or Location of Death State that they 20 123 N Oak Street Oregon 35. Method of Disposition 36. Place of Disposition 37. Location Columbia Pioneer Cemetery Portland, Oregon Burial appear on a 38. Name and Complete Address of Funeral Facility Affordable Burial and Cremation Company 505 NE 1st Street, Newport, Oregon 97365 short form 39. Date of Disposition 40. Funeral Director's Signature 41. OR License Number Electronically Funeral Director TBD 42. Registrar's Signature 43. Date Received certificate. 45. Amendment Footnotes to items 1-39 go here. See back for examples of format.

Was case referred to Medical Examiner?

☐ Yes No

245874

D. TAG NO.

STATE FILE NUMBER

June 22, 2011

2. Death Date

Was Decedent Ever in U.S. Armed Forces? Yes

Yes

34. Zip Code + 4 97111

49. Time of Death

5:30 pm

Approximate Interval:

CO-3002

48. Were autopsy findings available to complete the cause of

☐ Yes ☐ No

44. Local File Number

18. Inside City Limits?

A yellow box outlines medical items that can be amended by an affidavit from the medical certifier <u>listed</u> on the record.

Instructions direct you to footnote these items in box #69.

ု		123 N Oak Street		P	ortland	Ore	gon	97111			
	3	35. Method of Disposition		e of Disposition			37. Location				
	-	Burial 88. Name and Complete Address of I		mbia Pioneer Cer	metery	Por	tland, Ore	gon			
	1				505 NE 1ct Stro	at Newport Ora	gon 0736	E			
	3	39. Date of Disposition	Affordable Burial and Cremation Company 505 NE 1st Street, Newport, Oregon 973 Date of Disposition 40. Funeral Director's Signature 41. OR License								
		TBD	L		Director	Electronically CO-3002					
	7	12. Registrar's Signature	File Number								
			The Homber								
		15. Amendment									
	ı	Footno	tes to it	ems 1-39 go h	ere. See back for	examples of	format.				
	Ŀ										
	4	Was case referred to Medical Exa	aminer?	47. Autopsy?	48. Were autopsy findings		the cause of	49. Time of Death			
	L	☐ Yes No		☐ Yes 🐿 No	death? ☐ Yes ☐ I	No		5:30 pm			
	-				CAUSE OF DEATH						
	Ş	 Enter the chain of events - diseas such as cardiac arrest, respirator 	TS Approximate Interval: Onset to Death								
	ľ	Final disease or condition	Onset to Death								
	ı	resulting in death→		ive Heart Failure		years					
8	ı.			1							
CERTIFIER	P	eading to the cause listed on line a. I ENTER THE UNDERLYING									
Ę		CAUSE LAST (disease or injury									
ij	t	hat initiated the events resulting in									
Ğ	death).										
۲ ک	51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:										
ē	ı,	52. Manner of Death	53. If Female				Es Distant				
ž	ľ	Natural Homicide	D Not pregnar	acco use contribute to death?							
≿			Pregnant at		Jnknown if pregnant within the p	ast year	☐ Yes ••• No	Unknown			
Ö	ı,		■ Not pregnar Time of Init	nt, but pregnant within 42 d		58. Injury at Work?					
4	ľ	55. Date of figury (MONDO TTTT)	truction site, restaurant, wo	oded area)	Yes No Unknown						
TO BE COMPLETED BY MEDICAL	ŀ	59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)									
Ē	L										
Ö	1	60. Describe how injury occurred	jury, specify.								
ŭ								☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)			
80	Ī	32. Name and Address of Certifier (No	umber & Street or	RFD No., City/Town, State, Zip	+4)			1			
ĭ	ı	Megan Smith	143		an Jackson	Park Rd. F	ortlan	d OR 97212			
	6	 Name and Title of Attending Phys 	sician if Other	r than Certifier	0			-()			
	L										
	6	54. Title of Certifier M.D.			65. License Nu	ar⊈ ar⊈	66. Date	Signed (MONDO YYYY)			
	6	67. Medical Certifier - To the best of my	/ knowledge, de	eath occurred at the time		miner - On the basis of e	xamination and	Vor investigation, in my opinion, death			
		place, and due to the cause(s) and ma			occurred at the	e time, date, and place, an					
	ľ	Megan Smite			>						
	6	9. Amendme		40.00	hans Carlbart 6		£ £ ±				
	ı	Footno	otes to it	ems 46-66 go	here. See back for	or examples o	t tormat				
								45-2DP (01/06)			



