

**OREGON DEATH REPORT
INSTRUCTIONS**

Oregon Death Report Instructions

Oregon Vital Events Registration System (OVERS)

Medical Examiner Edition

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

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.

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

Getting Started

Logging In

On the OVERS **Login** page, 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.



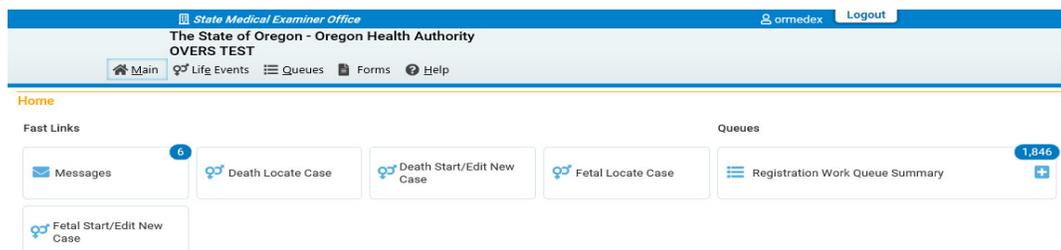
If your username is associated with more than one office location, then you must also make a selection from the office list. Click on the **Office** name to continue. This step is not necessary for all users.

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.

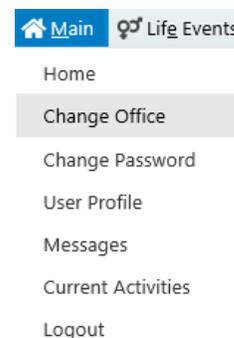


Notice the **Menu Bar** across the top of the page. From the menu bar, you will navigate throughout the OVERS application.

Change Office

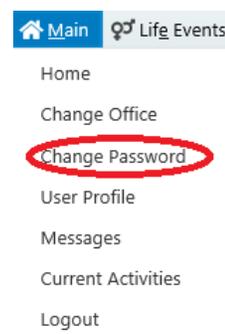
If your username is associated with more than one office location, then you chose which office to access when you logged in. To change offices without logging out, choose **Main** from the **Menu Bar** along the top of the page, then choose **Change Office**. A box will appear stating, “Click OK to change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

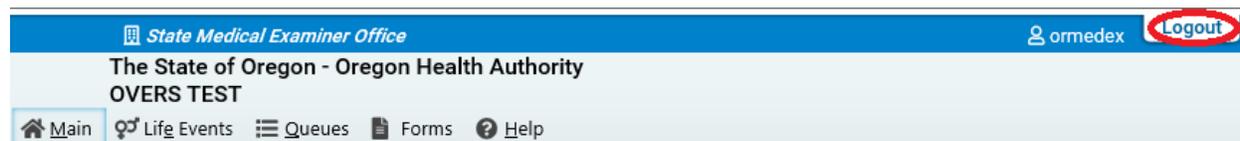
Old Password:	<input type="text"/>
New Password:	<input type="text"/>
Confirm Password:	<input type="text"/>
<hr/>	
Security Question	What was your high school mascot? <input type="text"/>
Security Answer	***** <input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Later"/>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

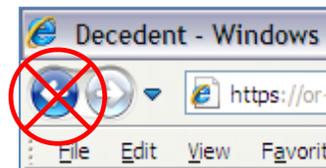


After you click the **Logout** button, you will be taken back to the **Login** page. If you do not log out of OVERS, you will be automatically logged out after 15 minutes of inactivity and you may lose work you have not saved.

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.



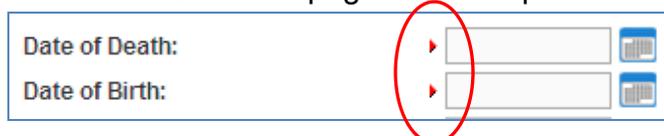
Search – The Search button searches an index and returns *exact* matches to a specified keyword.

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.



