

Place of Injury: Auto Populate-Home

When a Medical Examiner or medical certifier selects **Home** for **Place of Injury**, OVERS can populate the decedent's residence address in the **Location of Injury** section with a simple check box.

Populate Place of Injury:

1. If the decedent died in their own home, on the **Injury** page, under the **Place of Injury** dropdown list, select Home.

Death Registration Menu: 6880031 : Joseph Andrew Taylor Test NOV-05-2018
/New Event/New Event/Not Registered/Unsigned/Uncertified/NA

Injury

ME Case Number: []
Date of Injury: NOV-30-2018 Time of Injury: [] : [] []

Injury at Work: []
Place of Injury: **Home** (circled in red) Other Specified Place: []

Place of Injury dropdown list:
 Home
 Farm
 Residential Institution
 Military Residence
 Hospital
 Location of Injury
 School, Other Institution, Administrative Area
 Use Decedent's Resident Address
 Industrial & Construction
 Garage/Warehouse
 Trade and Service Area
 Mine/Quarry
 Street/Highway
 Public Recreation Area
 Institutional recreation Area
 Sports & Athletics Area
 Lake
 River
 Ocean
 Injury Activity
 Sand Dunes
 Other building
 Other Specified Place
 Unspecified Place
 Unknown

Street Number: [] City or Town: []
 Street Designator: [] Post Directional: [] Apt #: []
 Country: United States Zip Code: []

Describe how injury occurred: []
 Injury Activity: []
 If transportation injury, Specify: [] Other Specify: []

Buttons: Validate Page Next Clear Save Return

2. The **Use Decedent's Resident Address** checkbox will appear under the **Location of Injury** title. Click the checkbox to populate the decedent's address if the decedent passed away at their residence.

Location of Injury

Use Decedent's Resident Address (circled in red)

3. Once the box has been checked, the decedent's address from the **Residence Address** page will populate in the **Location of Injury** Section.

Location of Injury

Use Decedent's Resident Address

Street Number: 111 Pre Directional: N Street Name or PO Box, Rural Route, etc.: Front Street Designator: Street Post Directional: [] Apt #: [] Suite #: []
 City or Town: Portland County: Multnomah State: Oregon Country: United States Zip Code: 97201

Describe how injury occurred: []
 Injury Activity: []
 If transportation injury, Specify: [] Other Specify: []

Buttons: Validate Page Next Clear Save Return

4. Note - The use of this functionality is not mandatory. You can manually update addresses at any time before or after the **Use Decedent's Residence Address** box is checked.