Legend on back

resulting in death->

FOR COUNTY USE ONLY

AMENDMENT TOOL - Death certificate

OREGON HEALTH AUTHORITY

Medical but footnoted in #45

		245874		(FINI	EKF	OR HEA	LIH	517	ATISTICS				
		I.D. TAG NO.			(CERT	IFICATE	OF D	DE/	ATH			STATE FILE NUMBER	R
		Legal Name First John		Middle		L	ast				Suffix	2. De	ath Date	
		John				[Doe						June 22, 201	
		3. Sex 4	Age	15	Social	Security	Mumber				e Cour	nty of Deatn	June 22, 201.	L
		Male		ars	Journal	Security	rvanibei	12	3-4	15-6789	Mu	ltnomah		
		7. Birthdate	8. Birth	place					-			dent's Educati		
	Ţ	March 12, 1955	Por	tland, O							Hig		rad. or GED	
	FACILIT	 Was Decedent of Hispanic (No 	Ongin?]1	11. Dece Wh	dent's Race(s	S)					edent Ever in ed Forces? Yes	
*	AC	13. Residence: Number and S	treet			VVII	ile	-	11	4. City/Town		0.5.74111	ed Forces: TCS	
294137		123 N Oak Street							-	Portland				
2	ERAL	15. Residence County Multnomah		16. State		ign Coun	itry	1		Zip Code + 4			side City Limits?	
NŽ	믲	19. Marital Status at Time of D	coth	l Ore	gon	accepte \$1	lame Prior to	5:		97111		Y	<u>'es</u>	
,	F	Never married	eaus		20. Sp	ouse's in	ame Prior to	riist wai						
	ВҮ	21. Usual Occupation Mason								2. Kind of Busines: Construction	s/Industry	1		
	ED	23. Father's Name						24. Mot		s Name Prior to Firs	st Marriao	ie .		
	<u>=</u>	James Doe						Mart	tha	Miller				
	OMPL	25. Informant's Name Carla Doe		Not Ava	hone Nur ailable	mber 27	. Relationshi Sister	p to Dec	eden	1 28. Mailing Add 4477 N Prin	iress ne Stre	et. Portlan	d. OR 94554	
	O	29. Place of Death Decedent's Residence				30.	Facility Name	е						
		31. Location of Death				32	. City/Town o	or Location	on of	Death	33. Stat	le 34. Zi	p Code + 4 97111	
-	10	123 N Oak Street 35. Method of Disposition		DI	D:		Portiana				Orego		9/111	
		Burial		. Place of Columbi			emetery				37. Loca Portia	ation Ind, Orego	n	
		38. Name and Complete Addre					FAF	NIC 4-1				07065		
		Affordable Burial and 39. Date of Disposition		Funeral D		e Signat	505	NE IS	t Sti	reet, Newport	MA OP	DN 9/365 License Num	her	
		TBD	 	· unclui b			l Director			Electronically Signed		D-3002	Jei	
		42. Registrar's Signature					43. E	Date Rec	eivec			44. Local File	Number	
		•												
		45. Amendment												
		Foo	otnotes	to item	ıs 1-3	9 go	here. Se	e bac	k f	or examples	s of fo	rmat.		
		46. Was case referred to Media	al Evamina	2 147	Autono	21/2	IAR More	outoneu i	Godie	ngs available to cor	aniata tira		49. Time of Death	
		☐ Yes S No	vai Examine	' "'	. Autop	MD No	death?			□ No	npiete un	e cause or		m
							CAUSE O						12:00	
		 Enter the chain of events - such as cardiac arrest, res 	piratory arres	st or ventric	cular fibr	ions - tha illation w	t directly caus	sed the d g the etic	death ology	DO NOT ENTER DO NOT ABBRE	TERMIN VIATE.	IAL EVENTS	Approximate In Onset to De	
		Final disease or condition	a. Con	DIATE CAU	JSE↓ Heart	Failur	e						uears	

bubble warns you about Date of Death: this item is medical (amendable only by the medical certifier) but it is footnoted in box #45, so that it appears on a short form certificate.

A call-out



Green shading identifies location of death information — this information can be amended by either the funeral director or the medical certifier.

Legend on back

FOR COUNTY USE ONLY

AMENDMENT TOOL - Death certificate

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS

Medical but footnoted in #45

			245874		CEN	ITER	FOR HEA	LTH	STATISTICS			loouid	teu III i
			I.D. TAG NO.			CER	TIFICATE	OF	DEATH			STATE FILE NUMB	ER
		1. Legal Na	me First John		Middle		Last			Suffix	2. De	eath Date	
_			JOHN				Doe					June 22, 20	11
		3. Sex	4	. Age	5. Soc	ial Securi	ty Number			6. Cou	nty of Deatn		
		Male 7. Birthdate		56 year				12	23-45-6789		ultnomah edent's Educa		
	∠	March	12, 1955	Port	land, Oreg	on						rad. or GED	
	CILIT		cedent of Hispanic	Origin?			cedent's Race(s)			12. Was De	cedent Ever in	
*	닿	NO 13 Pacidor	ce: Number and	Street		.I W	hite		14. City/Town		U.S. Arr	ned Forces? Yes	
13	IL FA	123 N (Oak Street						Portland				
294137*	IERAL	15. Resider Multno	mah	1	 State or Fo Oregon 		,		17. Zip Code + 4 97111			nside City Limits? Yes	
*	FUN	Never r		Death	20.	Spouse's	Name Prior to	First Ma	rriage				
	ED BY	21. Usual C Mason							22. Kind of Busine Construction	ss/Industr	y	*******	
	Е	23. Father's James	Doe					24. Mo Mar	ther's Name Prior to Fi tha Miller	rst Marria	je		
	COMPL	25. Informa Carla D		li	26. Telephone I Not Availat	Number ole	27. Relationsh Sister	ip to De	28. Mailing Ad 4477 N Pr		et, Portlar	nd, OR 94554	
	ш		ent's Residenc	e). Facility Nam						
	ТОВ		Oak Street				32. City/Town Portland	or Locati	on of Death	33. Sta Orego		ip Code + 4 97111	
		Burial	of Disposition	10	Place of Dispo Columbia Pi	sition oneer (Cemetery			37. Loc Portia	ation and, Orego	n	
		Afforda	nd Complete Addr ble Burial and	d Cremation	n Company		505	NE 1s	t Street, Newpor	t, Oreg	on 97365		
		39. Date of	Disposition	40. F	uneral Directo	or's Sign	ature ral Director		Electronical	41. OF	License Nur	ber	
		TBD	ar's Signature	<u> </u>		Tune			Signed	1 0	0-3002		
		42. Registr	ar's Signature				. 43.	Date Red	eived		44. Local Fi	e Number	
		45. Amendr	ment										
			Fo	otnotes t	o items 1	-39 gc	here. Se	e ba	k for example	s of fo	ormat.		
		46. Was ca: □ Yes	se referred to Med So No	ical Examiner?		opsy? es V D No	death	? 0	findings available to co Yes No	omplete th	e cause of	49. Time of Dea	ith pm
		50. Enter th	e chain of events -	diseases, iniu	ries, or complic	ations - t		OF DEATH	death. DO NOT ENTE	RTERMI	NAI EVENTS	Approximate	Interval
		such as	cardiac arrest, res	spiratory arrest	or ventricular t	ibrillation	without showing	g the et	ology. DO NOT ABBR	EVIATE.	- CACILLO	Onset to D	
			sease or conditio		ATE CAUSE V		ure					uears	



Grey hash marks show signatures, which can **not** be amended.