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	<input type="text" value="03-10-2021"/>	<input type="text" value="MAR-10-2021"/>
MM/DD/YYYY	<input type="text" value="03/10/2021"/>	
MMDDYYYY	<input type="text" value="03102021"/>	
monDDYYYY	<input type="text" value="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

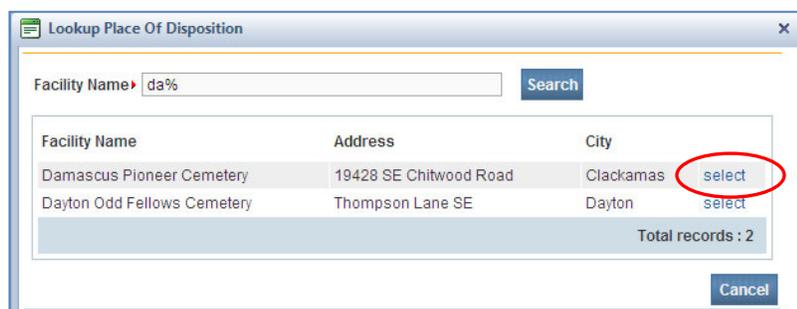
By default, the current month, day and year are displayed. As with other dropdown menus, clicking the down arrow next to the month or year will show you all the available options in the list. Once you select the correct month and year from the dropdown menus, click on the day of the month. This will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

<i>Shortcut Key(s)</i>	<i>Works in Field</i>	<i>Performs this Function</i>
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 st 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

Send Message Mark as Read Remove from List

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: https://or-vitaleventstest.hr.state.or.us/OVERSTEST/ Metest, Ron	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: https://or-vitaleventstest.hr.state.or.us/OVERSTEST/ Test, Thomas	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 'Recipients:' section with a 'Remove Recipient' button. Below that is a 'Send By:' dropdown menu set to 'Notify' and a 'Subject:' text field. A large text area for the message body is at the bottom. At the bottom right are 'Send' and 'Cancel' buttons. Red circles with numbers 1 through 4 point to the 'Recipients:' label, the 'Notify' dropdown, the message body text area, and the 'Send' button respectively.

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 'Choose Recipients' dialog box. It has a title bar 'Messages' and a 'Choose Recipients' section. There is a 'Search' field, a 'Type of Search' dropdown set to 'Person', and 'Name' fields for 'First' and 'Last' (containing 'Certifier'). A 'Find' button is next to the 'Last' field. Below is a table with columns 'Name' and 'Type':

Name	Type
<input type="checkbox"/> Certifier, Birth	Birth Certifier Type
<input checked="" type="checkbox"/> Certifier, Death	Medical Certifier

Total records : 2

Below the table is an 'Add' button. Underneath is a 'Selected Recipients' section with another table:

Name	Type
<input type="checkbox"/> Certifier, Death	Medical Certifier

Total records : 1

At the bottom left is a 'Remove' button, and at the bottom right 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
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.

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.

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

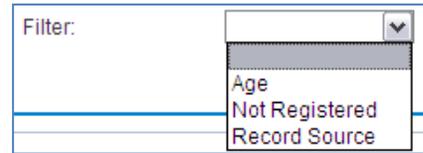
Select one of the queues by clicking on the corresponding **Queue Name**. The queue will open, showing a list of all reports in the queue. An example is shown below. When you find the report you need to complete, click on either the **Case ID** or the **Registrant (Name)** to open the case.

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.



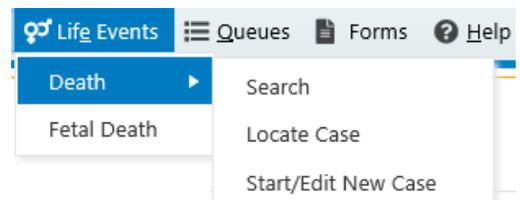
Occasionally, information is provided that is not necessary for you to complete a death report but may help you understand why the information is collected. This information is marked with the logo to the left.

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://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/REGISTERVITALREC/ORDS/Documents/Death/deathcertinstrux.pdf>

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		Test, Charles	SEP-18-2020	Male	Clackamas	APR-01-1950	Preview
7322583		Test, Daniel	NOV-24-2020	Male	Clackamas		Preview
7322483		Test, Diane	SEP-17-2020	Female	Coos	MAY-01-1950	Preview
7322487		Test, Edward	SEP-29-2020	Male	Multnomah	APR-01-1950	Preview

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: 

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		Preview
7322852	Test, John	MAR-10-2021	Male	Clackamas		Preview

First 1 2 Last Total Records : 16

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.

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

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

Case Id: ME Case Number: Medical Record Number:

Place of Death Location Type: County  Place of Death:

 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

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	Preview

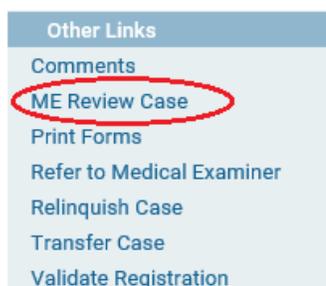
Total records : 1

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**.



