

# OREGON DEATH REPORT INSTRUCTIONS

# Oregon Death Report Instructions

*Oregon Vital Events Registration System (OVERS)*

**Medical Examiner Edition**

Revised June 2025



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

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# OVERS Death Report Instructions

## *Medical Examiner Edition*

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## 1

# Basic OVERS Navigation

## Introduction

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

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

## Getting Started

### Logging In

On the OVERS **Login** page ( <https://or-vitalevents.hr.state.or.us/OVERS/logon.aspx>), enter your assigned username in the **Username** field and your password in the **Password** field and click **Login**. Both your Username and Password are case sensitive.

Some Medical Examiners have more than one Username, one for Medical Examiner duties and another for Medical Certifier duties. When logging in, make sure you are using the correct Username for the death report on which you plan to work.



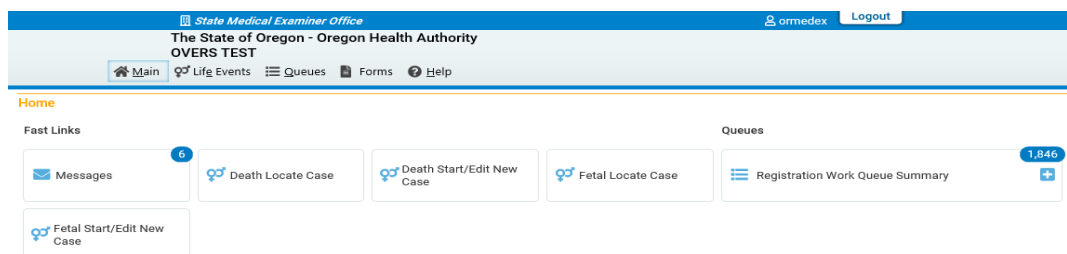
If your username is associated with more than one office location, then you must also make a selection from the office list. Click on the **Office** name to continue. This step is not necessary for all users.

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



## Home

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

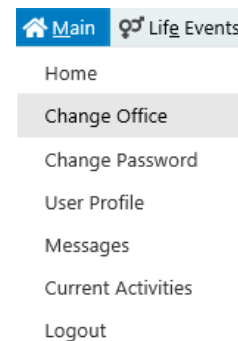


Notice the **Menu Bar** across the top of the page. From the menu bar, you will navigate throughout the OVERS application.

## Change Office

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

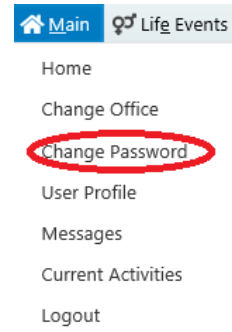
You will be taken to the Login page shown below. Enter your password in the **Password:** field, then choose the **Office** name.



## Change Password

Although OVERS will require you to change your password periodically, you may change your password at any time. To change your password, choose **Main** from the **Menu Bar** along the top of the page, then choose **Change Password**.

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



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

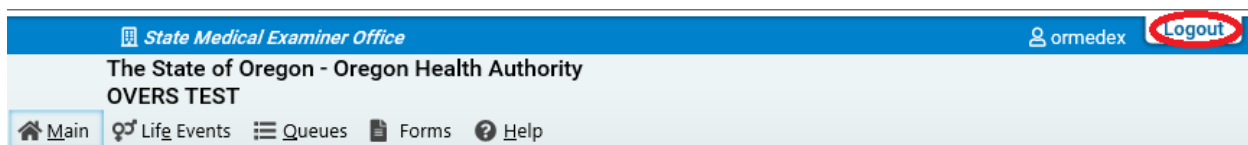
Old Password:	<input type="password"/>
New Password:	<input type="password"/>
Confirm Password:	<input type="password"/>
<hr/>	
Security Question	What was your high school mascot? <input type="button" value="v"/>
Security Answer	*****
<input type="button" value="Save"/> <input type="button" value="Later"/> <input type="button" value="Clear"/>	

If you don't know your old password, you can call OVERS help desk technical support at 971-673-0279 Monday through Friday from 8 am to 5 pm.

## Logout

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

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

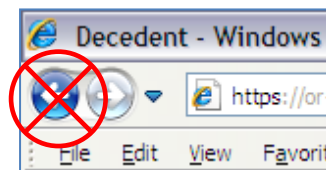


After you click the **Logout** button, you will be taken back to the **Login** page. If you do not log out of OVERS, you will be automatically logged out after 15 minutes of inactivity and you may lose work you have not saved.

## Navigation

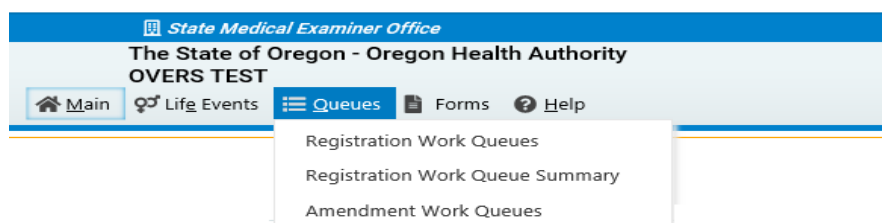
### General Navigation

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



### Menu Bar

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



### Death Registration Menu



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

The Funeral Director may complete the Personal Information section, Pronouncement, and the Place of Death page. However, the Medical Examiner has the option to complete these pages if it is appropriate to do so.

### Page-to-Page Button Controls

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





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

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

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

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

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

## Helpful Tools

### Tools for Searching

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



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

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

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

### Required Fields Indicator

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

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

## Date Fields

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

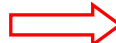
If you type:		OVERS will display:
MM-DD-YYYY	03-10-2021	MAR-10-2021
MM/DD/YYYY	03/10/2021	
MMDDYYYY	03102021	
monDDYYYY	mar102021	

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

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

Date of Death:

MMM-dd-yyyy



Mar 2021

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Today Cancel

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

## Using Lookup Tools

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



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

## Keyboard Shortcuts

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

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

## Communication

### Messages

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

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

#### Viewing and Deleting Messages

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

#### Messages

<div> <span>Send Message</span> <span>Mark as Read</span> <span>Remove from List</span> </div>				
From	Subject	Message	Date Sent	
Excellent Funeral Director-Regression Test	Case 7322851 - refer to ME	Please review Case Id: 7322851 - Ron Metest, Date of Death: MAR-10-2021 referred by American Burial and Cremation of Oregon. Time of Death: <a href="https://or-vitaleventstest.hr.state.or.us/OVERSTEST/Metest,Ron">https://or-vitaleventstest.hr.state.or.us/OVERSTEST/Metest, Ron</a>	3/10/2021 10:17:02 AM	<input checked="" type="checkbox"/>
Test Funeral Director-Training	Case 7322840 - refer to ME	Please review Case Id: 7322840 - Thomas Test, Date of Death: FEB-17-2021 referred by American Burial and Cremation of Oregon. Time of Death: <a href="https://or-vitaleventstest.hr.state.or.us/OVERSTEST/Test,Thomas">https://or-vitaleventstest.hr.state.or.us/OVERSTEST/Test, Thomas</a>	2/17/2021 8:39:41 AM	<input type="checkbox"/>

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

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

#### Sending Messages

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

The screenshot shows the 'Send Message' dialog box. It has a title bar 'Send Message' and a close button. Below the title bar, there is a 'Recipients:' label with a red circle 1 pointing to it. To the right of 'Recipients:' is a 'Remove Recipient' button. Below that is a 'Send By:' dropdown menu with 'Notify' selected, and a red circle 2 pointing to it. Below 'Send By:' is a 'Subject:' label with a red circle 3 pointing to it. The main body of the dialog is a large text area for the message content. At the bottom right, there are 'Send' and 'Cancel' buttons, with a red circle 4 pointing to the 'Send' button.

1. Select the recipient(s) of the message. Click on **Recipients**. You may send a message to a Person or an Organization. Enter the First and/or Last Name of the person to be added to the message as a recipient and click **Find**. Place a check mark in the box to the left of the person to receive the message. Click **Add**. The page will refresh and add the recipient to the **Selected Recipients** list. You can then search for another individual if you choose. Once you have added all intended recipients, click **Save**.

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

The screenshot shows the 'Messages' dialog box. It has a title bar 'Messages' and a close button. Below the title bar, there is a 'Choose Recipients' section. It has a 'Search' label, a 'Type of Search' dropdown menu with 'Person' selected, and a 'Find' button. Below the 'Find' button is a table with two columns: 'Name' and 'Type'. The table has two rows: 'Certifier, Birth' (Birth Certifier Type) and 'Certifier, Death' (Medical Certifier). The 'Certifier, Death' row has a checkmark in the 'Name' column. Below the table is a 'Total records : 2' label. Below the table is an 'Add' button. Below the 'Add' button is a 'Selected Recipients' section. It has a table with two columns: 'Name' and 'Type'. The table has one row: 'Certifier, Death' (Medical Certifier). Below the table is a 'Total records : 1' label. Below the table is a 'Remove' button. At the bottom right, there are 'Save' and 'Cancel' buttons.

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

## Queues

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

Medical Examiners may see the following registration work queues for death reporting:

1. Medical Certification Requested - Registration  
This queue lists death records that Funeral Directors have sent to you requesting that the death report be completed.
2. Medical Pending - Death  
This queue lists death records that are missing information in the medical portion of the death record.
3. Certification Required - Registration  
This queue lists records that have been completed but have not yet been certified.
4. Cause of Death Pending  
The Medical Examiner has indicated on the death report that the cause of death reported is not yet final.
5. ME Review Required  
A Funeral Director or Medical Certifier has requested that the Medical Examiner review these cases. In some cases, the State office may also request that a Medical Examiner review the case.
6. Medical Pending – Fetal Death  
This queue lists fetal death records that are missing information in the medical portion of the record
7. Personal Pending – Fetal Death  
This queue lists fetal death records that are missing information in the personal portion of the record.

In addition, Medical Examiners may also see one additional queue:

1. Keyed (Requires Affirmation) – Amendments

This queue lists records that have amendment requests that have not yet been certified. For more information about amendment requests, see Chapter 3.

Note: Reports appearing in one work queue can also appear in another work queue. For example, if a report is missing information in the personal section of the report and it is missing a signature, it will appear in both the Personal Pending and Signature Required queues.

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

Current Activities			
Queue Name	Type ↓	Count	Age of Oldest in Days
Keyed (Requires Affirmation)	Amendment	2	301
Cause of Death Pending	Death	22	631
Certification Required	Death	7	783
ME Review Required	Death	309	1872
Medical Certification Requested	Death	9	393
Medical Pending	Death	115	620
Personal Pending	Death	31	617
Medical Pending	Fetal Death	1	305
Personal Pending	Fetal Death	1	305
Total Queues : 9			

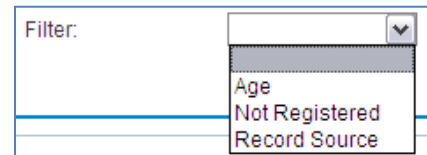
Select one of the queues by clicking on the corresponding **Queue Name**. The queue will open, showing a list of all reports in the queue. An example is shown below. When you find the report you need to complete, click on either the **Case ID** or the **Registrant (Name)** to open the case.

#### Search by Registration Work Queue

Queue:  Search Type:  Value:   
 Display  rows per page. Filter:

All	Case Id	File Number	Registrant	Date of Event ↓	Data Provider
<input type="checkbox"/>	7322851		Test, Adam	MAR-10-2021	Cremation of Oregon
<input type="checkbox"/>	7321197		Test, Alison	AUG-24-2020	Son Funeral Directors
<input type="checkbox"/>	7320206		Test, Angelina	AUG-22-2020	
<input type="checkbox"/>	7321194		Test, Charles	AUG-22-2020	
<input type="checkbox"/>	7320217		Test, Benny	AUG-21-2020	Memorial Center,
<input type="checkbox"/>	7320683		Test, Bonnie	AUG-21-2020	Mortuary Of Hermiston

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



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

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



# 2

## Completing an Oregon Death Report

### Introduction

This chapter explains the process for retrieving, completing and certifying death reports in the OVERS application. It also provides guidance about how to properly complete the information on the report. Certain laws applicable to reporting these data can be found in Appendix C.



These instructions provide answers to frequently asked questions for special circumstances. These items are identified by the logo to the left to help you locate the information.

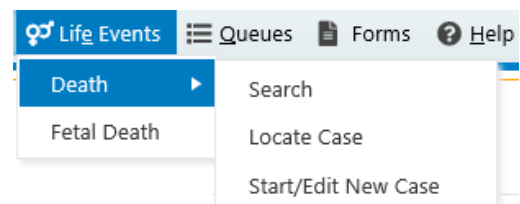


Occasionally, information is provided that is not necessary for you to complete a death report but may help you understand why the information is collected. This information is marked with the logo to the left.

If you are reporting a death using a hybrid (dropped-to-paper) or fully paper death report, these instructions will not apply to you. Please visit the Center for Health Statistics webpage for instructions to report a death using a paper death certificate. The webpage is: <https://bit.ly/OR-PaperDCInstructions>.

### Accessing Death Reports

OVERS has three search features available for finding a death report or starting a new report. All three search options can be found by choosing **Life Events** from the **Menu Bar** along the top of the screen, then choosing **Death**.



### Locate an Existing Case

Most of your time will be spent working on pre-existing death reports. These could be complete or incomplete reports that were started by a Funeral Home. The OVERS application can be used to locate a specific report, helping to eliminate the possibility of creating a duplicate report. There are two ways to locate an existing case in OVERS, **Search** and **Locate Case**.

### Search

Use this option to search for any death report in OVERS. Medical Examiners can **Search by Identifier** or **Search by Registrant or Data Provider**. You can add search criteria in either column on the same search. It is important to clear both sides in case some search criteria that is not applicable remains.

**Search by Identifier** on the left-hand side of the screen will only work when you have specific report-related data available. If you do not have any of this information, enter the information you have about the decedent on the right-hand side of the search screen, **Search by Registrant or Data Provider**. For this option, you must know the exact spelling of the decedent's last name. Click **Search** to perform the search.

If there are reports in OVERS that match your criteria, search results will be displayed. An example is provided below. Click on the **Decedent's Name** to view the death report. If you need to perform a new search, click **New Search**.

#### Death Search Results

Case Id	SFN	Decedent's Name ^	Date of Death	Sex	Place of Death	Date of Birth	Preview
7322482		<a href="#">Test, Charles</a>	SEP-18-2020	Male	Clackamas	APR-01-1950	<a href="#">Preview</a>
7322583		<a href="#">Test, Daniel</a>	NOV-24-2020	Male	Clackamas		<a href="#">Preview</a>
7322483		<a href="#">Test, Diane</a>	SEP-17-2020	Female	Coos	MAY-01-1950	<a href="#">Preview</a>
7322487		<a href="#">Test, Edward</a>	SEP-29-2020	Male	Multnomah	APR-01-1950	<a href="#">Preview</a>

First 1 2 3 4 5 6 7 8 Last

Total Records : 74

[New Search](#)


If no reports match your search criteria, the following will be shown. Click **New Search** to change your search criteria.


## Locate Case

Use this option to search for death reports assigned to the username and/or office from which you are signed in. These death reports can be opened for review or editing even after they have been registered with the State office. There are no required fields on this search page.


**Death Locate Case**

**Decedent's Information**

First:  Last:  Date of Death:  

Gender:  SSN:  Date of Birth:  

Case Id:  ME Case Number:  Medical Record Number:

Place of Death Location Type:  Place of Death:  

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

If there are reports in OVERS that match your criteria and are assigned to your office, search results will be displayed. An example is provided below. Click on the **Decedent's Name** to view the death report. If you need to perform a new search, click **New Search**.