	FOR CO	UNTY USE	ONLI			
egend on back	AMENDMENT 1	TOOL - De	eath certific	ate		
		N HEALTH AU				Medical bu
245874		OR HEALTH				footnoted in
243874 LD. TAG NO.		TIFICATE OF				
				Suffix	2. Deat	STATE FILE NUMBER
I. Legal Name First John		Last Doe	· ·	-		June 22, 2011
3. Sex 4. Ag	e 5. Social Security			6. County of Multrio		Julie 22, 2011
Male 7. Birthdate	56 years 8. Birthplace	1	23-45-6789	9. Decedent's		
March 12, 1955	Portland, Oregon			High so	hool gra	d. or GED
10. Was Decedent of Hispanic Origin		edent's Race(s) hite		12.	Nas Dece	dent Ever in d Forces? Yes
13. Residence: Number and Stree	t	nice .	14. City/Town			711111111111111111111111111111111111111
13. Residence: Number and Stree 123 N Oak Street 15. Residence County Multnomah	16. State or Foreign Cou	intry	Portland 17. Zip Code + 4		18 Insi	de City Limits?
10. Was Decodert of Hispanic Origin No 12.3 N Oak Street 12.3 N Oak Street 16. Residence County Multnomah 19. Marital Status at Time of Death Never married	Oregon	-	97111		Ye	
19. Marital Status at Time of Death Never married	20. Spouse's	Name Prior to First M	arriage			
21. Usual Occupation Mason			22. Kind of Business	s/Industry		*****
T 23. Father's Name		24. M	Construction other's Name Prior to Firs	t Marriage		
James Doe	26 Telephone Number 2	l Ma	rtha Miller			
25, Informant's Name Carla Doe	26. Telephone Number 2 Not Available	Sister	4477 N Prir	ne Street, F	ortland	, OR 94554
29. Place of Death Decedent's Residence	30.	. Facility Name				
31. Location of Death	3	2. City/Town or Local Portland	tion of Death	33. State Oregon	34. Zip	Code + 4 97111
2 123 N Oak Street 35. Method of Disposition	36. Place of Disposition	Portiand		Oregon 37. Location		97111
Burial	Columbia Pioneer C	Cemetery		Portland,	Oregon	
 Name and Complete Address of Affordable Burial and Cro 		505 NF 1	st Street, Newport	Oregon 9	7365	
39. Date of Disposition	40. Funeral Director's Signa	trine /////	Kishminin			*////////
TBD 42. Registrar's Signature	6/////////////////////////////////////	al Director		CO-30		
• Registrar's signature		43. Date Re	cerved	44. 1	ocal File I	Number
The state of the s						
45. Amendment	eten to itama 4 20 an	hara Caa ba	ak far ayamala			
	otes to items 1-39 go	here. See ba	ck for examples	s of form	at.	
						49. Time of Death
Footn		48. Were autops death?	y findings available to con			49. Time of Death 5:30 pm
Footn 46. Was case referred to Medical E □ Yea So No	Examiner? 47. Autopsy? ☐ Yes © No	48. Were autopo death?	y findings available to con Yes No	nplete the caus	e of	5:30 pm
Footn 46. Was case referred to Medical E Yes - 20 No 50. Enter the chain of events - dise such as cardiac arrest, respirat	Examiner? 47. Autopsy? 17 Yes 10 No lases, injuries, or complications - th ory arrest or ventricular fibrillation v	48. Were autope death? CAUSE OF DEAT hat directly caused the	y findings available to con Yes ☐ No H	nplete the caus	e of	
Footn 46. Was case referred to Medical E 17 yes 20 No 50. Enter the chain of events - dise such as cardiac arrest, respirat Final disease or condition	Autopsy? ☐ Yes © No asses, injuries, or complications - th ory arrest or ventricular fibrillation v	48. Were autops death? CAUSE OF DEAT hat directly caused the without showing the e	y findings available to con Yes ☐ No H	nplete the caus	e of	5:30 pm Approximate Interval:
Footn 46. Was case referred to Medical E Yes \ 20 No 50. Enter the chain of events - dise such as cardisc arrest, respirat Final disease or condition resulting in death-> 25 Sequentially list conditions, if any,	Examiner? 47. Autoopy? □ Yes © No asses, injuries, or complications - thory arrest or ventricular fibrillation v IMMEDIATE CAUSE ↓ a. Cengostave Heart Failur Due to (or so consequence of) ↓	48. Were autops death? CAUSE OF DEAT hat directly caused the without showing the e	y findings available to con Yes ☐ No H	nplete the caus	e of	Approximate Interval: Onset to Death
Footn 46. Was case referred to Medical E Yes \sqrt{2} No 50. Enter the chain of events - dise such as cardiac arrest, respirat Final disease or condition resulting in death-3 Sequentially list conditions, if any, leading to the cause listed on line a	Examiner? 47. Autoopy? □ Yes © No asses, injuries, or complications - thory arrest or ventricular fibrillation v IMMEDIATE CAUSE ↓ a. Cengostave Heart Failur Due to (or so consequence of) ↓	48. Were autops death? CAUSE OF DEAT hat directly caused the without showing the e	y findings available to con Yes ☐ No H	nplete the caus	e of	Approximate Interval: Onset to Death
Footn 46. Was case referred to Medical E Yes \sqrt{2} No 50. Enter the chain of events - dise such as cardiac arrest, respirat Final disease or condition resulting in death-3 Sequentially list conditions, if any, leading to the cause listed on line a	Examiner? 47. Aucogy? □ Yes © No sesses, injuries, or complications - th tory arrest or ventricular fibrillation vi IMMEDIATE CAUSE ↓ a. Cengostave Heart Failu Due to (or as a consequence of) ↓ b. Due to (or as a consequence of) ↓ c.	48. Were autops death? CAUSE OF DEAT hat directly caused the without showing the e	y findings available to con Yes ☐ No H	nplete the caus	e of	Approximate Interval: Onset to Death
Footn 46. Was case referred to Medical E Yes \ To No 50. Enter the chain of events - dise such as cardisc arrest, respirat Final disease or condition resulting in death -) Sequentially list conditions, if any, leading to the cause listed on line a ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).	Examiner? 47. Autoopy? □ Yes 10 No sases, injuries, or complications - thory arrest or ventricular fibrillation v IMMEDIATE CAUSE ↓ a. Cengostave Heart Failu Due to (or as a consequence of) ↓ b. Due to (or as a consequence of) ↓ d. Due to (or as a consequence of) ↓ d.	45. Were autops death? GAUSE OF DEAT CAUSE	y findings available to cor Yes □ No H H death. DO NOT ENTER Ideology. DO NOT ABBRE	nplete the caus	e of	Approximate Interval: Onset to Death