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 the following elements:

- Referral Action**: A dropdown menu that is currently open, showing four options: "Accept Referral", "Decline Referral", "Pending", and "Take Control of Case".
- ME Case Number**: A text input field.
- Message**: A large text area for entering a message.
- Buttons**: Three buttons at the bottom right: "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.

Decedent Page

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

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	

Decedent

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="Jeanette"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Swanson"/>	<input type="text"/>

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 UNVERIFIED (0)

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

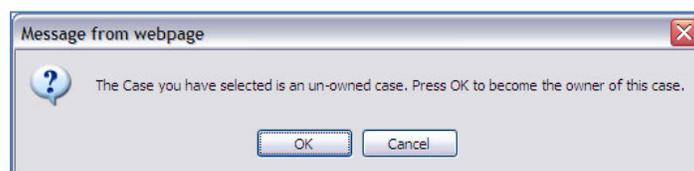
Yes

No

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

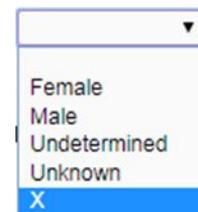
If the decedent was female, enter her last name prior to her first marriage, if applicable.

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



Date of Birth	Age	Under 1 Year			Under 1 Day	
Years	Months	Days	Hours	Minutes		
JUL-24-1979	33					

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**.

The screenshot shows a form with the following fields and options:

- Gender:** Female (dropdown menu)
- Social Security Number:** 999-99-9999
- Verification Status:** None Unknown
- Date of Birth:** JUL-24-1979
- Age:** 33
- Time Periods:** Under 1 Year, Under 1 Day
- Time Units:** Years, Months, Days, Hours, Minutes
- SSN Verification Status:** UNVERIFIED (0)
- Action:** Verify SSN (circled in red)

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 FAILDOBGEN 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.

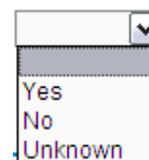
 This item is used to match birth and death certificates of a deceased individual. Federal law requires matching birth and death records, to avoid issuance of a birth certificate for a deceased individual without notation on the record. In addition, matching these records provides information from the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

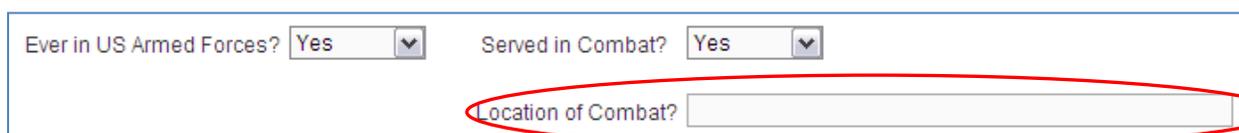


Served in Combat?

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.



The 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. Department 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 are free to report any locations not named at the bottom of this form.

Location of Combat Zone	Details and Time Period	Check if Served
World War II (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	
Korea	From 6/27/1950 to 7/27/1954	
Vietnam	From 2/28/1961 to 5/7/1975	
Lebanon	From 8/25/1982 to 2/26/1984	
Grenada	From 10/23/1983 to 11/21/1983	
Panama	From 12/20/1989 to 1/31/1990	
Persian Gulf	Beginning 8/2/1990, ongoing	
Somalia	Beginning 9/17/1992, ongoing	
Bosnia	From 11/21/1995 to 11/1/2007	
Yugoslavia (now Bosnia-Herzegovina) & Croatia	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	
Kosovo	Beginning 3/24/1999, ongoing	
	Operations Joint Endeavor, Joint Guard, or Joint Forge, either in its waters or airspace, beginning 3/24/1999, ongoing	
Afghanistan (or name below)	Operation Enduring Freedom, spanning multiple countries, beginning 10/7/2001, ongoing	
Iraq	Operation Iraqi Freedom, from 3/19/2003 to 2/17/2010	
	Operation New Dawn, beginning 02/17/2010, ongoing	
Global War on Terrorism (name below)	Military expeditions to combat terrorism, beginning 9/11/2001, ongoing	
Name other locations here		

 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* 42nd 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. 42nd 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.