**Death Search Results**

Case Id	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	Preview
7322583	Test, Daniel	NOV-24-2020	Male	Clackamas		<a href="#">Preview</a>
7322852	Test, John	MAR-10-2021	Male	Clackamas		<a href="#">Preview</a>

First 1 2 Last Total Records : 16

[New Search](#)

If no reports match your search criteria assigned to your office, the following will be shown. Click **New Search** to change your search criteria.

**Results**

There are no cases that match the criteria you have entered. Select the New Search button to perform a new search.

[New Search](#)

Occasionally, Medical Examiners also have a login to act as a doctor, or Medical Certifier, in OVERS. If a case has been assigned to you as a Medical Examiner and you are logged in as a Medical Certifier, you may not find the death report. Make sure you are logged in with the correct Username before creating a new death report.

## Start/Edit New Case

Use this option to begin a new death report in OVERS. It will also return a list of death reports matching your search criteria that are assigned to your office. To search, enter the decedent's information for each of the required fields, marked with a red arrow. Then click **Search**.

**Death Start/Edit New Case**

**Decedent's Information**

First: <input type="text"/>	Last: <input type="text"/>	Date of Death: <input type="text"/>
Sex: <input type="text"/>	SSN: <input type="text"/>	Date of Birth: <input type="text"/>
Case Id: <input type="text"/>	ME Case Number: <input type="text"/>	Medical Record Number: <input type="text"/>
Place of Death Location Type: <input type="text"/>	Place of Death: <input type="text"/>	

Search Clear

The following two items are entered on this page to begin the death report but may be edited by the Medical Examiner when completing the Medical Certification portion of the death report.

### County of Death

Enter the name of the county where death occurred.



For the purposes of ORS 146.003 to 146.189 (Medical Examiner Cases), if the county where death occurs is unknown, the death shall be deemed to have occurred in the county where the body is found, except that if in an emergency the deceased is moved by conveyance to another county and is dead on arrival, the death shall be deemed to have occurred in the county from which the body was originally removed.

If the death occurred on a moving conveyance in international waters, international airspace, or in a foreign country or its airspace and the body was first removed from the conveyance in this state, register the death in this state but enter the **ACTUAL** place of death insofar as it can be determined.

### Date of Death

Enter the exact month, day, and year that death occurred.



Pay particular attention to the entry of month, day, or year when the death occurs around midnight. Consider a death at midnight to have occurred at the beginning of one day rather than the end of the previous. For instance, a death that occurs at midnight between December 1 and December 2 occurred on December 2.



This item is used in conjunction with the hour of death to establish the exact time of death of the decedent. Epidemiologists also use date of death in conjunction with the cause of death information for research on intervals between injuries, onset of conditions, and death.

If there is no death report in OVERS that matches your search, the following page will appear. Click **If case does not appear above, start new case.**

**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.

If case does not appear above, start new case [New Search](#)

If your search results display a matching death report, click on the **Decedent's Name** to open the case. Confirm it is the correct decedent before editing the report.

**Results**

Case Id	Decedent's Name	Date of Death	Gender	Place of Death	Date of Birth	
4254006	Test, Miglia	NOV 24 2020	Male	Multnomah	APR-12-1951	<a href="#">Preview</a>

Total records : 1

[New Search](#)

For this example, we chose **If case does not appear above, start new case**.

## Medical Examiner Review of a Case

The Medical Examiner Review of a Case option provides the ability for a medical examiner to accept a referral, decline a referral, take control of a case, or to set the referral action to pending.

From the **Death Registration Menu**, select **Other Links** and then **ME Review Case**.

**Other Links**

- [Comments](#)
- [ME Review Case](#)
- [Print Forms](#)
- [Refer to Medical Examiner](#)
- [Relinquish Case](#)
- [Transfer Case](#)
- [Validate Registration](#)

Notice that Referral Action and ME Case Number are both marked with red arrows, indicating that they are required fields. Note: Access to the ME Review Case Page is restricted based on user security privileges. You may not be able to access this page.

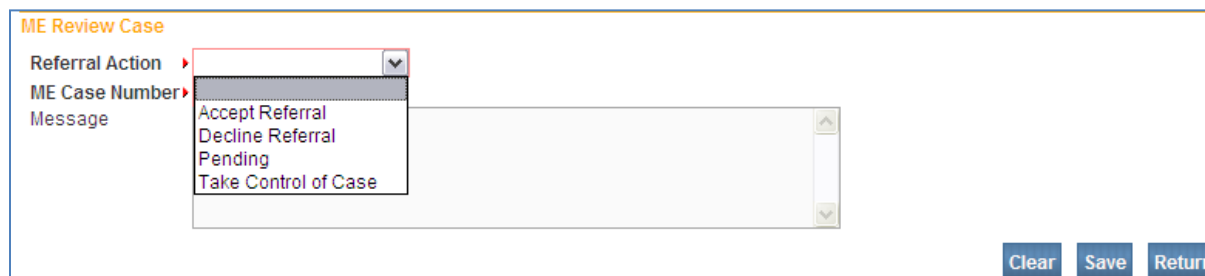
**ME Review Case**

Referral Action [▶](#)

ME Case Number [▶](#)

Message

Make a selection from the Referral Action dropdown list.



The screenshot shows a web form titled "ME Review Case". It contains three main input fields: "Referral Action", "ME Case Number", and "Message". The "Referral Action" dropdown menu is open, displaying four options: "Accept Referral", "Decline Referral", "Pending", and "Take Control of Case". The "ME Case Number" field is empty. The "Message" field is a large text area. At the bottom right of the form are three buttons: "Clear", "Save", and "Return".

**Accept Referral** is used for cases referred to ME that can occur at any point in the registration process including after filing.

**Decline** is used to deny taking ownership or control of a record.

**Pending** is used to handle those cases where the ME determines that additional discussion is needed with the physician before making a determination on the case or when the cause of death is inadequate or incomplete.

**Take Control of Case** is used when the ME is not the medical owner of the case, however, he/she determines that the case falls under ME jurisdiction. Once the ME user accepts or takes control of a case then he/she is responsible for completing and certifying the medical information.

Once a selection has been made from the **Referral Action** dropdown list, a system message is automatically entered into the **Message** box. This message can be used as is, edited, or deleted entirely.

Enter the appropriate case number and select **Save** to save your changes and take the referral action selected.

## Completing the Death Report

The **Death Registration Menu** contains a series of pages that are used for gathering the information needed to register a new death record.

## Personal Information

The **Personal Information** sub-menu collects legal and personal information about the decedent.

If a Funeral Director will complete these pages, you can indicate this on the **Decedent** page and proceed to the **Medical Certification** sub-menu, **Pronouncement** page.

<b>Death Registration Menu</b>
Personal Information
<b>Decedent</b>
Resident Address
Family Members
Informant
Disposition
Decedent Attributes
<b>Medical Certification</b>
Pronouncement
Place of Death
Cause of Death
Other Factors
Injury
Certifier

## Decedent Page

The **Decedent** page automatically fills in with the information entered on the **Death Start/Edit New Case** page.

**Decedent**

Will Medical Examiner be completing personal information?

---

**Decedent's Legal Name**

Prefix  First  Middle  Other Middle  Last  Suffix

---

**Maiden Name**

Last

---

**Aliases**

[Add/Edit Alias Names](#)

Gender  Social Security Number  ☐ None ☒ Unknown

Date of Birth    Age  Years  Months  Days  Hours  Minutes  SSN Verification Status  [Verify SSN](#)

---

**Decedent's Birth Place**

City or Town  State  Country

Ever in US Armed Forces?   Served in Combat?

Will Medical Examiner be completing personal information?

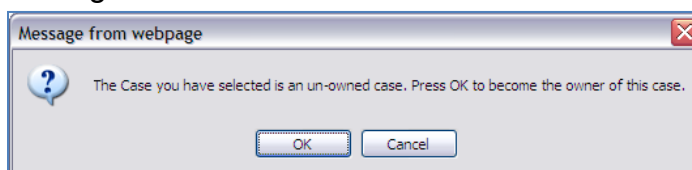
Choose the appropriate option from the dropdown list to indicate if you will complete the Personal Information pages on the death report.

Yes

If you choose **No** from this dropdown list, the Personal Information pages will

be disabled. Proceed to the **Pronouncement** page to complete the Medical Certification pages.

If you choose **Yes** from this dropdown list, the box shown below will ask you to confirm that you want to take ownership of the death report. Click **OK**. The ownership can be transferred to a funeral home after selecting **Yes**.



### Decedent's Legal Name

Type or print the full first, middle, and last names of the decedent. **DO NOT** abbreviate.



If the deceased identity is not known you should enter **Male** or **Female** for the first name and **Unknown** for the last name. More than one name may be entered into any of the name fields by separating the two names with a space or a hyphen.

### Maiden Name

If the decedent was female, enter her last name prior to her first marriage, if applicable.

### Aliases

If the decedent has any alias names, click on **Add/Edit Alias Names**. The **Aliases** box will appear. Click on **New Alias**. Enter the alias name, then click **Save**. When you have entered all alias(es), click **Close**.

### Sex Designation

Choose the appropriate option from the dropdown list. X, indicating nonbinary, is used for individuals whose gender identity is not exclusively male or female. If sex cannot be determined after verification with medical records, inspection of the body, or other sources, enter **Unknown**. **Undetermined** is used in cases where the sex cannot be determined due to a medical condition. **DO NOT** leave this item blank.



This item aids in the identification of the decedent. It is also used in research and statistical analysis to determine sex-specific mortality rates.



Social Security Number

Enter the social security number of the decedent. If the decedent does not have a social security number, select **None**. If the decedent's social security number is not known, choose **Unknown**.



This item is useful in identifying the decedent and facilitates the filing of social security claims.

Date of Birth

Enter the exact month, day, and year that the decedent was born.



This item is useful in identification of the decedent for legal purposes. It also helps verify the accuracy of the age item.

Age

Enter the exact age of the decedent. To calculate the decedent's age, you may click the blue arrow circled above. If the date of death or date of birth is changed, the blue arrow circled may need to be reapplied. This will automatically calculate the decedent's age and enter it in the correct **Age** field(s)

*Years* is used for a decedent who is age one or older at his/her last birthday.

*Months* and *Days* are used for a decedent who is under on year of age and more than one day old.

*Hours* and *Minutes* are used for a decedent who is under one day old, or who survived less than 24 hours, enter the exact number of hours or minutes, the infant lived.



Information for this item is used to study differences in age-specific mortality and in planning and evaluating public health programs.

Verify SSN

To the right of the age boxes, there are two controls for Social Security number verification: a Verify SSN link and a notification message.

The **Verify SSN** link is used to notify the Social Security Administration (SSA) that the decedent has passed and that any benefits currently being paid should be discontinued. Click **Verify SSN** to begin the notification process.

Initially, the message displayed to the right will be Unverified (0) with the number in

parenthesis representing the number of attempts that have been made to contact the SSA. A maximum of 5 attempts can be made. After 5 attempts are made, the **Verify SSN** link will be disabled. Once verification has been completed, the message will change to **Verified**.

Occasionally, the message will change to something other than **Verified**. The table below shows other possible messages and the actions to be taken if the message is shown.

Message	Action
VERIFIED/PASSED	SSN verification was successful. Proceed with completing the death report.
FAILSSN FAILGENDER FAILDOB FAILDOB GENDER FAILNAME	The SSN verification was not successful. You may choose to change the information provided and attempt verification again. Repeated attempts are permissible but not required.  If the status does not change to Verified, you may complete the Social Security 721 form with the information you have and submit the form to the SSA as a courtesy to the family.
AUTHUNAVAIL INVALID TRANIDERROR BU01LINKFAIL	The SSN is not being sent to the SSA. Call the OVERS Help Desk at 971-673-1352 to notify the staff of the issue.

### Decedent's Birth Place

#### *City or Town*

If the decedent was born in the United States, enter the name of the city, town or county. If it cannot be obtained, enter **Unknown**.

#### *State*

If the decedent was born in the United States, enter the name of the state. Do not use an abbreviation for the state. If it cannot be obtained, enter **Unknown**.



If the decedent was not born in the United States, enter the name of the province or state, if known. For example, Tijuana, Baja California in the City field, Baja California in the State field, and Mexico in the Country field.



This item is used to match birth and death certificates of a deceased individual. Federal law requires matching birth and death records, to avoid issuance of a birth certificate for a deceased individual without notation on the record. In addition, matching

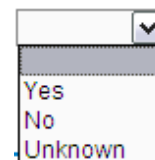
these records provides information from the birth certificate that is not contained on the death certificate and may give insight into which conditions led to death. Information from the birth certificate is especially important in examining the causes of infant mortality.

### Country

Enter the Country in which the decedent was born. If it cannot be obtained, enter Unknown.

### Ever in US Armed Forces?

If the decedent ever served in the U.S. Armed Forces, choose **Yes** from the dropdown list. If not, choose **No**. If you are unable to determine if the decedent served in the US Armed Forces, choose **Unknown**.

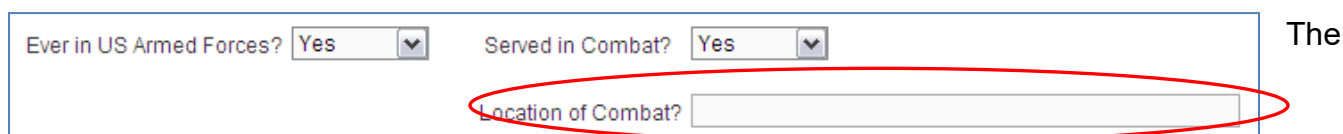


### Served in Combat?

This dropdown list will only be available if you chose **Yes** to the prior question. If the decedent served in a Combat Zone, choose **Yes** from the dropdown list. If not, choose **No**. If you are unable to determine if the decedent served in combat, choose **Unknown**.

### Location of Combat?

If you chose **Yes** to the **Served in Combat** question, the **Location of Combat** box will appear. Enter the combat zone(s) where the decedent served. You must use a semi-colon (;) between the combat locations.




informant may select the **Location(s) of Combat Zone** that apply from the list found below or they may provide another location. The Center for Health Statistics will accept any location provided, regardless of whether the location appears in the attached list if the informant believes the decedent was in combat.

### **Veteran's Status – Location of Combat**


The following is a list of combat zones as defined by the U.S. Dept. of Veterans Affairs. Please list any or all locations from the left column that the decedent served while in the U.S. Armed Forces. You may report any locations not named at the bottom of this form.