Footn 46. Was case referred to Medical E Yes \ To No 50. Enter the chain of events - dise such as cardisc arrest, respirat Final disease or condition resulting in death -) Sequentially list conditions, if any, leading to the cause listed on line a ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).	Examiner? 47. Autoopy? □ Yes 10 No sases, injuries, or complications - thory arrest or ventricular fibrillation v IMMEDIATE CAUSE ↓ a. Cengostave Heart Failu Due to (or as a consequence of) ↓ b. Due to (or as a consequence of) ↓ d. Due to (or as a consequence of) ↓ d.	45. Were autops death? GAUSE OF DEAT CAUSE	y findings available to cor Yes □ No H H death. DO NOT ENTER Ideology. DO NOT ABBRE	nplete the caus	e of	Approximate Interval: Onset to Death
Footn 46. Was case referred to Medical E Yes \ To No 50. Enter the chain of events - dise such as cardisc arrest, respirat Final disease or condition resulting in death -) Sequentially list conditions, if any, leading to the cause listed on line a ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).	Examiner? 47. Autoopy? □ Yes 10 No sases, injuries, or complications - thory arrest or ventricular fibrillation v IMMEDIATE CAUSE ↓ a. Cengostave Heart Failu Due to (or as a consequence of) ↓ b. Due to (or as a consequence of) ↓ d. Due to (or as a consequence of) ↓ d.	45. Were autops death? GAUSE OF DEAT CAUSE	y findings available to cor Yes □ No H H death. DO NOT ENTER Ideology. DO NOT ABBRE	nplete the cause	vents	5:30 pm. Approximate Interval: Onset to Death years
Footn 46. Was case referred to Medical E Yes \ To No 50. Enter the chain of events - dise such as cardisc arrest, respirat Final disease or condition resulting in death -) Sequentially list conditions, if any, leading to the cause listed on line a ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).	Examiner? 47. Autorgy? □ Yes □ No asses, injuries, or complications - the poly arrest or ventrioular fibrillation via the property of the p	48. Were autopo death? CAUSE OF DEAT at directly caused the without showing the e	y findings available to cor Yes □ No H death. DO NOT ENTER tiology. DO NOT ABBRE se given above:	TERMINAL EVIATE.	VENTS	Approximate Interval: Onset to Death years use contribute to death? Protebly
FOOtn 46. Was case referred to Medical E Yes - 20 No 59. Enter the chain of events - dise such as cardiac arrest, respirat Final disease or condition resulting in death - 25 Sequentially list conditions, if any, deding to the cause listed on line a ENTER THE UNDERLYING CAUSE LAST (disease or injury that infalled the events resulting in death). 51. Other significant conditions con 52. Manner of Death S Natural Homicide Accident Undetermined Sublisie Pending	### Accepted No. 47. Auscopy	48. Were autops death? GAUSE OF DEAT at directly caused the without showing the e without showing the e without showing the element of the without showing the element of	y findings available to cor Yes □ No H death. DO NOT ENTER tiology. DO NOT ABBRE se given above: nare 43 days to 1 year before tithin the past year	TERMINAL E	VENTS 1 tobacco Yes No	Approximate Interval: Onset to Death years use contribute to death? Probably Unknown
FOOtn 46. Was case referred to Medical E Yes - 20 No 59. Enter the chain of events - dise such as cardiac arrest, respirat Final disease or condition resulting in death - 25 Sequentially list conditions, if any, deding to the cause listed on line a ENTER THE UNDERLYING CAUSE LAST (disease or injury that infalled the events resulting in death). 51. Other significant conditions con 52. Manner of Death S Natural Homicide Accident Undetermined Sublisie Pending	Examiner? 47. Autoopy? □ Yes 10 No asses, injuries, or complications - thory arrest or ventricular fibrillation v IMMEDIATE CAUSE ↓ a. Cengostave Heart Failu Due to (or as a consequence of) ↓ b. Due to (or as a consequence of) ↓ d. 4. 4. 4. 53. If Female □ No pregnant within post year □ Pregnant at time of death	48. Were autops death? GAUSE OF DEAT at directly caused the without showing the e without showing the e without showing the element of the without showing the element of	y findings available to cor Yes □ No H death. DO NOT ENTER tiology. DO NOT ABBRE se given above: nare 43 days to 1 year before tithin the past year	TERMINAL E	VENTS 1 tobacco Yes No a) 58.	Approximate Interval: Onset to Death years use contribute to death? Protebly
FOOtn 46. Was case referred to Medical E Yes - 20 No 59. Enter the chain of events - dise such as cardiac arrest, respirat Final disease or condition resulting in death - 25 Sequentially list conditions, if any, deding to the cause listed on line a ENTER THE UNDERLYING CAUSE LAST (disease or injury that infalled the events resulting in death). 51. Other significant conditions con 52. Manner of Death S Natural Homicide Accident Undetermined Sublisie Pending	Examiner? 47. Autoopy?	48. Were autops death? GAUSE OF DEAT at directly caused the without showing the e without showing the e without showing the element of the without showing the element of the element of the without showing the element of the without showing	y findings available to cor Yes □ No H death. DO NOT ENTER tiology. DO NOT ABBRE se given above: nare 43 days to 1 year before tithin the past year	TERMINAL E	VENTS 1 tobacco Yes No a) 58.	Approximate Interval: Onset to Death years use contribute to death? Probably Unknown Injury at Work?
FOOtn 46. Was case referred to Medical E Yes - 20 No 59. Enter the chain of events - dise such as cardiac arrest, respirat Final disease or condition resulting in death - 25 Sequentially list conditions, if any, deding to the cause listed on line a ENTER THE UNDERLYING CAUSE LAST (disease or injury that infalled the events resulting in death). 51. Other significant conditions con 52. Manner of Death S Natural Homicide Accident Undetermined Sublisie Pending	Examiner? 47. Autoopy?	48. Were autops death? GAUSE OF DEAT at directly caused the without showing the e without showing the e without showing the element of the without showing the element of the element of the without showing the element of the without showing	y findings available to con Yes □ No H death. DO NOT ENTER ticlogy. DO NOT ABBRE se given above: nerd 43 days to 1 year before tithin the past year come, construction site, restau	TERMINAL EVIATE.	VENTS d tobacco Yes No 58. (Approximate Interval: Onset to Death years use contribute to death? Probably Urknown Injury at Work?