Resident Address

Address

Street Number	Pre Directional	Street Name, 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"/>	
Inside City Limits					
<input type="text"/>					

Validate Page Next Clear Save 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"/>			
	City or Town	State	Country	Zip Code					
<input type="text"/>	<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

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



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	Lookup		
<input type="text"/>	<input type="text"/>		
First	Middle	Last	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	Lookup				
<input type="text"/>	<input type="text"/>				
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	State	Country	Zip Code		
<input type="text"/>	<input type="text"/>	United States	<input type="text"/>		

 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.

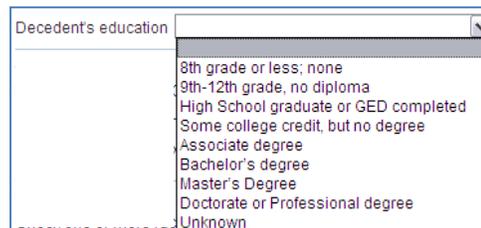
If the decedent was a student or a teacher, enter the level of school, such as high school or college.

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*.



 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.

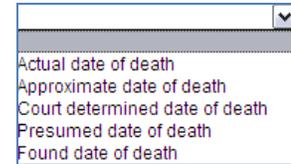
 Hispanics comprise the second largest ethnic minority in this country. Reliable data is needed to identify and assess public health problems of Hispanics and to target efforts to their specific needs. This Information will permit the production of mortality data for the Hispanic community.

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.

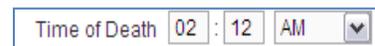
Date of Death Modifier

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.



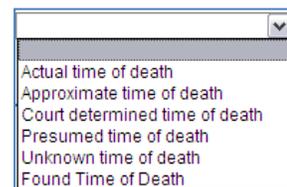
A Funeral Director may enter the time of death in the report. Please confirm the time of death before certifying a record. Only the person that certified the medical portion of the death record will be allowed to amend the time and date of death. If you do not know the time of death, you may need to 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
PART I Line a <input type="text" value="Renal failure"/>  Immediate Cause (Final disease or condition resulting in death)	<input type="text" value="1 week"/>
Line b <input type="text" value="kidney disease"/>  Due to or as a consequence of	<input type="text" value="2 months"/>
 Line c <input type="text"/>  Due to or as a consequence of	<input type="text"/>
 Line d <input type="text"/>  Due to or as a consequence of	<input type="text"/>
PART II  Other significant conditions <input type="text"/> 	

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. 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' Registration website, at

<https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/REGISTERVITALRECORDS/Documents/Death/cdbasic.pdf>.

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? ME Case Number

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

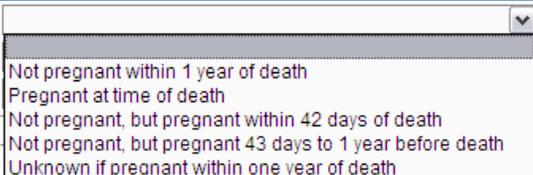
completed, choose **No** (not available). If no autopsy was performed, the field will be disabled. Do not choose **Unknown**.

 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.

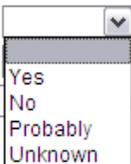
If Female age 10-65, specify pregnancy status



 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?

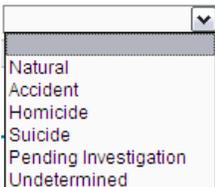
Choose the appropriate option from the dropdown list to answer the question.



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.



 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 :

MMM-dd-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

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

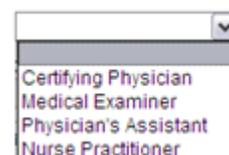
The **Certifier** page shown below is used to gather information about the person who is legally responsible for providing the decedent’s cause of death. If the current user is a Medical Certifier, or if the case was referred for medical certification, the **Certifier** fields

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 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 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.

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

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.

Red=Hard Edit: Pages containing non-overridable errors are marked by a red X. These errors must be corrected. After the error corrected and you re-validate the page, the X will turn green.

Yellow=Soft Edit: 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.

Green=No Edit: Pages containing no errors are marked by green arrows. 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.
<input type="text" value="2745"/>	<input type="text" value="NW"/>	<input type="text" value="Sorenson"/>	<input type="text" value="Ridge"/>	<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"/>	<input type="text" value="United States"/>	<input type="text" value="97245"/>

Inside City Limits

Validation Results

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.