Location of Combat Zone	Details and Time Period	Check if Served
<b>World War II</b> (or name country below if desired)	European-African-Middle Eastern Campaign, from 12/7/1941 to 11/8/1945	
	Asiatic-Pacific Campaign, from 12/7/1941 to 3/2/1946	
	American Campaign, from 12/7/1941 to 3/2/1946	
	American Merchant Marines, in oceangoing service from 12/7/1941 to 8/15/1946	
<b>Korea</b>	From 6/27/1950 to 7/27/1954	
<b>Vietnam</b>	From 2/28/1961 to 5/7/1975	
<b>Lebanon</b>	From 8/25/1982 to 2/26/1984	
<b>Grenada</b>	From 10/23/1983 to 11/21/1983	
<b>Panama</b>	From 12/20/1989 to 1/31/1990	
<b>Persian Gulf</b>	Beginning 8/2/1990, ongoing	
<b>Somalia</b>	Beginning 9/17/1992, ongoing	
<b>Bosnia</b>	From 11/21/1995 to 11/1/2007	
<b>Yugoslavia</b> (now Bosnia-Herzegovina) & <b>Croatia</b>	Operations Joint Endeavor, Joint Guard, or Joint Forge, aboard U.S. Naval vessels in the Adriatic Sea, or air spaces above these areas, from 12/20/1995 to 12/2/2004	
<b>Kosovo</b>	Beginning 3/24/1999, ongoing	
	Operations Joint Endeavor, Joint Guard, or Joint Forge, either in its waters or airspace, beginning 3/24/1999, ongoing	
<b>Afghanistan</b> (or name below)	Operation Enduring Freedom, spanning multiple countries, beginning 10/7/2001, ongoing	
<b>Iraq</b>	Operation Iraqi Freedom, from 3/19/2003 to 2/17/2010	
	Operation New Dawn, beginning 02/17/2010, ongoing	
<b>Global War on Terrorism</b> (name below)	Military expeditions to combat terrorism, beginning 9/11/2001, ongoing	
<b>Name other locations here</b>		

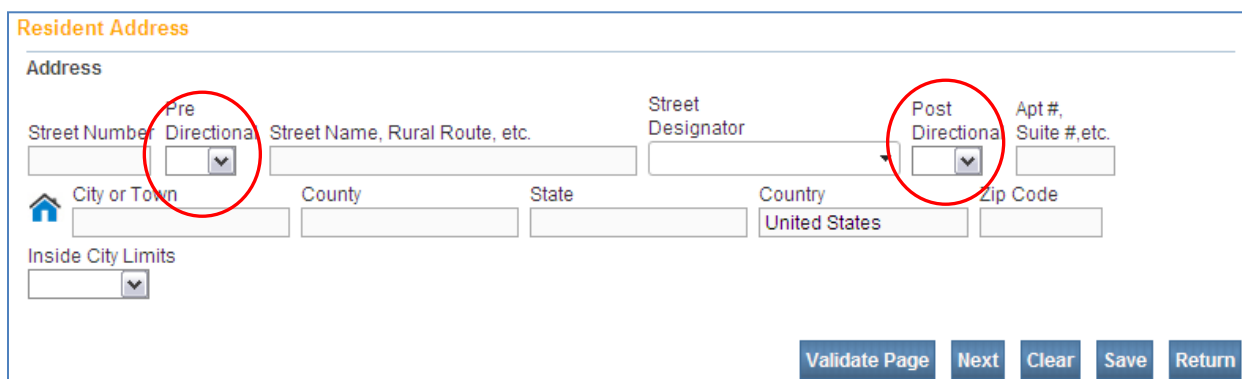
 Effective January 1, 2012, after the passage of Oregon House Bill 3611, this item is used to identify decedents who were veterans. This information is of interest to veterans' groups studying cause of death among veterans and whether deployment to a combat zone has any relationship to cause of death. Veteran status data will be analyzed to determine if certain factors put veterans at higher risk of suicide.

## Resident Address

Report the place where the decedent actually resided, not the postal address. Do not enter addresses that are post office boxes or rural route numbers. Get the building number and street name. Because you are reporting the location where the decedent lived, information on this page may differ from the decedent's mailing address.

 Effective January 1, 2022, the passage of Oregon Senate Bill 850, establishes mandatory reporting of housing status on reports of death. This requires that data is collected on homeless individuals who have died. For individuals who were homeless at the time of death "**Domicile Unknown**" must be listed in the **Street Name, Rural Route, etc.** field on the Resident Address page. This includes decedents who were homeless but receiving care at a hospital or other institution. Other fields on the Resident Address page should be filled out to the best of the user or informant's knowledge. "Unknown" can be entered in the Street Number, City or Town, and Inside City Limits fields. "Unknown" cannot be entered in the County, State, Country, or Zip Code fields. Do NOT enter "Unknown," "Homeless," "Houseless," or "None" in the "Street Name, Rural Route, etc." field for homeless decedents. Only enter "Domicile Unknown."

If the street has a **Pre-Directional** indicator, i.e. *East 42<sup>nd</sup> St.*, then indicate that by selecting **E** from the **Pre-Directional** dropdown list. Similarly, if the street address has a **Post-Directional** indicator, i.e. *42<sup>nd</sup> St. Southwest*, then indicate that by selecting **SW** from the **Post-Directional** dropdown list. Do not type the pre-directional or post-directional indicators in the Street Name box.



The screenshot shows the "Resident Address" form. The "Address" section includes fields for "Street Number", "Pre Directional" (a dropdown menu circled in red), "Street Name, Rural Route, etc.", "Street Designator", "Post Directional" (a dropdown menu circled in red), and "Apt #, Suite #, etc.". Below these are fields for "City or Town", "County", "State", "Country" (pre-filled with "United States"), and "Zip Code". There is also an "Inside City Limits" dropdown menu. At the bottom right are buttons for "Validate Page", "Next", "Clear", "Save", and "Return".



### Special Situations for Reporting Residence:

The place of residence is not necessarily the same as "home state" or "legal residence." Never enter a temporary residence such as one used during a visit, business trip, or vacation on this page.

Place of residence during a tour of military duty or during attendance at college is considered permanent and should be entered as the place of residence.

If the decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, report the location of that facility as the residence.

If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian. Never use an acute care hospital's location as the place of residence for any infant. If the decedent was a child, residence is the same as that of the parent(s), legal guardian, or custodian. If the child was living in an institution where individuals usually reside for long periods of time, the residence of the child is reported as the facility.



Mortality data by residence is used with population data to compute death rates for detailed geographic areas. This data is important in environmental studies. Data on deaths by place of residence of the decedent are also used to prepare population estimates and projections. Local officials use this information to evaluate the availability and use of services in their area.

Information on residence inside city limits is used to properly assign events within a county. Information on zip code and whether the decedent lived inside city limits is valuable for studies of deaths for small areas.

## Family Members

**Family Members**

Marital Status

---

**Spouse's Name**

First  Middle  Last (maiden name prior to first marriage)  Suffix

---

**Father's Name**

First  Middle  Last  Suffix

---

**Mother's Maiden Name Prior to First Marriage**

First  Middle  Last  Suffix

### Marital Status

Choose the decedent's marital status at the time of death from the dropdown list as it is reported by the informant. Documentation of marital status is not required.

Note that a legal separation requires a court order and is different than living separately. If marital status cannot be determined, choose **Unknown**.

Marital Status

- Married
- Legal Separation
- Widowed
- Divorced
- Never married
- Unknown
- Oregon Registered Domestic Partnership



This information is used to determine differences in mortality by marital status.

### Spouse's Name

If the decedent was married, widowed, or in a registered domestic partnership at the time of death, enter the full name of his or her spouse. Otherwise, leave this item blank.

If the spouse is the wife, enter her maiden name, regardless of whether she changed her name at the time of marriage.

If name of spouse cannot be obtained, enter **Unknown** for both the **First Name** and **Last Name**.



This item is used in genealogical studies and in establishing proper insurance settlement and other survivor benefits.

### Father's Name

Type or print the first, middle, last name, and suffix if applicable of the legal father of the decedent.

If the name of the father cannot be obtained, enter **Unknown** for the **Last Name**.

### Mother's Name Prior to First Marriage

Type or print the first, middle, and maiden surname of the mother of the decedent. This is the name given at birth or adoption, not a name acquired by marriage.

If the name of the mother cannot be obtained, enter **Unknown** for the **Last Name**.



The names of the decedent's mother and father aid in identification of the decedent's death record. The maiden surname is important for matching the record with other records because it remains constant throughout a lifetime, in contrast to other names, which may change because of marriage or divorce. These items are also of importance in genealogical studies.

## Informant

Informant						
Informant Name						
First	Middle	Last	Suffix			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Relationship to Decedent		<input type="text"/>	Other specify <input type="text"/>			
Address						
Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc	Street Designator	Post Directional	Apt #, Suite #, etc.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City or Town	State	Country	Zip Code			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
			<input type="button" value="Validate Page"/> <input type="button" value="Next"/> <input type="button" value="Clear"/> <input type="button" value="Save"/> <input type="button" value="Return"/>			

### Informant Name

Enter the name of the person who supplied the personal facts about the decedent. This could be a police officer, medical examiner or other person if an informant who knew the decedent personally is not available.

## Relationship to Decedent

Choose the informant's relationship to the deceased from the dropdown list. If an appropriate relationship option is not listed, choose **Other** and specify the relationship in the **Other specify** box.

## Address

Enter the mailing address of the informant.



This information may be used to contact the informant for additional information as needed.

## Disposition

**Disposition**

Method of disposition  Other Specify

Date of disposition

Place of disposition

Place of Disposition

City or Town  State  Country

Funeral Director

License Number  Lookup

First  Middle  Last  Suffix

Funeral Home

Business Registration Number  Lookup

Street Number  Pre  Directional  Street Name or PO Box, Rural Route, etc.  Street Designator  Post  Directional  Apt #, Suite #, etc

City or Town  State  Country  Zip Code

Disposition Permit

Date Disposition Permit Printed  ID Tag Number

Validate Page Next Clear Save Return

## Method of Disposition

Choose the method of disposition corresponding to the method of disposition of the decedent's body from the dropdown list.

If the method used does not appear on the list, then select **Other** from the dropdown list and type the method in the **Other specify** box.

**Disposition**

Method of disposition

Alkaline Hydrolysis  
Burial  
Cremation  
Donation and Cremation  
Entombment  
Natural Organic Reduction  
Removal from State  
Other





**Donation** refers only to the entire body, not to individual organs. If the body is used by a hospital, medical, or mortuary school for scientific or educational purposes, choose **Donation** and specify the name and location of the institution in the **Place of Disposition** below.

If a body is removed from Oregon, even if only for the convenience of the nearest crematorium, the death report should indicate **Removal From State**.

### Date of Disposition

Enter the exact month, day, and year of disposition. This date should correspond to the disposition of the body. If final disposition has not yet occurred, enter the date disposition will occur or leave this field blank.

### Place of Disposition

Enter the name of the cemetery, crematory, or other place of disposition. It is recommended that you use the **Lookup** tool in OVERS by clicking on the magnifying glass icon and searching for the facility of disposal. Selecting a facility will automatically fill in the **City or Town** and **State** fields.



If the body is removed from the state, specify the name of the cemetery, crematory or other place of disposition to which the body is removed.

If the body is to be used by a hospital or a medical or mortuary school for scientific or educational purposes, give the name of that institution.

If the body of the decedent is to be used by a hospital, a medical school, or a mortuary school for scientific or educational purposes, enter the name of the city or town and the state where the institution is located.

If there is any question about how to report the place of disposition, contact the State Vital Records office.





This information indicates proper disposition of the body as required by law. It also serves to locate the body in case exhumation, autopsy, or transfer is required later.

### Funeral Director

Use the **Lookup** tool by clicking on the magnifying glass to find the name of the funeral director who will sign the report. The **License Number** and **First, Middle and Last Names** will fill in with the Funeral Director's information.

**Funeral Director**



License Number    

First  Middle  Last  Suffix


## Funeral Home


Use the **Lookup** tool by clicking on the magnifying glass to find the name of the **Funeral Home** or facility handling the body prior to disposition.

**Funeral Home**

Business Registration Number    

Street Number  Pre Directional  Street Name or PO Box, Rural Route, etc.  Street Designator  Post Directional  Apt #, Suite #, etc

 City or Town  State  Country  Zip Code

 This item assists in quality control in completing and filing death reports, as well as fiscal tracking. It identifies the person who is responsible for filing the report with the registrar.

## Disposition Permit

Enter the date the disposition permit was printed and the ID Tag number that will accompany the remains.

## Decedent Attributes

**Decedent Attributes**

Decedent's occupation  Decedent's industry

Decedent's education

**Ancestry**  
Decedent of Hispanic Origin (more than one choice can be indicated).

☐ No, not Spanish/Hispanic/Latino ☐ Yes, Puerto Rican ☐ Yes, Other Hispanic Origin (specify)

☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Cuban ☐ Unknown

**Race**  
Check one or more races to indicate what the decedent considered himself or herself to be.

☐ White ☐ Chinese ☐ Vietnamese ☐ Samoan

☐ Black or African American ☐ Filipino ☐ Other Asian (specify) ☐ Other Pacific Islander (specify)

☐ American Indian or Alaska Native, checkbox specify ☐ Japanese ☐ Native Hawaiian ☐ Other (Specify)

☐ Asian Indian ☐ Korean ☐ Guamanian or Chamorro ☐ Unknown

### Decedent's Occupation

Enter the usual occupation of the decedent. **Occupation** is the kind of work the decedent did during most of his or her working life, such as claim adjuster, farmhand, janitor, store manager, college professor or civil engineer. Give the kind of work done during most of the decedent's working life, not necessarily the last occupation of the decedent. Do not enter *Retired*.



If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation. If the decedent was a homemaker during most of his or her working life, and never worked outside the household, enter *Homemaker*.

Enter *Student* if the decedent was a student at the time of death and was never regularly employed during his or her working life.

Enter *Infant* if the decedent was less than one year old at the time of death and enter *Child* if the decedent was less than school age at the time of death.

### Decedent's Industry

Enter the kind of business or industry to which the **Occupation** is related, such as insurance, farming, hardware store, retail clothing, university, or government. Do not enter firm, organization or company names.



If the decedent was a homemaker during his or her working life, and *Homemaker* is entered as the decedent's usual occupation, enter *Own Home* as industry.

If the decedent was a student or a teacher, enter the level of school, such as high school or college.

Enter *Infant* if the decedent was less than one year old at the time of death and enter *Child* if the decedent was less than school age at the time of death.




These items are useful in studying occupationally related mortality and in identifying job-related risk areas. For example, correlating asbestos used in particular occupations in the shipbuilding industry to respiratory cancer was possible with this information.

### Decedent's Education

Choose the category that best describes the highest degree or level of school completed by the decedent. Report only those years of school that were completed. For example, for a child who dies while a freshman (9th grade) in high school, report *8th grade or less*.


Decedent's education	
Ancestry	
Decedent of Hispanic or	8th grade or less; none
	9th-12th grade, no diploma
<input checked="" type="checkbox"/> No, not Spanish/Hispanic	High School graduate or GED completed
<input type="checkbox"/> Yes, Mexican, Mexican American	Some college credit, but no degree
	Associate degree
	Bachelor's degree
	Master's Degree
	Doctorate or Professional degree
Check one or more race	Unknown

 This item is used in studies of the relationship between education and mortality and provides an indicator of socioeconomic status, which is also closely associated with mortality. This information is valuable in medical studies of causes of death and in prevention programs.


### Hispanic Origin

Choose the correct option from the decedent of Hispanic origins list. The entry in this item should reflect the response of the informant. If the informant reports that the decedent was of multiple Hispanic origins, enter all of the origins reported (for example, Mexican-Puerto Rican).

This item is not a part of the Race Item. A decedent of Hispanic origin may be of any race. Each question, Race and Hispanic origin, should be asked independently.

 For the purposes of this item, “Hispanic” refers to people whose origins are from Spain, Mexico, Central or South American. Origin can be viewed as the ancestry, nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States.

The response should reflect what the decedent considered himself or herself to be and should not be based on percentages of ancestry. If the decedent was a child, the parent(s) should determine the Hispanic origin based on their own origin. There is no set rule as to how many generations are to be taken into account in determining Hispanic origin. A person’s Hispanic origin may be reported based on the country of origin of a parent, a grandparent, or some far-removed ancestor.

 Hispanics comprise the second largest ethnic minority in this country. Reliable data is needed to identify and assess public health problems of Hispanics and to target efforts to their specific needs. This Information will permit the production of mortality data for the Hispanic community.

### Race


Enter all of the races of the decedent as reported by the informant. This should **NOT** be determined by observation. If the informant indicates that the decedent was of mixed race, choose all that apply.

The image below shows the Race screen when **American Indian or Alaska Native, Other Asian, Other Pacific Islander or Other** is chosen. If any of these are chosen, describe the selection in the box(es) below.

**Race**

Check one or more races to indicate what the decedent considered himself or herself to be.

<input type="checkbox"/> White	<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Filipino	<input checked="" type="checkbox"/> Other Asian (specify)	<input checked="" type="checkbox"/> Other Pacific Islander (specify)
<input checked="" type="checkbox"/> American Indian or Alaska Native, checkbox specify	<input type="checkbox"/> Japanese	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Korean	<input type="checkbox"/> Native Hawaiian	<input checked="" type="checkbox"/> Other (Specify)
<input type="text"/>		<input type="checkbox"/> Guamanian or Chamorro	<input type="text"/>
<input type="checkbox"/> Asian Indian			<input type="text"/>
			<input type="checkbox"/> Unknown

 Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine whether specific health programs are needed in particular areas, as well as to make population estimates.