FOOtn 46. Was case referred to Medical E Yes - 20 No 50. Enter the chain of events - dise such as cardiac arrest, respiral Final disease or condition resulting in death - Sequentially list conditions, if any, releading to the cause listed on line a ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death). 61. Other algolificant conditions conditions are listed in linear listed in l	Examiner? 47. Autoopy?	48. Were autops death? GAUSE OF DEAT at directly caused the without showing the e without showing the e without showing the element of the without showing the element of the element of the without showing the element of the without showing	y findings available to con Yes □ No H death. DO NOT ENTER ticlogy. DO NOT ABBRE se given above: nerd 43 days to 1 year before tithin the past year come, construction site, restau	TERMINAL E TERMINAL E Today Geoff 64. Di Trant, wooded are	VENTS If tobaccoo yes No 58.	Approximate Interval: Onset to Death years use contribute to death? Probably Unknown Injury at Work? Injury at Work? Injury at Work?
46. Was case referred to Medical E Yes 20 No 50. Enter the chain of events - dise such as cardiac arrest, respirat Final disease or condition resulting in death-3 Sequentially list conditions, if any, leading to the cause listed on line a ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death). 51. Other significant conditions conditions are conditions. So the cause listed on line a Entert initiated the events resulting in death). 52. Manner of Death Homicide Accident Undetermined Suciose Pending Stock Deate of Injury (nameer & Steet Stock Deate of Injury (nameer & Steet Stock Describe how injury occurred	Examiner? 47. Autoopy?	48. Were autops death? CAUSE OF DEAT at directly caused the without showing the e w/c in the underlying cau Not pregnant, but preg Unknown if pregnant to pregnant to pred Unknown if pred U	y findings available to con Yes □ No H death. DO NOT ENTER ticlogy. DO NOT ABBRE se given above: nerd 43 days to 1 year before tithin the past year come, construction site, restau	TERMINAL E	VENTS If tobaccoo yes No 58.	Approximate Interval: Onset to Death years use contribute to death? Probably Unknown Injury at Work? Injury at Work? Injury at Work?
46. Was case referred to Medical E 'Yes'-Q' No 50. Enter the chain of events - dise such as cardiac arrest, respirat Final disease or condition resulting in death-} Sequentially list conditions, if any, leading to the cause listed on line a ENTER THE UNDERLYING CAUSE LAST (disease or injury that initialed the events resulting in death). 51. Other significant conditions conditions conditions Salvater Homicole Accident Undetermined Suidide Pending Sequential Homicole Sequential Ho	Examiner? 47. Aucogy?	48. Were autops death? CAUSE OF DEAT CAUSE OF DEAT at directly caused the without showing the e without showing the expension of the the expen	y findings available to con Yes □ No H death. DO NOT ENTER ticlogy. DO NOT ABBRE se given above: nerd 43 days to 1 year before within the past, year come, construction site, restau 61.	TERMINAL E TERMINAL E Gedin 64. Di Grant, wooded are	d tobacco Yes No state of state of displaying a s	Approximate Interval: Onset to Death years use contribute to death? Probetly Unknown lejury at Work? Yes No Unknown
46. Was case referred to Medical E Yes 20 No 50. Enter the chain of events - dise such as cardiac arrest, respirat Final disease or condition resulting in death-3 Sequentially list conditions, if any, leading to the cause listed on line a ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death). 51. Other significant conditions conditions are conditions. So the cause listed on line a Entert initiated the events resulting in death). 52. Manner of Death Homicide Accident Undetermined Suciose Pending Stock Deate of Injury (nameer & Steet Stock Deate of Injury (nameer & Steet Stock Describe how injury occurred	Examiner? 47. Aucogy?	48. Were autops death? CAUSE OF DEAT CAUSE OF DEAT at directly caused the without showing the e without showing the expension of the the expen	y findings available to con Yes □ No H death. DO NOT ENTER ticlogy. DO NOT ABBRE se given above: nerd 43 days to 1 year before within the past, year come, construction site, restau 61.	TERMINAL E TERMINAL E Gedin 64. Di Grant, wooded are	d tobacco Yes No state of state of displaying a s	Approximate Interval: Onset to Death years use contribute to death? Probetly Unknown lejury at Work? Yes No Unknown
46. Was case referred to Medical E Yes - 2 No So. Enter the chain of events - dise such as cardiac arrest, respirate Final disease or condition resulting in death - Sequentially list conditions, if any, leading to the cause listed on line a ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death). St. Other significant conditions conditions conditions are sent to the significant conditions conditions in the sent of the significant conditions conditions. Sent of the significant conditions conditions in the significant conditions conditions. Sent of the significant conditions. Sent	Examiner? 47. Aucogy?	48. Were autops death? GAUSE OF DEAT ast directly caused the without showing the e without showing the pregnant to 12 days before death injury (e.g., Decedent's h	y findings available to con Yes □ No H H Headth. DO NOT ENTER ticlogy. DO NOT ABBRE see given above: nant 43 days to 1 year before tithin the past year cone, construction site, restau 61.	TERMINAL EVIATE.	VENTS dd tobacco Yenes see of formula to the control of the co	Approximate Interval: Onset to Death years use contribute to death? Probably Unknown Injury at Work? Yes \(\text{No} \) \(\text{Unknown} \) Processor \(\text{Pedestrian} \) Pedestrian OR 9742
46. Was case referred to Medical E Yes 2 No 50. Enter the chain of events - dise such as cardiac arrest, respirat Final disease or condition resulting in death - Sequentially list conditions, if any, leading to the cause listed on line a ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death) 61. Other significant conditions conditions of the light of the li	Examiner? 47. Autoopy? 18	48. Were autops death? CAUSE OF DEAT ast directly caused the without showing the e without showing the experience of the without showing the experience	y findings available to cor Yes □ No H H death. DO NOT ENTER Biology. DO NOT ABBRE Biol	transportation of the Court	dd tobacco on injury, s on injury, b on i	Approximate Interval: Onset to Death years use contribute to death? Probelly Usknown injury at Work? Injury at Work? Probelly Insurance Probelly Injury at Work?