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

Spouse's Name

First	Middle	Last (maiden name prior to first marriage)	Suffix
<input type="text" value="Gregory"/>	<input type="text" value="Aaron"/>	<input type="text" value="Swanson"/>	<input type="text"/>

Father's Name

First	Middle	Last	Suffix
<input type="text" value="Thomas"/>	<input type="text" value="Charles"/>	<input type="text" value="Erickson"/>	<input type="text"/>

Mother's Maiden Name Prior to First Marriage

First	Middle	Last	Suffix
<input type="text" value="Erin"/>	<input type="text" value="Margaret"/>	<input type="text" value="Erickson"/>	<input type="text"/>

Validation Results

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.

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 arrow 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"/>		

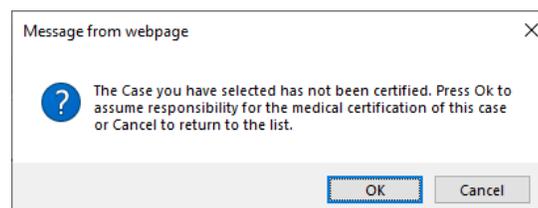
After clicking the **Search** button, a **Results** page will appear as shown below. Open the desired report by clicking on the **Decedent's Name**.

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	Preview

Total Records : 1

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

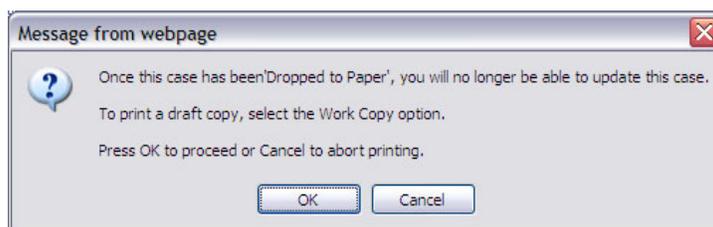
The **Drop to Paper** link is used to print a paper death report when a case is started in OVERS but will be completed on paper by the medical certifier.

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](#)

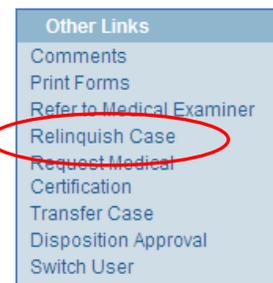
The **File Download** box will appear. Click **Open**.

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

12345 10-104-102					
OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH					
1. Legal Name		Middle		Suffix	
Ted		Test		Test	
2. Sex		3. Age		4. County of Death	
Male		60 years		Cooks	
5. Birthdate		6. Decedent's Education		7. Date of Death	
February 15, 1960		Bachelor's degree		July 20, 2020	
8. Decedent's Race		9. Decedent's Religion		10. Was Decedent Ever in U.S. Armed Forces?	
White		None		No	
11. Residence - Number and Street		12. City/Town		13. Was Decedent Ever in U.S. Armed Forces?	
123 Main Street		Sandy		No	
14. Residence County		15. State or Foreign Country		16. Zip Code - 4	
Clackamas		Oregon		97055	
17. Name (Date of First Marriage)		18. Spouse's Name Prior to First Marriage		19. Was Decedent Ever in U.S. Armed Forces?	
Never married		Never married		Yes	
20. Usual Residence		21. Kind of Burial/Interment		22. Mother's Name (Full to First Marriage)	
Clackamas		Cremation		Doris Doe	
23. Father's Name		24. Mother's Name (Full to First Marriage)		25. Telephone Number	
Tom Test		Doris Doe		Not Available	
26. Relationship to Decedent		27. Relationship to Decedent		28. Mailing Address	
Nephew		Nephew		123 Main Street, Sandy, OR 97055	
29. Place of Death		30. Facility Name		31. Zip Code - 4	
Hospital - Inpatient		Ray Army Hospital		97420	
32. Location of Death		33. City/Town or Location of Death		34. Zip Code - 4	
1775 Thompson Road		Cooks Bay		97420	
35. Method of Disposition		36. Place of Disposition		37. Location	
Cremation		Tulip Cremation Inc.		Portland, Oregon	
38. Name and Complete Address of Public Facility		39. Date of Disposition		40. Date Received	
Tulip Cremation Inc.		920 SW 10th Avenue, 10C134, Portland, Oregon 97204		July 27, 2020	
41. Registrar's Signature		42. Date Received		43. Local File Number	
[Signature]		New		PS-0555	
44. Amendment		45. Date Received		46. Local File Number	
No		No		PS-0555	
47. Cause of Death - Immediate Cause		48. Cause of Death - Underlying Cause		49. Time of Death	
Pulmonary Embolism		Acute Hepatic Failure		11:03 AM	
50. Due to (or as a consequence of)		51. Due to (or as a consequence of)		52. Approximate Interval - Onset to Death	
Deep Vein Thrombosis of the left thigh		Moderately Differentiated Hepatocellular Carcinoma		2 Hours	
53. Other associated conditions contributing to death but not resulting in the underlying cause given above		54. Other associated conditions contributing to death but not resulting in the underlying cause given above		3 Weeks	
55. Manner of Death		56. If Female		57. Date of Injury	
Natural		Not Applicable		No	
58. Date of Injury		59. Place of Injury		60. Injury at Work?	
No		No		No	
61. Location of Injury		62. Describe how injury occurred		63. If transportation injury, specify:	
No		No		No	
64. Name and Address of Certifier		65. Name and Title of Attending Physician/Other than Certifier		66. Sex of Certifier	
Medical Test Certifier		Not Available		M.D.	
3181 SW Sam Jackson Park Road, Portland, Oregon 97239		Not Available		MD172956	
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.		68. Signature of Certifier		69. Date Signed	
[Signature]		[Signature]		MD172956	
70. Amendment		71. Date Received		72. Local File Number	
No		No		PS-0555	