## Medical Certification


The **Medical Certification** sub-menu is primarily completed by Medical Examiners, Medical Certifiers and state staff members who have a need to review and/or edit the information found on these pages.

If a Funeral Director will complete the **Personal Information** pages, it is also that Funeral Director's responsibility to complete the **Place of Death** page. Funeral Directors are able to view the other pages, but are not able to edit the information.

Death Registration Menu
Personal Information
Decedent
Resident Address
Family Members
Informant
Disposition
Decedent Attributes
Medical Certification
Pronouncement
Place of Death
Cause of Death
Other Factors
Injury
Certifier

## Pronouncement Page

### Pronouncement

Date of Death   Date of Death Modifier

Time of Death  :  AM

### Date of Death

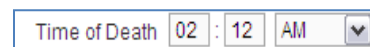
Date of death will be pre-populated from the Funeral Director's report. The date reported is to be the exact month, day and year that the death occurred.

### Date of Death Modifier

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

## Time of Death

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



A Funeral Director may enter the time of death in the report. Please confirm the time of death before certifying a record. Only the person that certified the medical portion of the death record will be allowed to amend the time and date of death. If you do not know the time of death, you may need to obtain the information from the Funeral Director.



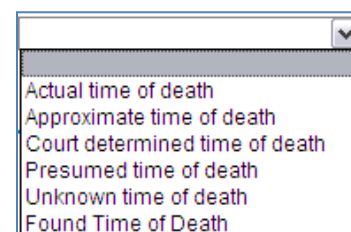
If daylight saving time is the official prevailing time when death occurs, it should be used to record the time of death. Midnight may be entered as 12:00 a.m. or 00:00 Military. (Note: If a death occurred at midnight between Monday and Tuesday, the day of death is considered Tuesday.) One minute after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



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

## Time of Death Modifier

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





## **Place of Death Page**

The **Place of Death** page is used to capture the location where the decedent died. If a Medical Examiner is completing the entire death report, the Medical Examiner should complete this page. In other cases, it is the Funeral Director's responsibility to complete this page prior to referring the case to the Medical Examiner.

Information on place of death is needed to determine who has jurisdiction for deaths that legally require investigation by a Medical Examiner. These items are also used for research and statistics comparing hospital and non-hospital deaths. Valuable information is provided for health planning and research on the utilization of health facilities.

**Place Of Death**

Type of place of death  Other Specify

Facility Name   

**Address**

Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc
<input type="text" value="123"/>	<input type="text" value="SE"/>	<input type="text" value="Any Street"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City or Town	County	State	Country	Zip Code	
<input type="text" value="Portland"/>	<input type="text" value="Multnomah"/>	<input type="text" value="Oregon"/>	<input type="text" value="United States"/>	<input type="text" value="97216"/>	

Medical Record Number

### Type of Place of Death

Choose the **Type of place of death** from the dropdown list.

Type of place of death

- Hospital-Inpatient
- Hospital-Emergency Room/Outpatient
- Hospital-Dead on Arrival
- Decedent's Residence
- Decedent's Residence - Hospice
- Hospice Facility
- Nursing Facility
- Licensed Assisted Living Facility
- Licensed Residential Care Facility
- Licensed Adult Foster Home
- Other



**Other** should be used if the death was pronounced at a licensed ambulatory/surgical center or birthing center, a house or apartment other than the decedent's home, physician's office, the highway where a traffic accident occurred, a vessel, or at work. If the decedent's body was found, **Other** should be entered and the place where the body was found should be entered as the place of death. Always specify the type of place when **Other** is chosen.

**Decedent's Residence** should be entered when the death occurs at the decedent's home and may include retirement homes but not nursing facilities, adult foster care, assisted living or other residential care facilities. In these cases, choose the other appropriate option from the dropdown list.

If the death occurred on a moving conveyance in the United States and the body was first removed from the conveyance in this state, enter as the place of death the address where the body was first removed from the conveyance.

If the death occurred on a moving conveyance in international waters, international airspace, or in a foreign country or its airspace and the body was first removed from the conveyance in this state, register the death in this state but enter the actual place of death insofar as it can be determined.

### Facility Name

The selection you made for **Type of Place of Death** determines what you can enter for **Facility Name**.

If the death occurred at the facility with which your account is located, the **Facility Name** and **Address** will be populated based on this selection.

If you select **Decedent's Residence** or **Decedent's Residence – Hospice** for **Type of Place of Death**, OVERS will automatically populate the **Facility Name** and **Address** from the **Resident Address** page entered by the Funeral Director.

Of you select **Hospital, Hospice Facility, Nursing Facility, Licensed Assisted Living Facility** or **Licensed Residential Care Facility** for **Type of Place of Death**, it is recommended that you select the lookup tool (magnifying glass icon) to search for the facility to be listed on the death report.

If you select **Licensed Adult Foster Home** or **Other**, type the **Facility Name** and **Address** into the fields on this page.

### Address


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

### Medical Record Number

This is not a mandatory field. This is usually completed by medical certifiers. A medical record may be entered.

## Cause of Death Page

The **Cause of Death** page is used to describe the conditions under which the decedent died. Cause of death is the most important statistical and research item on the death certificate. Attention to detail and specificity is essential when completing this page. You do not have to use every line on the page.

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



**Cause of Death**

NCHS Recommendations for Entry of Cause of Death

Enter the chain of events- diseases, injuries, or complications- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. DO NOT ENTER OLD AGE. Enter only one cause on a line. Add additional lines if necessary.

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

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

Check Spelling Validate Page Next Clear Save Return

## Cause of Death

### Part I

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

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

### Part II, Other significant Conditions

In some cases, the cause of death is affected by other significant conditions. Enter other significant conditions contributing to death, but not resulting in the underlying cause given above. Examples may include undetermined natural causes, hypertension, Parkinson’s disease, heart disease or others.

**DO NOT** enter the mode of dying.



Detailed instructions for the cause of death section, together with examples of properly completed records, are contained in the Physician's Handbook on Medical Certification of Death, available from the National Centers for Disease Control and Prevention website, at [http://www.cdc.gov/nchs/data/misc/hb\\_cod.pdf](http://www.cdc.gov/nchs/data/misc/hb_cod.pdf). These items are to be completed by the certifying physician or the Medical Examiner. More information on Oregon's cause of death section is available on Center for Health Statistics' website, at <https://bit.ly/CauseOfDeath-Basic>.

## Other Factors Page

**Other Factors**

Autopsy Performed

Autopsy findings available to complete cause of death

If Female age 10-65, specify pregnancy status

Did tobacco use contribute to death

Manner of Death

Was case referred to the Medical Examiner? Yes  ME Case Number

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

### Autopsy Performed?

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



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

### Autopsy Findings Available to Complete the Cause of Death?

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



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

### If Female

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

## 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?

**Note:** Soft edits will appear for the following answers to this question:

- Pregnancy at time of death
- Not pregnant, but pregnant within 42 days of death
- Not pregnant, but pregnant 43 days to 1 year before death

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

### Did tobacco use contribute to death?

Choose the appropriate option from the dropdown list.


- Yes
- No
- Probably
- Unknown

### Manner of Death

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

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

- Natural
- Accident
- Homicide
- Suicide
- Pending Investigation
- Undetermined

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

### Was Case Referred to a Medical Examiner?

Because you are logged in as a Medical Examiner, the dropdown list will default to **Yes** and is

disabled. This item cannot be changed. If you are amending a registered record signed by another medical certifier, please amend this field to **Yes**.



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

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

### ME Case Number

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

## Injury Page

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

A Medical Certifier may have completed this page prior to referring the report to a Medical Examiner. Overdoses and falls qualify as injuries.

**Injury**

ME Case Number

Date of Injury  Time of Injury  :

MM-yy-yyyy

---

Injury at Work ☐

Place of Injury  Other Specified Place

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

---

Location of Injury

Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City or Town	County	State	Country	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	United States	<input type="text"/>	

Describe how injury occurred:

Injury Activity

If transportation injury, Specify ☐ Other Specify

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

### Date of Injury

Enter the exact month, day and year that the injury occurred. You may abbreviate the month.

The date of injury may not necessarily be the same as the date of death.

### Time of Injury

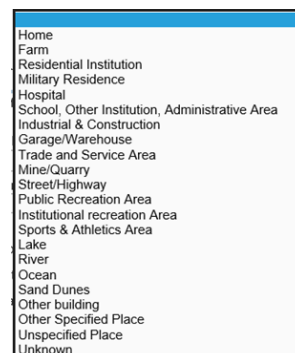
Enter the time of death (hours and minutes) according to local time. Three boxes are used to report time of death: two number entry boxes and one **AM/PM/Military** dropdown list.

### Injury at Work

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

### Place of Injury

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



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

### Place of Injury Description

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

### Location of Injury

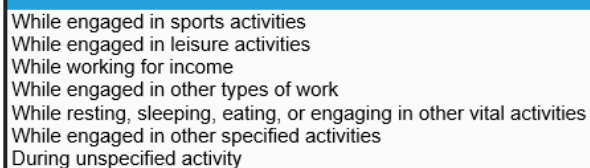
Enter the complete address where the injury took place.

### Describe how injury occurred

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

### Injury Activity

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




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

**If transportation injury, Specify**

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

Driver/Operator  
Passenger  
Pedestrian  
Other  
Unknown  
Not Applicable

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



## Certifier Page

The **Certifier** page shown below is used to gather information about the person who is legally responsible for providing the decedent's cause of death. If the current user is a Medical Certifier, or if the case was referred for medical certification, the **Certifier** fields will be automatically filled in with the user's information.

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

**Certifier**

Certifier Type

License Number     ☐ Intern ☐

**Certifier Name**

First  Middle  Last  Suffix


Title

**Certifier Address**

Edit Certifier Address ☐

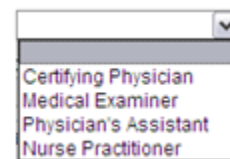
Street Number  Pre Directional  Street Name, Rural Route, etc.  Street Designator  Post Directional  Apt #, Suite #, etc.

City or Town  State  Country  Zip Code

Date Signed  

## Certifier Type

Choose the appropriate certifier type to describe the specialty of the person who will certify, or sign, the report. You will most likely choose **Medical Examiner**.



## License Number

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

## Lookup

This tool allows you to search the master list of Medical Certifiers to find the information for the person who will certify, or sign, the death report. Start by clicking on the lookup icon (magnifying glass) enter the first few letters of the certifier's last name followed

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

Total records : 3

by the wildcard symbol (%). Then click **Search**. The **Lookup Certifier** box will appear. Click the **select** link to the right of the certifier who will sign the report.

## Certifier Name & Certifier Address

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

## Validate Page


After you have entered information on all pages necessary, click **Validate Page**. This function checks for errors on all off the **Medical Certification** pages.



The page will refresh. Look at the **Death Registration Menu** under the **Medical Certification** sub-menu. A color-coded symbol has appeared next to each page. These symbols indicate whether the information entered contains errors that must be corrected before signing the report. If a Funeral Director will complete the **Personal Information** pages, you only need to address edits showing under the **Medical Certification** sub-menu.

## Error Types

There are two types of errors in OVERS: hard edits and soft edits.

<b>Red=Hard Edit:</b> Pages containing non-overridable errors are marked by a red X. These errors must be corrected. After the error is corrected and you re-validate the page, the X will turn into a green checkmark.	
<b>Yellow=Soft Edit:</b> Pages containing overridable errors are marked by a yellow circle. Correct the information or override the error. After it is corrected or overridden the circle will remain yellow.	
<b>Green=No Edit:</b> Pages containing no errors are marked by green checkmarks. No further action is necessary.	

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

Below is an example of a Hard Edit on the **Resident Address** page. The **Error Message** at the bottom of the page tells us what needs to be corrected. In this case, you must enter the State of the decedent's residence in order to complete the report.

**Resident Address**

Address

Street Number	Pre Directional	Street Name, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc.
2745	NW	Sorenson	Ridge		

City or Town	County	State	Country	Zip Code
Portland	Multnomah		United States	97245

  
 Inside City Limits  
 Yes

Validate Page Next Clear Save Return

**Validation Results**

List All Errors Save Overrides Hide

**Error Message**

Override Goto Field Popup

DR\_1572: Decedent residence State and/or country is invalid. Verify entries for Decedent residence state and country. If Country is "United States", a state must be entered.

fix fix

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



**Family Members**

Marital Status Married

Spouse's Name

First	Middle	Last (maiden name prior to first marriage)	Suffix
Gregory	Aaron	Swanson	

Father's Name

First	Middle	Last	Suffix
Thomas	Charles	Erickson	

Mother's Maiden Name Prior to First Marriage

First	Middle	Last	Suffix
Erin	Margaret	Erickson	

Validate Page Next Clear Save Return

**Validation Results** List All Errors Save Overrides Hide

Error Message Override Goto Field Popup

DR\_0887: Mother's last name prior to first marriage is the same as father's last name.  
The Mother's last name prior to first marriage is not usually the same as the Father's Last Name. Verify entries for mother's maiden surname and father's last name.

☐ fix fix

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

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

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

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



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

## Certify/Affirmations Page

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

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



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

---

**Affirmations**

Affirm the following:

- ☒ I certify that on the basis of examination and/or investigation that death occurred due to the causes and manner as stated herein.
- ☒ I affirm under the penalty of perjury that I am the authorized certifier whose name will appear on this certificate.
- ☒ I certify that death occurred at the time, date and place indicated.

[Affirm](#)[Clear](#)[Return](#)

---

## 3

## Special Situations & Tools

### Picking up a Case Started by a Funeral Director

To take ownership of the death report you will need to search for it using **Start/Edit New Case**. This is the only search feature that will find cases not already assigned to your facility.

From the top Menu Bar, choose **Life Events**, then **Start/Edit New Case**. Enter the **First Name**, **Last Name**, **Date of Death**, **Gender**, **Date of Birth** and **County of Death**. Click the **Search** button.

#### Death Start/Edit New Case

##### Decedent's Information

First: <input type="text" value="Tammy"/>	Last: <input type="text" value="Test"/>	Date of Death: <input type="text" value="OCT-23-2020"/>
Sex: <input type="text" value="Female"/>	SSN: <input type="text" value="---"/>	Date of Birth: <input type="text" value=""/>
Case Id: <input type="text"/>	ME Case Number: <input type="text"/>	Medical Record Number: <input type="text"/>
Place of Death Location Type: <input type="text" value="County"/>	Place of Death: <input type="text" value="Clackamas"/>	

Search Clear

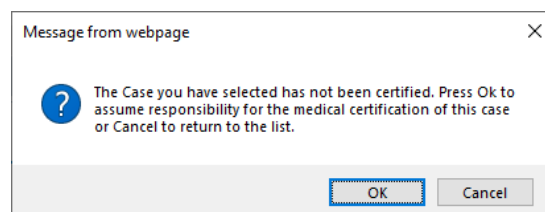
After clicking the **Search** button, a **Results** page will appear as shown below. Open the desired report by clicking on the **Decedent's Name**.

#### Death Search Results

Case Id	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	Preview
7322523	Test, Tammy	OCT-23-2020	Female	Clackamas	MAY-21-1960	<a href="#">Preview</a>
Total Records : 1						

+ If case does not appear above, start new case New Search

A dialog will pop up asking if you want to take ownership of the report. Click **OK** to take ownership of the case.