46. Was case referred to Medical E Yes 20 No So. Enter the chain of events - dise Such as cardiac arrest, respirat Final disease or condition resulting in death - Sequentially list conditions, if any, leading to the cause listed on line a ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death). St. Manner of Death Si Natural Informicide Accident Undetermined Suicide Pending St. Date of Injury (number & Street Si Name and Address of Certifier Medical Certifier To she shut, Si Manner of Death Si Name and Address of Certifier Si Medical Certifier To she shut, of ping and pure to the faulus(s), sing Si Medical Certifier To she shut, of ping and pure to the faulus(s), sing Si Medical Certifier To she shut, of ping and pure to the faulus(s), sing Si Medical Certifier To she shut, of ping and pure to the faulus(s), sing Si Medical Certifier To she shut, of ping and pure to the faulus(s), sing	Examiner? 47. Autoopy? □ Yes © No wases, injuries, or complications - the pay arrest or ventricular fibrillation v IMMEDIATE CAUSE ↓ a. Cerpostave Heart Failu Due to (or as a consequence of) ↓ b. Due to (or as a consequence of) ↓ d. fibributing to death, but not resulting S3. If Female □ No pregnant within post year □ Not pregnant within post year □ Not pregnant but pregnant within 4 66. Time of Injury S7. Place of Ir (Number & Street or RFD No. ChyThen. State. 14300 W Systician () Other than Certifier	48. Were autops death? CAUSE OF DEAT at directly caused the without showing the e without showing the expension of the without showing the early showing the showing the showing the showing the showing the early showing the showing the early s	y findings available to cor Yes □ No H H death. DO NOT ENTER Biology. DO NOT ABBRE Biol	TERMINAL E TERMINAL E TOTAL TOTAL	is deformed in the state of the	Approximate Interval: Onset to Death years use contribute to death? Probety Unknown lejury at Work? Yes No Unknown DR 9742 ed aww.commo
46. Was case referred to Medical E Yes 20 No So. Enter the chain of events - dise Such as cardiac arrest, respirat Final disease or condition resulting in death - Sequentially list conditions, if any, leading to the cause listed on line a ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death). St. Manner of Death Si Natural Informicide Accident Undetermined Suicide Pending St. Date of Injury (number & Street Si Name and Address of Certifier Medical Certifier To she shut, Si Manner of Death Si Name and Address of Certifier Si Medical Certifier To she shut, of ping and pure to the faulus(s), sing Si Medical Certifier To she shut, of ping and pure to the faulus(s), sing Si Medical Certifier To she shut, of ping and pure to the faulus(s), sing Si Medical Certifier To she shut, of ping and pure to the faulus(s), sing Si Medical Certifier To she shut, of ping and pure to the faulus(s), sing	Examiner? 47. Autoopy? □ Yes © No wases, injuries, or complications - the pay arrest or ventricular fibrillation v IMMEDIATE CAUSE ↓ a. Cerpostave Heart Failu Due to (or as a consequence of) ↓ b. Due to (or as a consequence of) ↓ d. fibributing to death, but not resulting S3. If Female □ No pregnant within post year □ Not pregnant within post year □ Not pregnant but pregnant within 4 66. Time of Injury S7. Place of Ir (Number & Street or RFD No. ChyThen. State. 14300 W Systician () Other than Certifier	48. Were autops death? CAUSE OF DEAT at directly caused the without showing the e without showing the expension of the without showing the early showing the showing the showing the showing the showing the early showing the showing the early s	y findings available to con Yes □ No H death. DO NOT ENTER ticlogy. DO NOT ABBRE se given above: se given above: mand 43 days to 1 year before tithin the past year come, construction site, restau 61. #500 Paula R	TERMINAL E TERMINAL E TOTAL TOTAL	is deformed in the state of the	Approximate Interval: Onset to Death years use contribute to death? Probety Unknown lejury at Work? Yes No Unknown DR 9742 ed aww.commo
46. Was case referred to Medical E Yes 20 No So. Enter the chain of events - dise Such as cardiac arrest, respiral Final disease or condition resulting in death - Sequentially list conditions, if any, leading to the cause listed on line a least EAST (disease or injury the death) - CAUSE LAST (disease or injury the death) - 61. Other algorificant conditions conditions are injury of the light of the death) - So Manner of Death Homicote Accident Undetermined Accident Undetermined So Juicide Pending 55. Date of Injury (number a Silvett 60. Describe how injury occurred 61. Name and Address of Certifier 62. Name and Address of Certifier 63. Name and Title of Attending Ph. 64. Title of Certifier 67. Medical Certifier 68. Amendmgff 69. Amendmgff 69. Amendmgff 69. Amendmgff 60. Describe 60. D	Examiner? 47. Autoopy? □ Yes © No wases, injuries, or complications - the pay arrest or ventricular fibrillation v IMMEDIATE CAUSE ↓ a. Cerpostave Heart Failu Due to (or as a consequence of) ↓ b. Due to (or as a consequence of) ↓ d. fibributing to death, but not resulting S3. If Female □ No pregnant within post year □ Not pregnant within post year □ Not pregnant but pregnant within 4 66. Time of Injury S7. Place of Ir (Number & Street or RFD No. ChyThen. State. 14300 W Systician () Other than Certifier	48. Were autops death? CAUSE OF DEAT at directly caused the without showing the elevation of the caused the without showing the elevation of the caused the without showing the elevation of the caused the cau	y findings available to con- Yes □ No H I death. DO NOT ENTER fictiogy. DO NOT ABBRE See given above: Insert 43 days to 1 year before Ithin the past year Connec, construction site, restau 61.	TERMINAL EVIATE. St.	d tobecco on injury, so on in	Approximate Interval: Onset to Death years use contribute to death? Probety Unknown lejury at Work? Yes No Unknown DR 9742 ed awwomm, 2011 autigation, in first prints, death,