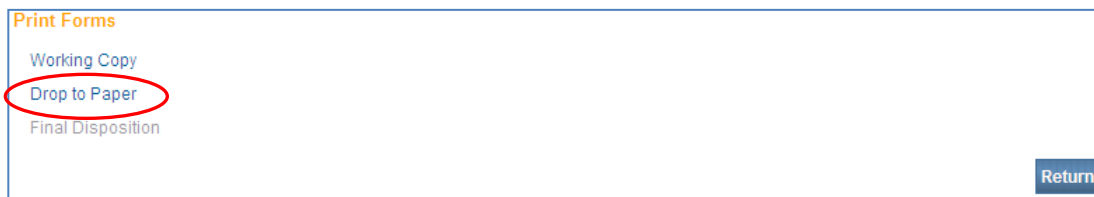
If your search returns no results and you are confident the report has been started in OVERS, you may try your search again or contact the Funeral Director who started the report in OVERS before starting a new case. This will avoid creating a duplicate report.

## Drop to Paper

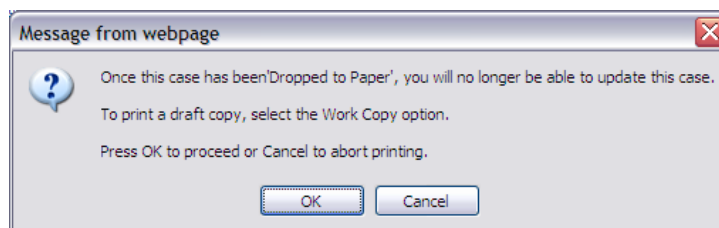
The **Drop to Paper** link is used to print a paper death report when a case is started in OVERS but will be completed on paper by the medical certifier.

Once a report is dropped to paper, previously authenticated signatures are printed along with all filled-in data. **The paper document is then considered the official source of the death report information.** All “authenticated” information will be locked in OVERS at the time a death report is dropped to paper to ensure the paper document matches the electronic report.

To access the **Drop to Paper** link, select **Print Forms** from the **Other Links** sub-menu. The **Print Forms** page will appear. The **Drop to Paper** link will only be available after you have signed your portion of the report. Click **Drop to Paper**.



The following message will appear on screen. The message reminds you that you will not be able to make change changes to this case after you drop the report to paper. To continue, click **OK**.



Selecting **OK** will launch the **File Download** page. Select **Open** to view the document. Once the document displays, you can print the report.

**Note:** Reports can only be dropped to paper once. After it is dropped to paper, the link will not be available to drop to paper again.

If you find you have made an error after you have dropped the death report to paper, you may call the OVERS Help Desk for assistance.

## Print a Working Copy

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

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

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

### Other Links

[Comments](#)
[Print Forms](#)
[Refer to Medical Examiner](#)
[Relinquish Case](#)
[Request Medical Certification](#)
[Transfer Case](#)
[Disposition Approval](#)
[Switch User](#)

### Print Forms

[Drop to Paper Medical](#)
[Medical Hybrid](#)
[Working Copy](#)
[Return](#)

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

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

12345  
1234567890

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

1. Legal Name: First: Ted Middle: Last: Test 2. Death Date: July 20, 2020

3. Sex: Male 4. Age: 60 years 5. Social Security Number: None 6. County of Death: Coos

7. Birthdate: February 15, 1960 8. Birthplace: Sandy, Utah 9. Decedent's Education: Bachelor's degree

10. Was Decedent of Hispanic Origin? No 11. Decedent's Race(s): White 12. Was Decedent Ever in U.S. Armed Forces? No

13. Residence: Number and Street: 123 Main Street 14. City/Town: Sandy 15. Decedent's Residence: Coos

16. Residence County: Clackamas 17. Zip Code: 97055 18. Inside City Limits? Yes

19. Marital Status at Time of Death: Never married 20. Spouse's Name Prior to First Marriage: None

21. Cause of Death: Carpal Tunnel 22. Kind of Death: Natural

23. Father's Name: Tom Test 24. Mother's Name: Doris Doe

25. Father's Address: Tucker Test 26. Telephone Number: Not Available 27. Relationship to Decedent: Nephew 28. Address: 123 Main Street, Sandy, OR 97055

29. Place of Death: Hospital-Inpatient 30. Facility Name: Bay Area Hospital

31. Location of Death: 1775 Thompson Road 32. City/Town: Coos Bay 33. State: Oregon 34. Zip Code: 97420

35. Method of Disposition: Cremation 36. Place of Disposition: Tulip Cremation Inc. 37. Location: Portland, Oregon

38. Name and Complete Address of Funeral Facility: 920 SW 10th Avenue 10C134, Portland, Oregon 97204

39. Date of Disposition: July 27, 2020 40. Funeral Director's Signature: Thomas Doe Director 41. OR License Number: PS-0555

42. Registrar's Signature: 43. Date Received: 44. Local File Number:

45. Amendment:

46. Was case referred to Medical Examiner? No 47. Autopsy? No 48. Were autopsy findings available to complete the cause of death? No 49. Time of Death: 11:03 AM

50. CAUSE OF DEATH: IMMEDIATE CAUSE: a. Pulmonary Embolism Approximate Interval: 2 Hours

51. Due to (or as a consequence of): b. Deep Vein Thrombosis of the left thigh 3 Weeks

52. Due to (or as a consequence of): c. Acute Hepatic Failure 4 Months

53. Due to (or as a consequence of): d. Moderately Differentiated Hepatocellular Carcinoma

54. Other significant conditions contributing to death, but not resulting in the underlying cause, given above:

55. Manner of Death: Natural 56. If Female: Not Applicable 57. Did tobacco use contribute to death? No 58. Injury at Work?

59. Date of Injury: 60. Time of Injury: 61. Place of Injury: 62. Injury at Work?

63. Location of Injury:

64. Describe how injury occurred:

65. Name and Address of Certifier: Medical Test Certifier 3181 SW Sam Jackson Park Road, Portland, Oregon 97239

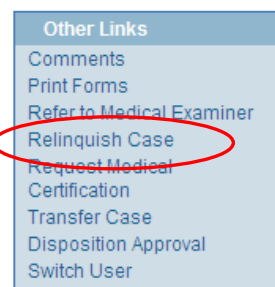
66. Name and Title of Attending Physician/Other than Certifier: Not Available

67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, due to the cause(s) and manner stated. /s/ Medical Test Certifier 68. Title of Certifier: M.D. 69. Date Signed: 70. License Number: MD172956

48-2V (01/06)

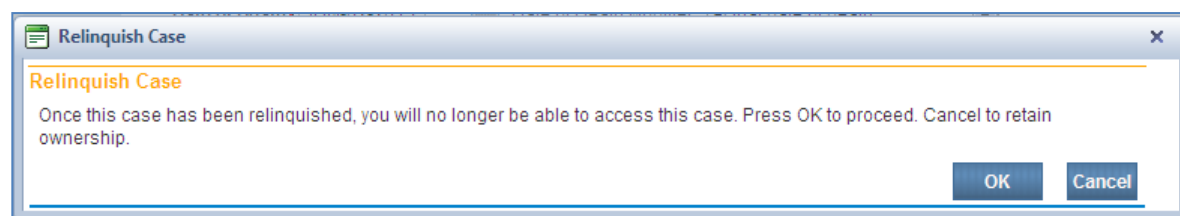
## Relinquish a Case

Once a Medical Examiner has taken “ownership” of a death report, no other Medical Examiner will be allowed to make changes to the record. The **Relinquish Case** link allows a Medical Examiner to relinquish control of the report so that a different Medical Examiner can finish the death report.



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

The **Relinquish Case** box shown below will appear. Click **OK**. The case will be released and another Medical Examiner will now be able to locate and complete the report. Any information provided on the **Disposition** page will be removed. You will not be able to view or edit the report after you relinquish the case.



## Transfer a Case

When a Medical Examiner starts a record in OVERS it may be easier to transfer the personal ownership of a record to the funeral home instead of having to notify the funeral home of the record in other ways. By transferring the personal ownership of the record you will reduce possible duplicate records from the funeral home and speed up processing of the death record for the families. Transferring the personal portion of a record is optional for each case.

At the top of the Decedent page, select **Yes** from the drop-down menu next to **Will Medical Examiner be completing personal information?** This will assign the personal portion of the record to the medical examiner.

**Decedent**

Will Medical Examiner be completing personal information? **Yes** ☒

Decedent's Legal Name

Prefix	First	Middle	Other Middle	Last	Suffix
	Daniel			Test	

Maiden Name

Last

You will receive a pop-up window asking you to become the owner of the case. Click **OK**.

Once the personal portion of the record is assigned to the medical examiner, then it can be transferred to a funeral home. Click **Transfer Case** from the Other Links Menu.

Select **Transfer Personal Ownership To** and click on the look-up tool.

Other Links
<a href="#">Comments</a>
<a href="#">ME Review Case</a>
<a href="#">Print Forms</a>
<a href="#">Refer to Medical Examiner</a>
<a href="#">Relinquish Case</a>
<a href="#">Transfer Case</a>
<a href="#">Validate Registration</a>

**Transfer Case**

☒ Transfer Personal Ownership To:

☐ Transfer Medical Ownership To:

State Medical Examiner Office

Medical Examiners can only transfer **Personal Ownership**.

A pop-up window will open. Type in the Facility Name that you will be transferring personal ownership of the record to and click **Search**. Once you have located the facility click **Select**.

After selecting the facility, it will show in the **Transfer Personal Ownership To** field. Click **Save** to transfer the case.

**Transfer Case**

☒ Transfer Personal Ownership To:

Buell Funeral Chapel

☐ Transfer Medical Ownership To:

State Medical Examiner Office

Message

The following case has been transferred to your facility: Case Id 7322583 – Daniel Test, Date of Death: NOV-24-2020 referred by State Medical Examiner Office

Funeral directors and staff of the facility are notified in the message queue, along with an email that a record has been transferred to them from the M.E. office.

## Making Changes to a Report

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

### Uncertify

Until the report is dropped to paper or registered at the State office and assigned a State File Number (SFN), you may uncertify it if you need to make edits. To do this, click on the **Certify**

link. Notice that the **Affirm** button has changed to the **Uncertify** button. To uncertify a report so that you can edit it, click the **Uncertify** button.

**Affirmations**

This registration is currently certified.

**Uncertify** **Clear** **Return**

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

Message from webpage

Are you sure you wish to Uncertify this registration?

**OK** **Cancel**

Make the necessary edits. Once you have completed edits to the death report, validate and sign the report as you would for any other death report.

## Amendments

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

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

**Other Links**

**Amendments**

Comments

Print Forms

Disposition Approval

Switch User

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

**Amendment Page**

Type  Amendment Date

Year  Amendment Number

Order Number  Description

Amendment Status

**Save** **Clear** **Return**

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



## Amendment Page

Type	Medical	Amendment Date	MAR-11-2021
Year	2021	Amendment Number	581167
Order Number		Description	
Amendment Status	Keyed (Requires Affirmation)		
Page to Amend	<div> Death - Certifier  Death - Other Factors  Death - Place of Death  Death - Injury  Death - Pronouncement  Death - Cause of Death </div>		
		Cancel Amendment Save Clear Return	

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

The page will refresh and show the information that you will change. In this case, the Tobacco Use field on the Other Factors page has been changed from No to Yes. If the changes are correct, click **Save**.

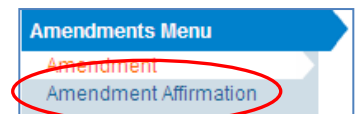
## Amendment Page

Type	Medical	Amendment Date	MAR-11-2021
Year	2021	Amendment Number	581166
Order Number		Description	
Amendment Status	Pending		

Item In Error	Item as it Appears	Item as it Should be
Other Factors-Tobacco Use	No	Yes

Validate Amendment Save Clear Return

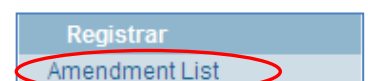
While you are working on an amendment, a new menu appears above the **Death Registration Menu**, called the **Amendments Menu**. To complete the amendment, click **Amendment Affirmation** in the **Amendments Menu**.



You will be taken to the **Affirmations** page. Click the check box to affirm the statement on the screen and then click **Affirm**.

### Searching for the Amendment Status

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



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

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

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

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

[New Amendment](#)
[Return](#)

## Understanding the Status Line

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

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

~~7322493 2020021078 -Ronald Andrew Taylor James Test Sr OCT 22 2020~~  
 /Personal Valid/Medical Valid/Registered/Signed/Certified/Birth Death Linkage Required Over 1 Year/24-Hour Notice

**Decedent**

24-Hour Notice submitted to County on 10-14-2020

Will Medical Examiner be completing personal information?

---

**Decedent's Legal Name**

Prefix	First	Middle	Other Middle	Last	Suffix
<input type="text"/>	<input type="text" value="Ronald Andrew T"/>	<input type="text" value="James"/>	<input type="text"/>	<input type="text" value="Test"/>	<input type="text" value="Sr"/>

Status Line Terms

<i>Term</i>	<i>What it Means</i>
New Event	Appears on a newly created report
Personal Pending	The legal death report data has been started but not completed for validated.
Personal Valid	The legal death report data has been entered, checked for completeness (validated) and found to pass the validation rules.
Personal Valid with Exceptions	The legal death report data had one or more exceptions that were manually overridden by the funeral director. (Soft edits/yellow circle)
Personal Invalid	The legal death report data has one or more errors or omissions that require a correction. (Hard edits/red X)
Medical Certification Requested	The funeral director has sent an electronic request to the medical certifier to complete the death report in OVERS.
Medical Pending	The confidential, medical data has been started but not completed or validated.
Medical Valid	The confidential, medical data has been entered, checked for completeness and found to pass the validation rules.
Medical Valid with Exceptions	The confidential, medical data had one or more exceptions that were manually overridden by the medical certifier. (Soft edits/yellow circle)
Medical Invalid	The confidential, medical data has one or more errors or omissions that require correction.
Death Certification Required	The medical certifier's signature is required.
Not Registered	The report has not yet been registered at the State.
Registered	The record has been registered at the State and assigned a State File Number (SFN).
Registration Approval Required	The State's registration approval is required.
Not Signed	The report has not yet been signed by the funeral director
Signed	The report has been signed by the funeral director
Dropped to Paper	The report has been converted to a paper copy to be submitted to the medical certifier for completion.
Not Certified	The report has not yet been signed by the medical certifier.
Certified	The report has been signed by the medical certifier.
Amendment Exists	This status appears any time an amendment is requested. The status will not change when the amendment is pending or approved.

## 4

## Completing a Fetal Death Record

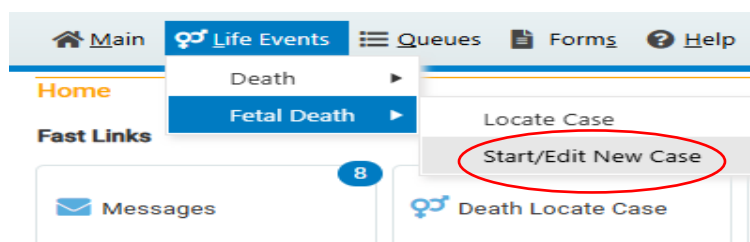
This chapter aims to explain the data entry process for creating, certifying, and retrieving fetal death reports from **OVERS**. More information about reporting fetal deaths can be found at our website: <https://bit.ly/orvrMEDEXAM>

**Fetal deaths should only be recorded by a Birth Information Specialist or Medical Examiner. Midwives must refer all fetal deaths to a Medical Examiner.**

For additional instruction or troubleshooting help contact the **Help Desk** during normal business hours (*Monday – Friday, 8 am to 5 pm*) at **(971) 673-0279**. For questions about the definitions and rules for completing the Oregon Fetal Death Report, contact Registration at the Center for Health Statistics at [CHS.Registration@oha.oregon.gov](mailto:CHS.Registration@oha.oregon.gov).

### Start a New Record


To start a new report of fetal death, select **Life Events > Fetal Death > Start/Edit New Case**. This will bring up the **Start/Edit New Case** page.



Use **Locate Case** to search for an existing report, whether registered or only partially completed.

Although **Start/Edit New Case** can also be used to find existing, partially complete records it is not recommended as a search tool. The **Locate Case** search tool is a better method for searching for an existing record.

### Required Entries


The first step in entering a new record is to perform a search. This helps to minimize the creation of duplicate records. For fetal death records, notice that **Fetus Last Name**, **Date of Delivery**, and **Sex** are marked with red arrows . Fields with a red arrow next to them are **required entries** and must be completed before you will be allowed to start a new case.

**Note: Before you will be allowed to create a new fetal death record you must first search for an existing record. This is to prevent the creation of duplicate records.**

Once you have completed the required items, click the **Search** button to proceed or the **Clear** button to clear all entries and start over.

**Fetal Death Start/Edit New Case**

**Fetus Information**

Fetus First Name:  Fetus Last Name:  Date of Delivery:    
MMM-dd-yyyy



Sex:  Case Id:

Place of Fetal Death Location Type:  Place of Fetal Death:

**Mother's Information**

Mother's Current Last Name:



Mother's Last Name Before First Marriage:

 Search  Clear

If no potential duplicate records are found, you can begin a new record by clicking the **Start New Case** button or you can begin a new search, by clicking the **New Search** button.


**Fetal 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.


 If case does not appear above, start new case  New Search

If a matching event was found, click the **Preview** link to verify if it is a potential duplicate.

**Fetal Death Search Results**

Case Id	Fetus Name	Date of Delivery	Sex	Place of Fetal Death	State File Number	Mother Maiden Last Name	Preview
7323166	Test,	JUL-06-2021	Female	Benton			

Total Records : 1

 If case does not appear above, start new case  New Search

For our purposes, we are selecting **Start New Case**. The **Fetal Death Registration Menu** will open, displaying the **Fetus** page:


**Fetal Death Registration Menu**

7323167 :Test JUL-06-2021  
 /New Event/New Event/Unaffirmed/Uncertified/Not Registered

**Fetus**

**Fetus Name**



First  Middle  Other Middle  Last  Suffix

Date of Delivery   Time of Delivery  :   Sex

MMM-dd-yyyy

Method of disposition

**Funeral Home**

Facility Name   






**Address**

Street Number  Pre Directional  Street Name or PO Box, Rural Route, etc.  Street Designator  Post Directional  Apartment Number

City or Town  State  Country  Zip Code

**Disposition**

ID Tag Number

 Validate Page  Next  Clear  Save  Return

## Locate an Existing Fetal Record

There are two ways to locate records in the **OVERS** application using the Life Events menu: **Locate Case** and **Start/Edit New Case**.

**Locate Case** is used to locate records that have been started by or are “owned” by the user or facility currently using the application. A facility becomes the owner of a record if a user at that facility started the case or assumed ownership from another facility.

Although **Start/Edit New Case** can also be used to find existing, partially complete records, it is not recommended as a search tool. Start/Edit New Case is best used to start a new case or to pick up a case that is not owned by another facility.

**NOTE: The Locate Case option is the more flexible search tool if not all required criteria are known.**

## Fetal Death Registration

The **Fetal Death Registration Menu** provides links to a series of pages that are used for gathering all the information needed to register a new fetal death record. The pages that comprise the **Fetal Death Registration Menu** are grouped into Personal Information, Medical Information and Affirm/Certify sub-menus.

## Personal Information

The first sub-menu, **Personal Information**, contains the pages necessary to gather personal, legal information about the fetal death and parents.

### Fetus Page

The first page in the **Personal Information** sub-menu is the **Fetus** page. The first step in completing this page is to complete the **Fetus Name** field. Only a last name is a required field on this page. A first name should be entered if provided.

**Note: Each name field allows up to 50 characters. More than one name can be entered into any of the name fields by either separating the two names with a space or with a hyphen.**

**Fetus**

Fetus Name

First  Middle  Other Middle  Last  Suffix

Date of Delivery  Time of Delivery  Sex

MM-yy-yyyy

Method of disposition

Funeral Home

Facility Name

Address


Street Number  Pre Directional  Street Name or PO Box, Rural Route, etc.  Street Designator  Post Directional  Apartment Number

City or Town  State  Country  Zip Code

Disposition

ID Tag Number

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

**Date of Delivery** is in red, indicating that this is a required item. Enter the date manually or use the Calendar icon  to launch the Calendar Control.


**Note: If the actual date of delivery of the fetus is not known, enter the date the fetus was found as the date of delivery.**

**Time of Delivery** consists of three controls: two number entry boxes and one **AM/Military/PM** drop-down list. In the first number entry box enter the 2-digit hour. For example, if the fetal death occurred at 6:30 am, enter '06' in the first number box.

In the second number entry box enter the 2-digit minute at which delivery occurred. If the delivery occurred at 6:30 am, enter '30' in the 2<sup>nd</sup> number box. To complete the **Time of Delivery** entry, make a valid selection from the **AM/Military/PM** drop-down list.

**Sex** – Make a selection from the drop-down list. The options are **Male**, **Female**, and **Undetermined**.


**Method of Disposition** - If **Burial** is selected, then the Funeral Home Facility Name must be entered.

**Funeral Home Facility Name** –To enter a funeral home facility name, click on the **Magnifying Glass**  control to search.

Method of disposition

- Alkaline Hydrolysis
- Burial
- Cremation
- Hospital Disposition
- Donation
- Natural Organic Reduction
- Removal From State

Funeral Home

Facility Name 

Address

Street Number  Pre Directional  Street Name or PO Box, Rural Route, etc.  Street Designator  Post Directional  Apartment Number

City or Town  State  Country  Zip Code

In the web page dialog window that appears, enter all or part of the funeral home name. If entering only part of the name, use the wildcard (%) at the end of the entry. Click **Search**. The search results will appear. Click the **select** next to the appropriate facility.


Lookup Funeral Home

Facility Name  **Search**

Facility Name	Address	City	
Affordable Burial and Cremation - Lincoln City	2164 NE East Devils Lake Road	Lincoln City	<b>select</b>
Affordable Burial and Cremation Company	915 NE Yaquina Heights Drive	Newport	<b>select</b>
Affordable Funeral Alternatives	135 NW 1st Avenue	Gresham	<b>select</b>

Total Records : 3

**Cancel**

The **Funeral Home** section is auto-filled with the user's office location. To delete the entry, click on the Eraser control .

**ID Tag Number** – Enter the Disposition ID Tag number provided by the funeral home.


Click the **Next** button to save and proceed to the **Mother** page, **Clear** to clear all entries, or **Save** to save changes without leaving this page. The **Return** button will take you out of the record without saving your entries. Clicking the **Validate Page** button will save the entries and check the entire record for errors.

## Mother

The **Mother** page is used to capture data relevant to the mother.

In the **Mother's Current Name** section, enter the mother's current **First**, **Middle**, and **Last** name. If the mother uses a suffix such as Jr. or Sr., enter it in the **Suffix** field.


In the **Mother's Name Before First Marriage**, enter the mother's birth name either by clicking on the 'Copy Current Legal Name' button or by typing in the name. An override-able, yellow error will occur if the mother's current Last name and Last name before first marriage are the same.

**Date of Birth** - Enter the mother's date of birth manually or use the Calendar icon  to launch the Calendar Control.

**Mother**




Mother's Current Legal Name

First	Middle	Last	Suffix
Jane		Smith	


 Copy Current Legal Name






Mother's Name Prior to First Marriage


First	Middle	Last	Suffix
Jane		Doe	

Date of Birth   Age  20  
MMM-dd-yyyy

Mother Birthplace

Birthplace State	Birthplace Country
 Oregon	United States



    

After entering the **Date of Birth**, click the auto-populate  button to auto-calculate the age in the **Age** control.

The **Mother's Birthplace** control is used to capture the mother's **Birthplace State** and Birthplace Country. If the birthplace is outside the USA, then leave the state blank to avoid an error.

Enter the birthplace manually or use the House icon  to launch the **Places** Control.



Click the **Next** button to save and proceed to the **Mother Address** page.

 Places 

Places

Country  
United States

State  
Please Select



## Mother Address

The **Mother Address** page captures the mother's residence address.

First, manually complete the **Residence Address** section. While most of this page is self-explanatory, please make note of the **Pre-Directional** and **Post- Directional** drop-down lists.

If the street address has a **Pre-Directional** indicator, i.e. *North* Willow St. then indicate that by selecting "N" from the **Pre-Directional** drop-down list. If the street address has a **Post-Directional** indicator, i.e. Willow St. *NW*, then indicate that by selecting "NW" from the **Post-Directional** drop-down list. Do NOT type the **Pre-Directional** or **Post-Directional** indicator in the **Street Name** text box.

**Use these drop-down lists to capture any pre- and post-directional indicators. Do not enter directional indicators in the Street Name textbox control.**

**Mother Address**

---

Residence Address

Street Number	Pre Directional	Street Name, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc.
123	N	Willow	Street		
City or Town	County	State	Country	Zip Code	
Sandy	Clackamas	Oregon	United States	97055	
Inside City Limits					
Yes					

Validate Page
Next
Clear
Save
Return

If the street address has a **Post-Directional** indicator, i.e. Willow St. *NW*, then indicate that by selecting "NW" from the **Post-Directional** drop-down list. Do NOT type the **Post-Directional** indicator in the **Street Name** text box.

**Use these drop-down lists to capture any pre- and post-directional indicators. Do not enter directional indicators in the Street Name textbox control.**

Make a selection from the **Inside City Limits** drop-down list.

Click the **Next** button to save and proceed to the **Mother Attributes** page.

## Mother Attributes

The **Mother Attributes** page is used to gather demographic information related to the mother. This information is used in reporting at the State and Federal level and can be instrumental in obtaining funding for various programs.

**Education:** Make a selection from the drop-down list.

#### Mother Attributes

##### Education

Education

##### Hispanic Origin (Check all that apply)

- |                                           |                                            |                                                               |
|-------------------------------------------|--------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> No, not Hispanic | <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Other Hispanic Origin (specify) |
| <input type="checkbox"/> Yes, Mexican     | <input type="checkbox"/> Yes, Cuban        | <input type="checkbox"/> Unknown                              |

##### Which one or more of the following is your race? (Check all that apply)

- |                                                                           |                                                |                                                           |
|---------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> White                                            | <input type="checkbox"/> Filipino              | <input type="checkbox"/> Native Hawaiian                  |
| <input type="checkbox"/> Black or African American                        | <input type="checkbox"/> Japanese              | <input type="checkbox"/> Guamanian or Chamorro            |
| <input type="checkbox"/> American Indian or Alaska Native (specify tribe) | <input type="checkbox"/> Korean                | <input type="checkbox"/> Samoan                           |
| <input type="checkbox"/> Asian Indian                                     | <input type="checkbox"/> Vietnamese            | <input type="checkbox"/> Other Pacific Islander (specify) |
| <input type="checkbox"/> Chinese                                          | <input type="checkbox"/> Other Asian (specify) | <input type="checkbox"/> Other (Specify)                  |

#### Education

Education

- 8th grade or less; none
- 9th-12th grade, no diploma
- High School graduate or GED completed
- Some college credit, but no degree
- Associate's degree
- Bachelor's degree
- Master's Degree
- Doctorate or Professional degree
- Unknown

The **Hispanic Origin** section is used to indicate whether or not the mother is of Hispanic descent. Click one or more applicable box or boxes, as needed. Multiple selections are permitted.

**Note: Selecting the 'Yes, other Spanish/Hispanic/Latino' checkbox will cause a new text entry control to appear on-screen. Use this dialogue box to type in additional information.**

The **Which one or more of the following is your race?** also allows multiple selections. Select all checkboxes that the mother considers applicable.

If the mother is of American Indian descent or an Alaskan Native, selecting **American Indian or Alaska Native** will trigger the page to display two drop-down lists. Type or select the mother's specific tribe(s) using one or both of the drop-down lists.

Note that selecting the **Other Asian (specify)**, **Other Pacific Islander (specify)**, or **Other (Specify)** checkboxes will cause two new text entry controls to appear on-screen. At least one of these other entry controls must be completed before registration will be permitted.

##### Which one or more of the following is your race? (Check all that apply)

- |                                                                                      |                                                           |                                                                      |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> White                                                       | <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Native Hawaiian                             |
| <input type="checkbox"/> Black or African American                                   | <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Guamanian or Chamorro                       |
| <input checked="" type="checkbox"/> American Indian or Alaska Native (specify tribe) | <input type="checkbox"/> Korean                           | <input type="checkbox"/> Samoan                                      |
| <input type="text"/>                                                                 | <input type="checkbox"/> Vietnamese                       | <input checked="" type="checkbox"/> Other Pacific Islander (specify) |
| <input type="text"/>                                                                 | <input checked="" type="checkbox"/> Other Asian (specify) | <input type="text"/>                                                 |
| <input type="checkbox"/> Asian Indian                                                | <input type="text"/>                                      | <input checked="" type="checkbox"/> Other (Specify)                  |
| <input type="checkbox"/> Chinese                                                     | <input type="text"/>                                      | <input type="text"/>                                                 |

Click the **Next** button to save and proceed to the **Mother Health** page.

## Mother Health

The **Mother Health** page is used to gather statistical data relative to the mother's health and personal habits. This data is used by various agencies to gauge the effect of certain government programs (WIC) and other behavioral factors that may have contributed to the loss of the fetus.

**Mother Health**

Did Mother get WIC food for herself during this pregnancy?

Height(feet/inches)   Mother Pre-pregnancy Weight (pounds)

---

Cigarette smoking per day before and/or during pregnancy

Three months before pregnancy

First three months of pregnancy

Second three months of pregnancy

Last Trimester of Pregnancy

Did mother go into labor intending to deliver at home or freestanding birthing center?

What was the primary attendant type at onset of labor?

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

**Did Mother get WIC food for herself during this pregnancy?** – Make a selection from the drop-down list.

**Height (feet/inches)** – Consists of two numeric entry controls. Enter the mother's height in feet in the first box and the remaining inches in the second box. Enter "99/99" if the height is unknown.

**Mother Pre-pregnancy Weight (pounds)** – Enter the mother's weight (in pounds) prior to the current pregnancy in this control. Enter "999" if unknown.

**Mother Weight at Delivery (pounds)** – Enter the mother's weight (in pounds) at delivery, but prior to the actual birth, in this control. Enter "999" if unknown.

**Cigarette Smoking per day before and during pregnancy** – This control is used to capture the mother's use of tobacco (smoking) during the three months prior to the current pregnancy and each of the trimesters of pregnancy.

If the mother is a non-smoker, then select **No** for the first smoking question. For non-smoking mothers, it is not necessary to make an entry for the subsequent four questions.

If the mother smoked between 1 and 20 cigarettes per day during any of the specified periods, enter the approximate number of cigarettes smoked and select **Cigarettes** from the applicable drop-down lists. Enter "999" if the number of cigarettes per day is unknown.

Select from the drop-down if the mother intended to give birth at home or a freestanding birth center. Freestanding birth centers offer a home-like environment in which to give birth and **are not** associated with a hospital. These births are usually attended by a midwife. If the answer is Yes, select the attendant type.

Did mother go into labor intending to deliver at home or freestanding birthing center? Yes ▼

What was the primary attendant type at onset of labor?

▼

- Doctor of Medicine
- Doctor of Naturopathic Medicine
- Certified Nurse Midwife
- Traditional Midwife
- Licensed Direct Entry Midwife

Validate Save Return

Click the **Next** button to save and proceed to the **Marital Status** page.

## Marital Status

The **Marital Status** page collects **Marital Information** and **Paternity Information**.

Personal Information	
Fetus	
Mother	
Mother Address	
Mother Attributes	
Mother Health	
Marital Status	
Father	
Father Attributes	
Place of Delivery	
Reporter	

**The Personal Information menu may change according to the selections made on this page. Selecting 'Yes' for Mother married at delivery... and clicking the Next or Save button will cause a new menu option (Father) to appear.**

First, make a selection from the **Mother married at delivery, conception and any time in between?** drop-down list. This list includes a selection for Domestic Partner.