Red shading and a call-out bubble warns of items that can only be amended in certain situations. An explanation is on the back, which we will cover shortly.

				FOF	COU	ITY USE C	DNLY		
Leg	end	on back	AM	ENDME	OT TO	OL - Dea	th certific	cate	
				ORF	GON H	EALTH AUT	HORITY		Medical bu
		24587	74			R HEALTH S			footnoted in
		1.D. TAG NO				CATE OF D			OTATE SUS AUGUSTS
				Middle			LAIII	Suffix 2. [STATE FILE NUMBER Death Date
]	irst ohn		Last Do	:			June 22, 2011
		3. Sex Male	4. Age 56 ye	ars 5. Social	Security Nur		3-45-6789	6. County of Death Multnomah	
	_	7. Birthdate	8. Birth	place				9. Decedent's Educ	
	Ĭ	March 12, 1955 10. Was Decedent of His	POI	tland, Oregor	11. Deceden	'a Bass(s)			grad. or GED ecedent Ever in
*	FACILIT	No		Į	White	is race(s)			med Forces? Yes
294137*		 Residence: Number N Oak Street 	r and Street				14. City/Town Portland		
94	ERAL	15. Residence County Multnomah		16. State or Fore	ign Country	1	7. Zip Code + 4	18.	Inside City Limits?
Ş	볼	19. Marital Status at Tim	ne of Death	Oregon 20. S	ouse's Name	Prior to First Marri	97111		Yes
	Ē	Never married							
	9	21. Usual Occupation Mason	Can only	be changed	in certa	in	22. Kind of Busine Construction	ss/Industry	
		23. Father's Name		stances – s		24. Moth	er's Name Prior to Fi	irst Marriage	
	"	James Doe		T26 Telephone Nu	mbor 27 P	Marti	na Miller	ddraaa	
	불	25. Informant's Name Carla Doe		Not Available	Sist	er er	dent 28. Mailing Ad 4477 N Pr	ine Street, Portla	nd, OR 94554
	COM	 Place of Death Decedent's Resident 	dence		30. Fac	ility Name			
	TO BE	 Location of Death 123 N Oak Street 	et		32. C	ty/Town or Location	of Death	33. State 34. Oregon	Zip Code + 4 97111
		35. Method of Disposition	on 36	. Place of Disposi	tion			37. Location	
		Burial 38. Name and Complete		Columbia Pior al Facility	neer Cem	etery		Portland, Oreg	On
		Affordable Buria	I and Cremati	on Company	T-11-7-1	505 NE 1st	Street, Newpor	t, Oregon 97365	
		 Date of Disposition TBD	40.	Funeral Director	s Signature Funeral L	rirector	Electronical	41. OR License Nu CO-3002	rnbes/
		42. Registrar's Signatu	ıre			43. Date Rece	ved Signed	44. Local F	ile Number
		>							
		45. Amendment	Footnotes	to items 1-3	39 go he	re. See back	for example	es of format.	
		46. Was case referred to □ Yes \ No	Medical Examine		sy? \$0 No		ndings available to co s □ No	omplete the cause of	49. Time of Death
		EQ. Enterthe shell st				CAUSE OF DEATH			
		 Enter the chain of enduring such as cardiac arre 	vents - diseases, in est, respiratory arre	juries, or complicat st or ventricular fib	ions - that di fillation witho	ectly caused the de ut showing the etiol	eath. DO NOT ENTE ogy. DO NOT ABBR	R TERMINAL EVENTS EVIATE.	Approximate Interval: Onset to Death
		Final disease or co	ndition IMME	DIATE CAUSE V					Mears
		141 1 1	19 (20)	THE STANF HEATT	CAULINE.				· IARAPE