Second, make a selection from the **Will Father information be collected in this Report?** If the mother is married to a same sex spouse or has an Oregon Registered Domestic Partnership and the spouse or partner will be reported on the record, select **Yes**.

If **Yes** is selected and the **Save** button clicked, then the page will refresh and an additional page will appear in the **Parent Information** submenu: **Father**.

**Marital Status**

---

**Marital Information**

Was Mother Married at Conception, at Delivery or within 300 days of Delivery?

Yes ▼

---

**Paternity Information**

Will Father information be collected on this Report?

Not Applicable ▼

Validate Page Next Clear Save Return

Note: If Father or Domestic Partner information will not be entered, click the **Next** button to save and proceed to the **Place of Delivery** page.

## **Father**

The **Father** page is used to capture demographic and statistical data on the father or second parent. This page will only appear if **Yes** was selected for either Marital Information or Paternity Information on the Marital Status page.



In the **Father's Name** section, enter the father/second parent's **First**, **Middle**, and **Last** name. If the father uses a Suffix such as Jr. or Sr., include it in the **Suffix** dialog box.

**Father**

---

**Father's Name**


First:  Middle:  Last:  Suffix:






Date of Birth:    Age:


MMM-dd-yyyy


---

**Father Birthplace**

Birthplace State:   Birthplace Country:

**Date of Birth** - enter the father/second parent's date of birth manually or use the Calendaricon  to launch the Calendar Control.

After entering the **Date of Birth**, click the auto-populate  button to auto fill the age in the **Age** control.

The **Father's Birthplace** control is used to capture the father/second parent's **Birthplace State** and **Birthplace Country**. If the birthplace is outside the USA, then leave the state blank to avoid an error.


Click the **Next** button to save and proceed to the **Father Attributes** page.

## **Father Attributes**

The **Father Attributes** page is used to gather demographic information related to the father/second parent. This information is used in reporting at the State and Federal level and can be instrumental in obtaining funding for various programs.

**Education:** Make a selection from the drop-down list.

**Education**

Education:  

- 8th grade or less; none
- 9th-12th grade, no diploma
- High School graduate or GED completed
- Some college credit, but no degree
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctorate or Professional degree
- Unknown

The **Hispanic Origin** tab is used to indicate if the father/second parent is of Hispanic descent. Click one or more applicable box or boxes, as needed. Multiple selections are permitted.

**Father Attributes**

Education

Education

Hispanic Origin (Check all that apply)

☐ No, not Hispanic ☐ Yes, Puerto Rican ☐ Yes, Other Hispanic Origin (specify)

☐ Yes, Mexican ☐ Yes, Cuban ☐ Unknown

Which one or more of the following is your race? (Check all that apply)

☐ White ☐ Filipino ☐ Native Hawaiian

☐ Black or African American ☐ Japanese ☐ Guamanian or Chamorro

☐ American Indian or Alaska Native (specify tribe) ☐ Korean ☐ Samoan

☐ Asian Indian ☐ Vietnamese ☐ Other Pacific Islander (specify)

☐ Chinese ☐ Other Asian (specify) ☐ Other (Specify)

**Note: Selecting the ‘Yes, other Spanish/Hispanic/Latino’ checkbox will cause a new text entry control to appear on-screen. Use this control to specify additional information.**

The **Races the father/second parent considers themselves to be (Check all that apply)** tab also allows for multiple selections. Select all checkboxes that the father/second parent considers applicable.

If the father/second parent is of American Indian descent or an Alaskan Native, select the checkbox as shown below. Selecting **American Indian or Alaska Native (specify tribe)** will cause the page to refresh and display two drop-down lists.

☒ American Indian or Alaska Native (specify tribe)

☐ Asian Indian

☐ Chinese

☐ Korean

☐ Vietnamese

☐ Other Asian (specify)

☐ Samoan

☒ Other Pacific Islander (specify)

☒ Other (Specify)

Type or select the father/second parent’s specific tribe(s) using one or both of the drop-down lists. Note that selecting the **Other Asian (specify)**, **Other Pacific Islander (specify)**, or **Other (Specify)** checkboxes will cause two new dialog box controls to appear on-screen. At least one of these other entry controls must be completed before registration will be permitted.

Click the **Next** button to save and proceed to the **Place of Delivery** page.

## Place of Delivery

The **Place of Delivery** page is used to indicate where the fetus was delivered. Hospital staff cannot report fetal deaths that did not occur within their facility. This is different from live births because the law is different. See appendix 3, ORS 432.088, sections 3 and 7 for more information on the law and how it pertains to the Place of Delivery.

First, make a selection from the **Type of Place of Delivery** drop-down list. If the type selected matches the office type assigned to the current user, then the user's default location will be auto-filled in the **Facility Name** and **Address** sections and the on-screen controls will be disabled.

**Place of Delivery**

Type of Place of Delivery: Freestanding Birthing Center (dropdown) Other Specify:

Facility Name: Birth and Women's Health (disabled) Facility NPI: 183151 (disabled)

**Address**

Street Number: 123 Pre Directional: NW (dropdown) Street Name or PO Box, Rural Route, etc.: Any Street (dropdown) Street Designator: (dropdown) Post Directional: (dropdown) Apt #, Suite #, etc.: (text)

City or Town: Corvallis County: Benton State: Oregon Country: United States Zip Code: 97330

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

If there is not an appropriate selection available for the place of delivery in the drop-down list, select **Other (specify)**. This will enable the **Other Specify** text-box control allowing manual entry of the type of place of delivery and the **Address** section.

Note that **Facility name** and **Facility NPI** are both disabled when **Other (specify)** is selected. These controls are typically auto-filled based on the facility associated with the user.

If the delivery occurred en route to the facility (in a moving conveyance), choose 'Other' from the drop-down list under 'Type of Place of Delivery' and key in "en route" followed by the location where the mother was first removed from the conveyance.

**Place of Delivery**



Type of Place of Delivery: Other (specify) (dropdown) Other Specify: en route-OHSU (text)

Facility Name: (disabled) Facility NPI: (disabled)

Click the **Next** button to save and proceed to the **Reporter** page.

## Reporter

The **Reporter** page records the name and title of the person completing the Fetal Death report and the date the report was completed. The information on this page will auto-fill from the current user's account information.

The **Reporter** section includes two icons: the Search icon  and the Eraser icon .

Reporter

Name and Title of Person Completing Report

First Middle Last Suffix

Test Excellent Birthclerk

Title Other Specify

Date Report Completed

MMM-dd-yyyy

Validate Page Next Clear Save Return

If someone else started the report of fetal death and you need to change the reporter to complete the report, click on the search icon to launch the **Name** lookup tool, shown below. Key in the full or partial name of the reporter, followed by a percentage sign (%), and then click the **Search** button:

Lookup Reporter

Last Name: birthcl% First Name: Search

License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name
	Birthclerk		Test	Excellent	1015	22nd

Total Records : 1

select

Cancel

If the search was successful, select the desired reporter by clicking on the **select** link.

The page will refresh and auto-fill the **Reporter** section with information specific to the selected reporter. If this reporter was selected in error, select the Eraser icon to remove the reporter name from the page.

The **Date Report Completed** field will auto-fill when the record is Affirmed/Certified.

Click the **Next** button to save and proceed to the **Prenatal** page (the first page of the Medical Information submenu).

If all validation rules pass or have been successfully overridden, the **Affirm** link will appear in the menu. **Do not use this link.** Continue to the Medical Information portion of the record.

**Do not affirm the record. You will have the opportunity to certify the entire record in one step later in the process.**

Fetal Death Registration Menu

Personal Information

- ✓ Fetus
- ✓ Mother
- ✓ Mother Address
- ✓ Mother Attributes
- ✓ Mother Health
- ✓ Marital Status
- ✓ Father
- ✓ Father Attributes
- ✓ Place of Delivery
- ✓ Reporter
- ✓ Affirm



## Medical Information

The second sub-menu of the Fetal Death Registration menu, **Medical Information**, contains the pages necessary to gather confidential, medical information about the fetal death and parents that is collected for statistical purposes.

### Prenatal

The **Prenatal** page is used to capture information relative to the type and frequency of prenatal care administered to the mother.

If applicable, enter the **Mother Medical Record #** in the appropriate on-screen controls.

Enter the mother's **Date of Last Menses** using a valid date format or by clicking on the **Calendar Control**.

If the mother did not receive any prenatal care, select the **No Prenatal Care** checkbox in the **Prenatal Care** section. If the mother did receive prenatal care, enter the **Date of First Visit**.

In the **Previous Live Births** section, make a selection from the **Number Now Living** drop-down list. If this is the mother's first pregnancy, select **None** from the list.

A selection must also be made from the **Number Now Dead** drop-down list. Again, if this is the mother's first pregnancy, select **None**.

If the **Number Now Living** and/or **Number Now Dead** are unknown, select **Unknown** from the drop-down list. Doing so will auto-populate the **Date of Last Live Birth** with **99/9999** and disable the control.

Complete the **Previous Live Births** section by entering the **Date of Last Live Birth**. If **None** has been selected in the previous two controls, this control will be disabled.

**Dates entered in the "Date of Last Live Birth" do not include a day. Dates in this field must use a "MONYYYY", "MM/YYYY", "MM-YYYY", or "MMYYYY" format.**

Click the **Next** button to save and proceed to the **Pregnancy Factors** page.

#### Prenatal

Mother Medical Record #

Date of Last Menses



MMM-dd-yyyy

#### Prenatal Care

No Prenatal Care ☐

Date of First Visit



MMM-dd-yyyy

#### Previous Live Births

Number Now Living

Number Now Dead

Date of Last Live Birth

## **Pregnancy Factors**

The **Pregnancy Factors** page attempts to gather information related to conditions suffered or experienced by the mother which could have resulted in complications during pregnancy.

**Pregnancy Factors**

Risk Factors for this Pregnancy (Check all that apply)

<input type="checkbox"/> Diabetes-Pre-pregnancy	<input type="checkbox"/> Hypertension-Eclampsia	<input type="checkbox"/> Pregnancy Resulted From Infertility Treatment-Assisted Reproductive Technology
<input type="checkbox"/> Diabetes-Gestational (Diagnosis In This Pregnancy)	<input type="checkbox"/> Previous Preterm Births (<37 Completed Weeks Gestation)	<input type="checkbox"/> Mother Had A Previous Cesarean Delivery
<input type="checkbox"/> Hypertension-Pre-pregnancy (Chronic)	<input type="checkbox"/> Pregnancy Resulted From Infertility Treatment-Fertility-enhancing drugs	<input checked="" type="checkbox"/> None Of The Above
<input type="checkbox"/> Hypertension-Gestational (PIH, Pre-eclampsia)		

This page allows for multiple entries, meaning that the user can select one or more conditions on the page; however, at least one selection must be made. In the example above, we have selected **None Of The Above**.

Click the **Next** button to save and proceed to the **Delivery** page.

## **Delivery**

The **Delivery** page is used to gather information related to conditions suffered or experienced during labor which may have health implications for the mother and/or fetus. This page is comprised of two sections: **Method of Delivery** and **Maternal Morbidity**.

### **Method of Delivery**

The **Method of Delivery** section is used to describe how the fetus was delivered or expelled.

Make a selection from the **Fetal Presentation at Delivery** drop-down list. The options are Cephalic, Breech and Other.

Then select the **Final Route and Method of Delivery**. The options are Vaginal/Spontaneous, Vaginal/Forceps, Vaginal/Vacuum, and Cesarean.

If **Cesarean, was a Trial of Labor Attempted?** will only be active and selectable if Cesarean was selected from the Final Route and Method of Delivery control above. Not Applicable is not acceptable as a response to Trial of Labor Attempted when the Method of Delivery is Cesarean.

**Delivery**

Method of Delivery

Fetal Presentation at Delivery

Final Route and Method of Delivery

If Cesarean, was a Trial of Labor Attempted?

Maternal Morbidity (Check all that apply)

☐ Ruptured uterus
 ☐ Admission to intensive care unit
 ☐ None Of The Above



Mother Transferred for maternal medical or fetal indication prior to delivery


## Maternal Morbidity

The **Maternal Morbidity** section is used to capture any serious complications experienced by the mother associated with labor and delivery. Multiple entries are allowed. Select **None Of The Above** if none of the conditions were experienced by the mother during delivery.

Next, make a selection from the **Mother Transferred for maternal medical or fetal indication prior to delivery** drop-down list. Notice that selecting **Yes** will cause the page to refresh and a new set of controls will appear:

Mother Transferred for maternal medical or fetal indication prior to delivery Yes ▼

Transfer Facility   

Selecting the Search icon  will launch the **Place Name** lookup tool, shown below. Key in the full or partial name of the transfer facility, followed by a percentage sign (%), and then click the **Search** button.

**Note: ‘Mother Transferred for maternal medical or fetal indication prior to delivery’ refers to the facility from which the mother was transferred.**

If the search was successful, select the **Transfer Facility** by clicking on the **select** link:

Lookup Mother Transfer Facility ×


Facility Name  Search

Facility Name	Address	City	
Adventist Medical Center	123 SE Any Street	Portland	<span style="border: 1px solid red; border-radius: 50%; padding: 2px;">select</span>

Total Records : 1

Cancel

The page will refresh and display the **Transfer Facility** on the **Delivery** page.

If this facility was selected in error, select the Eraser icon  to remove the facility name from the page.

**Transfer Facility can be keyed in manually if the facility in question cannot be found in the OVERS database.**

Click the **Next** button to save and proceed to the **Fetal Attributes** page.

## Fetal Attributes

This page is used to capture data relevant to the fetus at the time of delivery.

Fetal Attributes

Weight of Fetus Pounds / Ounces   Grams

Obstetric Estimate of Gestation(weeks)

Plurality

Delivery Order

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

**Weight of Fetus** should be entered in either **Pounds/Ounces** or **Grams**. Both weight measurements cannot be used simultaneously. If **Pounds/Ounces** is used, enter the weight in pounds in the first entry box and the remainder ounces in the second.

Enter the estimated term of the mother's pregnancy in the **Obstetric Estimate of Gestation (weeks)** field. This may not be the same as the calculated gestation found by comparing the mother's date of last menstrual period to the date of delivery. Enter only completed weeks; for example, if the gestation was 37 weeks 5 days, enter 37 weeks.

Make a valid selection from the **Plurality** drop-down list. If only one fetus was delivered, select **Single**. If more than one fetus or child was delivered – even if one or more children were stillborn or died shortly after birth – select the appropriate plurality from the list - **twin**, **triplet**, etc.

**If more than one child was delivered, a new link called 'Link Plural Delivery' will appear on the 'Fetal Death Registration Menu' > 'Other Links' submenu. To link the fetal death record to another fetal death or live birth record for plural deliveries, see the section on Linking Plural Delivery in Section 4 of the Birth Information Specialist User Guide.**

**Delivery Order** will be disabled if **Single** was selected from the **Plurality** list. Otherwise, if more than one child was delivered – even if one or more children were stillborn or died shortly after birth – select the current child's birth order from this drop-down list.

When plural deliveries are linked, much of the information from the first record will carry over to other linked records. However, if the second delivery is a live birth, some of the screens will contain different information. For example, social security numbers must be collected from the parents in the case of a live birth.

Click the **Next** button to save and proceed to the **Cause/Conditions Contributing to Fetal Death** page.

## Cause/Conditions Contributing to Fetal Death

This page is used to gather information related to pregnancy complications that may have contributed to the fetal death.

This page is comprised of two sections: **Initiating Cause/Condition**, and **Other Significant Causes or Conditions**.

### Cause/Conditions Contributing to Fetal Death

#### Initiating Cause/Condition

Among the choices below, please select the one which most likely began the sequence of events resulting in the death of the Fetus.