The back of the certificate contains a legend that explains what each of the colored boxes or shaded areas means.

There is also an explanation of when items that are shaded red are able to be amended.



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

Signatures 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 timing dependent: 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 accompanies the death record when it is delivered to the county for initial filing; otherwise, only minor 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.



For a change to one of these items consider:

- 1. Did an affidavit requesting this change accompany the record when it was submitted?
- 2. Is this a minor spelling error?

If the answer to both questions is no, then you should contact the Death Corrections Specialist at the state office for review of the request.





What if...

The death record is brought to you by a courier and the funeral director faxes you an affidavit, which you receive before you sign and stamp the record?

The affidavit did not accompany the record. Only minor spelling errors should be changed without first consulting the Death Corrections Specialist.



What if...

The death record is mailed to you and before you receive it, the funeral director brings you an affidavit?

The affidavit did not accompany the record. Only minor spelling errors should be changed without first consulting the Death Corrections Specialist.



What if...

You receive an envelope in the mail from the funeral home containing a death record to be registered and an affidavit, but the funeral director forgot to sign?

The affidavit did accompany the record when it was submitted for initial filing. Once it becomes legally sufficient (by the funeral director signing it) the change can be made.



What is a minor spelling error?

Spouse's Name: Jameson Carvalho to Jamison Carvalo

 \checkmark

Marital Status: Divorced to Never Married



Spouse's Name: Becca Fu to Rebecca Fox



Informant's Name: Meriweather Lewis to Merrywethor Lewis





Things to remember regarding footnotes:

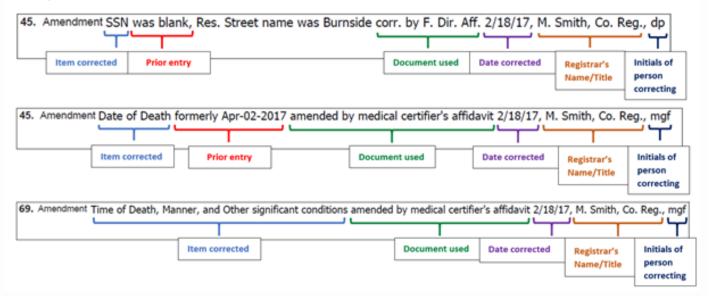
Do <u>not</u> use the medical footnote section as an overflow for personal footnotes.

Footnotes must be typed.

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. Do not issue from the uncorrected record and do not change 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:





What if the medical certifier crossed out and initialed?

The amendment tool says: "All changes to an original record must be documented with a footnote."

What do I do if the medical certifier crossed something out and initialed next to it?

Use your best judgement. Generally when a medical certifier makes a minor error as they fill out their section, if they cross out the information and initial next to it, no affidavit would be required. If an affidavit is not required, neither is a footnote.



Contact information

Death Corrections Specialist | 971-673-1163 | CHS.Amendments@state.or.us

The final section of the amendment tool is contact information for the Death Corrections Specialist.

This is who you will contact for questions regarding non-medical changes to death records, whether an affidavit is legally sufficient, and for timing dependent items that require review at the state.



Q & A Break



Example scenarios



A funeral directors brings you a death record to be filed. Later that day, she faxes you a legally sufficient affidavit to change the city of death from Sandy to Estacada. The affidavit is signed only by the medical certifier.

Can this change be made?

Where would it be footnoted?

What would the footnote look like?

"City of death was Sandy corr. by **medical certifier aff**. 12/4/17 S. Olson, Co. Reg., rs"



A record is brought in to you to be filed, along with a legally sufficient affidavit signed by the funeral director that is listed on the record. The affidavit is to change the funeral home from ABC Funeral Services to XYZ Burial and Cremation, and to change the funeral director to a funeral director from XYZ Burial and Cremation.

Can the funeral home be changed?

Can the funeral director be changed?



A funeral director submits a death record to you for filing. Later that day before you sign the record or issue any certificates, they bring you an affidavit to change the informant's name from Jose Rosales Cruz to Josie Rosales Cruz and the informant's relationship from Son to Daughter.

Can these changes be made?

If the informant relationship was not being changed, would you be able to change the name?



A funeral director submits a death record to you for filing along with an affidavit to change the date of death and time of death. The affidavit is signed only by the funeral director.

Can these changes be made?

If the medical certifier listed on the record signs the affidavit, where would you footnote the changes?



Final Questions?



Upcoming Webinars

Our next webinar will focus on storing records.

We will keep you up to date with more information by email.





Frequent Contacts

Jennifer Woodward State Registrar 971-673-1185 Jennifer.A.Woodward@state.or.us

Karen Hampton Vital Statistics and Systems Manager 971-673-1191 Karen.R.Hampton@state.or.us

Ryan Sanders
Amendments Manager
971-673-1178
Ryan.G.Sanders@state.or.us

JoAnn Jackson State Registration Manager 971-673-1160 JoAnn.Jackson@state.or.us

Karen Rangan Certification Supervisor 971-673-1182 Karen.L.Rangan@state.or.us Judy Shioshi Field Liaison 971-673-1166 Judy.Shioshi@state.or.us

Derrick Patterson
Amendment Specialist (non-medical items)
971-673-1163
Derrick.C.Patterson@state.or.us

Melissa Franklin
Nosologist (medical items)
971-673-1144
Melissa.G.Franklin@state.or.us

OVERS Help Desk 971-673-0279

CHS.Amendments@state.or.us



Thank you!