##### Maternal Conditions/Disease (Specify)

##### Complications of placenta, cord or Membranes

- ☐ Rupture of membranes  
☐ Abruptio placenta  
☐ Placental insufficiency  
☐ Prolapsed cord  
☐ Chorioamnionitis  
☐ Other (specify)

##### Other Obstetrical or Pregnancy Complications (Specify)

##### Fetal Anomaly (Specify)

##### Fetal Injury (Specify)

##### Fetal Infection (Specify)

##### Other Fetal Conditions/Disorders (Specify)

Unknown ☐

Estimated Time of Fetal Death

Autopsy Performed

Histological Placental Examination Performed

Autopsy or Histological Placental Examination used in Determining Cause of Fetal Death

[Validate Page](#)

[Next](#)

[Clear](#)

[Save](#)

[Return](#)

#### Other Significant Causes or Conditions

Select or Specify all other conditions contributing to death.

##### Maternal Conditions/Disease (Specify)

##### Complications of placenta, cord or Membranes

- ☐ Rupture of membranes  
☐ Abruptio placenta  
☐ Placental insufficiency  
☐ Prolapsed cord  
☐ Chorioamnionitis  
☐ Other (specify)

##### Other Obstetrical or Pregnancy Complications (Specify)

##### Fetal Anomaly (Specify)

##### Fetal Injury (Specify)

##### Fetal Infection (Specify)

##### Other Fetal Conditions/Disorders (Specify)

Unknown ☐

### Initiating Cause/Condition

The initiating cause/condition is for reporting a single condition that most likely began the sequence of events resulting in the death of the fetus. The cause of death listed should represent the physician, medical examiner or coroner's best medical opinion.

In the **Maternal Conditions / Disease** control, enter any conditions specific to the mother that most likely began the sequence of events resulting in the death of the fetus. Multiple entries are allowed.

Note any **Complications of placenta, cord, or Membranes** by placing a check in the corresponding checkbox.

The **Other Obstetrical or Pregnancy Complications, Fetal Anomaly, Fetal Injury, Fetal Infection, and Other Fetal Conditions/Disorders** controls are to be used for reporting any conditions specific to the fetus that resulted in death.

If it is unknown whether or not such conditions exist, place a checkmark in the **Unknown** checkbox.

#### Initiating Cause/Condition

Among the choices below, please select the one which most likely began the sequence of events resulting in the death of the Fetus.

##### Maternal Conditions/Disease (Specify)

##### Complications of placenta, cord or Membranes

- ☐ Rupture of membranes  
☐ Abruptio placenta  
☐ Placental insufficiency  
☐ Prolapsed cord  
☐ Chorioamnionitis  
☐ Other (specify)

##### Other Obstetrical or Pregnancy Complications (Specify)

##### Fetal Anomaly (Specify)

##### Fetal Injury (Specify)

##### Fetal Infection (Specify)

##### Other Fetal Conditions/Disorders (Specify)

Unknown ☐

## Other Significant Causes or Conditions

Other significant causes or conditions include all other conditions contributing to death. These may be conditions that are triggered by the initiating cause or causes that are not among the sequence of events triggered by the initiating cause.

In the **Maternal Conditions/Disease** control, enter any conditions specific to the mother that may have been triggered by the initiating cause or causes. Note any **Complications of placenta, cord or Membranes** by placing a check in the corresponding checkbox.

The **Other Obstetrical or Pregnancy Complications, Fetal Anomaly, Fetal Injury, Fetal Infection and Other Fetal Conditions/Disorders** controls are to be used for reporting any conditions specific to the fetus that may have been triggered by the initiating cause or causes. If it is unknown whether or not such conditions exist, place a checkmark in the **Unknown** checkbox.

Other Significant Causes or Conditions  
Select or Specify all other conditions contributing to death.

Maternal Conditions/Disease (Specify)

Complications of placenta, cord or Membranes

- ☐ Rupture of membranes
- ☐ Abruptio placenta
- ☐ Placental insufficiency
- ☐ Prolapsed cord
- ☐ Chorioamnionitis
- ☐ Other (specify)

Other Obstetrical or Pregnancy Complications (Specify)

Fetal Anomaly (Specify)

Fetal Injury (Specify)

Fetal Infection (Specify)

Other Fetal Conditions/Disorders (Specify)

Unknown ☐

## Other Controls

Make a selection from the **Estimated Time of Fetal Death** drop-down list. The options are:

Dead at first assessment, no labor ongoing  
Dead at first assessment, labor ongoing  
Died during labor, after first assessment  
Unknown time of fetal death

Next, make a selection from the **Autopsy Performed, Histological Placenta Examination Performed, and Autopsy or Histological Placental Examination used in Determining Cause of Fetal Death** drop-down lists. If **Autopsy Performed** or **Histological Placenta Examination Performed** is either **Planned** or **No**, **Autopsy or Histological Placental Examination used in Determining Cause of Fetal Death** must be **Not Applicable**.

Estimated Time of Fetal Death

Autopsy Performed  Histological Placental Examination Performed

Autopsy or Histological Placental Examination used in Determining Cause of Fetal Death



Click the **Next** button to save and proceed to the **Attendant/Certifier** page.


## Attendant/Certifier

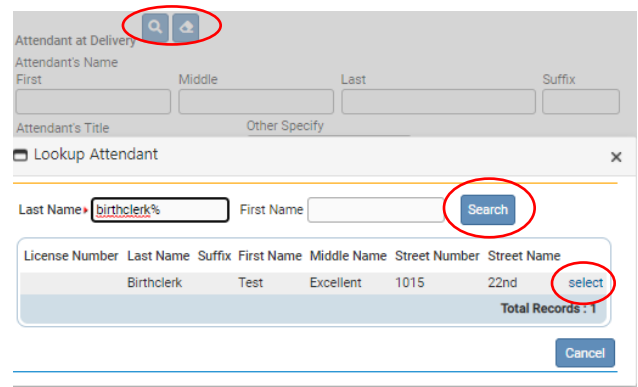
The **Attendant/Certifier** page is used to capture information relevant to the person or persons attending and/or certifying the delivery.

**The Attendant at Delivery is defined as the individual physically present at the delivery who is responsible for the delivery.**

Notice that the page is divided into two sections: **Attendant at Delivery** and **Certifier**.

The **Attendant at Delivery** section includes two icons: the Search icon  and the Eraser icon .


The Search icon  will launch the **Name** lookup tool, shown below. Key in the full or partial name of the attendant/certifier, followed by a percentage sign (%), and then click the **Search** button:





License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name
	Birthclerk		Test	Excellent	1015	22nd

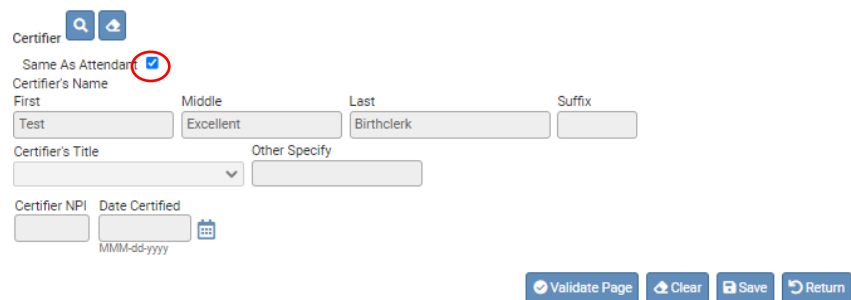
Total Records: 1

If the search was successful, select the desired attendant by clicking on the **select** link.

The page will refresh and auto-fill the **Attendant at Delivery** section with information specific to the selected attendant. If this attendant was selected in error, select the Eraser icon  to remove the facility name from the page. If the attendant is not included in the search results, then enter the information manually.

The **Certifier** section also includes the Search icon  and the Eraser icon , meaning that the same set of steps detailed above can be used to auto-fill this control as well. *This section auto-fills based on the user and should only be changed if you are certifying a fetal death report started by another user.*

If the certifier and the attendant are the same person click the **Same As Attendant** checkbox and the **Certifier** section will auto-fill with the attendant information from the **Attendant** section.



☒ Same As Attendant  
 Certifier's Name: First: Test, Middle: Excellent, Last: Birthclerk, Suffix:  
 Certifier's Title: Test  
 Certifier NPI: , Date Certified:   
 Buttons: Validate Page, Clear, Save, Return

**Certifier NPI** will auto-fill based on data stored in the **OVERS** database.

**Date Certified** will be auto-filled once the fetal death record has been registered.



Fetal death registration data entry is now complete. Click the **Validate Page** button or **Validate Registration** link to check this page for errors. If there are errors, they will need to be corrected to certify the record. After any errors are corrected the record will need to be Validated again. If no errors are found, then the page will refresh and a new menu item will appear: **Affirm/Certify**. Click the **Affirm/Certify** link to proceed.

## Affirm/Certify

### Affirmations

An affirmation is used to record the fact that the certifier is accepting legal responsibility for the accuracy of the information provided. In Oregon, an affirmation is a legally binding statement made under the penalty of perjury.

Once all Fetal Death registration pages have been completed, validated, and all errors corrected, the **Fetal Death Registration Menu** will refresh and display the **Affirm/Certify** link. **Do not** use the Affirm link in the Personal Information section.



To affirm the fetal death record, place checkmarks in the **Affirm the following:** checkboxes and click the **Affirm/Certify** button.

### Affirmations

Affirm the following:

- ☒ I affirm under the penalty of perjury that I am the authorized certifier whose name will appear on this certificate.
- ☒ I affirm the information provided is accurate and complete to the best of my knowledge.
- ☒ On the basis of medical information, the fetal death occurred due to the causes or conditions stated.

**Affirm/Certify**

Clear

Return

After clicking the **Affirm/Certify** button, an **Authentication Successful** message will display.



---

**Affirmations**

Authentication successful.

---

Click the **Return** button to return to the **Fetal Death Registration Menu**.

**Uncertify**

Uncertifying a fetal death record is not an option that is available like it is for a birth record. If a fetal death record needs to be changed then you must wait until the record is registered with the state. Most records are registered after they are certified unless there was an error that was overridden. Check the status line of the record to confirm that it is registered. See the record status section in chapter 1 for more information.

Once the record is registered with the state you can add an amendment to make a change to the record. To learn more about requesting an amendment see the amendment section of this manual.

# A

## ***Appendices***

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### **Appendix A – Quick Reference Guide for Medical Examiners**

**See next page.** Also, the link to the Quick Reference Guide is located at:

<https://bit.ly/OVERS-QuickStart-ME>

## OVERS Quick Start Guide for Medical Examiners (revised 6/2022)

### 1. Getting Started

- Login at: <https://or-vitalevents.hr.state.or.us/overs>
- To pick up a case referred by a funeral director, click **Current Activities** found under the **Main** tab and then click on the **Medical Certification Requested** link. Click on the **Decedents Name** to open the record.
- Or, search for a case by clicking **Life Events > Death > Locate Case**, enter the decedent name and click Search.

### 2. Entering Death Certificate Data

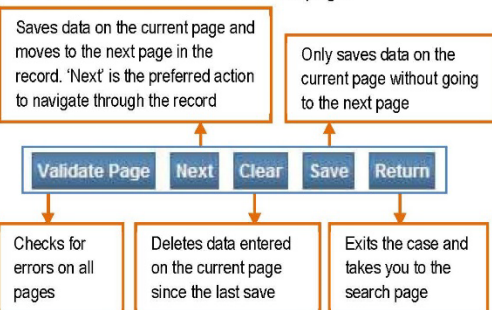
- Complete each page under the **Medical Certification Heading**. If you are entering personal information for the decedent then the pages in the **Personal Information** section must be completed as well.
- Click on **Pronouncement** to begin the **Medical Certification** section.

Death Registration Menu

- Personal Information
- Decedent
- Resident Address
- Family Members
- Informant
- Disposition
- Decedent Attributes
- Medical Certification
  - Pronouncement (Required)
  - Place of Death
  - Cause of Death
  - Other Factors
  - Injury
  - Certifier

#### Site Navigation

Use the buttons at the bottom of the page.



#### Regarding Cause of Death:

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

### 3. Validating Death Certificate Data

After you enter the information on the last page, click **Validate Page**. This will check for errors on all medical pages. A symbol will appear to the left of each page, which tells you what to do next. After you make the necessary corrections, click **Validate Page** again.

- [Green check mark] There are no errors on the page. You may certify the report. (See step 4 below.)
- [Yellow circle] Click on the page with the yellow circle next to it. *Carefully read the error message.* You may: 1) edit and save the information, then click **Validate Page** again, or 2) confirm your entry is accurate by clicking the **Override** box, then click **Save Overrides**. *It will remain a yellow circle even after you override the message. This is acceptable.*
- [Red x] Go to the page with the red x symbol. You must edit the item highlighted in red to complete the report.

### 4. Certify the Death Certificate

- After all corrections and overrides are complete, the **Certify** link will appear below the **Certifier** link. Click on **Certify**.
- Read the three affirmation statements. Click the check boxes to affirm the three statements.
- Click **Affirm**
- The report is complete.

Medical Certification

- Pronouncement
- Place of Death
- Cause of Death
- Other Factors
- Injury
- Certifier
- Certify**

#### Affirmations

Affirm the following:

- ☒ I certify that on the basis of examination and/or investigation that death occurred due to the causes and manner as stated herein.
- ☒ I affirm under the penalty of perjury that I am the authorized certifier whose name will appear on this certificate.
- ☒ I certify that death occurred at the time, date and place indicated.

**Affirm** **Clear** **Return**

### Making Corrections or Amendments

Before the report is registered:

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

After the record is registered:

- Under **Other Links**, you will see a link for **Amendments**. (If you do not see this link, the record is not yet registered.) Choose the type of amendment (Medical) and click **Save**, then select the page you want to amend. Make the changes and choose **Save**.
- In the **Amendments Menu**, click on **Amendment Affirmation**.
- Read and click the check box to certify the changes.
- Click **Affirm**.
- The amendment must be approved by the vital records office before the new information will appear on the death certificate.

Amendments Menu

- Amendment
- Amendment Affirmation**

**Questions?** Contact the OVERS Help Desk Technical Support at 971-673-0279, Monday through Friday 8:00 am – 5:00 pm.



## **Appendix B – OVERS Navigation**

### **Add a site to my favorites in Microsoft Edge**

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

### **How to add bookmarks in Google Chrome on desktop**

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

### **Create website shortcut on desktop using Chrome, Edge, Firefox**

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

## Appendix C – Vital Records Law

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

### **432.005 Definitions.**

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

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

### **432.133 Compulsory filing of death certificates; persons required to file.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(8) When a death that is not the subject of a presumptive death proceeding in a court in this state or another state is presumed to have occurred in this state as the result of a known event in this state, but no remains of the presumed deceased can be located, a report of death may be prepared by the Chief Medical Examiner upon receiving an order from a court of competent jurisdiction that contains findings of fact necessary to complete the report of death. A report of death prepared under this subsection shall be marked or flagged “Presumptive” and must show on its face the date of death as determined by the court, the date of registration, the identity of the court and the date of the order.

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

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

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

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

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

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

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

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

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

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

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

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

(8) Except as provided in ORS 97.223, disinterment of human remains requires authorization for disinterment and reinterment. The state registrar may issue authorization for disinterment and reinterment to a funeral service practitioner or person acting as a funeral service practitioner upon application, as required by the state registrar by rule.



(9) Prior to removing a dead body or fetus from this state under ORS 692.270, a funeral service practitioner or a person acting as a funeral service practitioner shall submit a written notice of removal to the country registrar in the county in which death occurred or in which the dead body or fetus was found. The notice shall be on a form prescribed and furnished by the state registrar. A copy of a written notice of removal serves as a permit for transporting the remains of a decedent named on the notice. [Formerly 432.317; 2019 c.241 §4]

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

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