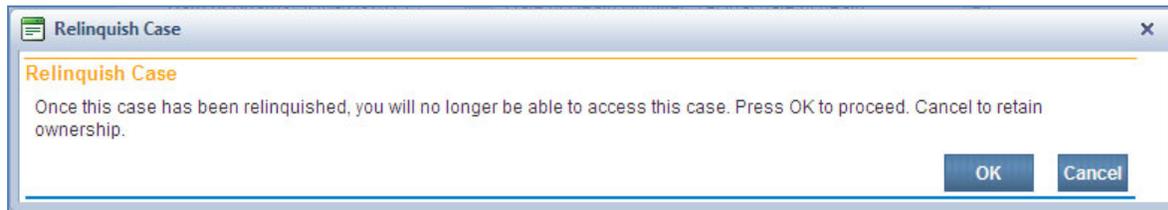
Relinquish a Case

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

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.



 A form titled "Transfer Case" with a yellow header. It contains two sections:

- Transfer Personal Ownership To: [input field] [search icon] [upload icon]
- Transfer Medical Ownership To: State Medical Examiner Office [search icon] [upload icon]

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.

 The "Transfer Case" form with the following details:

- Transfer Personal Ownership To: Buell Funeral Chapel [search icon] [upload icon]
- Transfer Medical Ownership To: State Medical Examiner Office [search icon] [upload icon]
- 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
- Buttons: [Clear] [Save] (circled in red) [Return]

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.



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



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**.



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

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 Amendment Date 
MMM-dd-yyyy

Year Amendment Number

Order Number Description

Amendment Status

Page to Amend

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

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 Amendment Date 
MMM-dd-yyyy

Year Amendment Number

Order Number Description

Amendment Status

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

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 2020024078 -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

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 arrow)
Personal Invalid	The legal death report data has one or more errors or omissions that require a correction. (Hard edits/red arrow)
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 arrow)
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.

A

Appendices

Appendix A – Quick Reference Guide for Medical Examiners

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

https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/REGISTER/VITALRECORDS/OVERS/Documents/ME_qckst_guide.pdf

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

1. Getting Started

- a. Login at: <https://or-vitalevents.hr.state.or.us/overs>
- b. 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.
- c. Or, search for a case by clicking **Life Events > Death > Locate Case**, enter the decedent name and click Search.

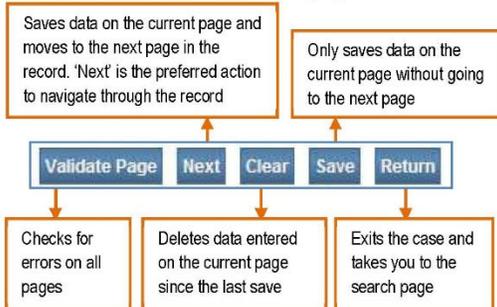
2. Entering Death Certificate Data

- a. 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.
- b. Click on **Pronouncement** to begin the **Medical Certification** section.



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

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



Making Corrections or Amendments

Before the report is registered:

- a. 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:

- a. 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**.
- b. In the **Amendments Menu**, click on **Amendment Affirmation**.
- c. Read and click the check box to certify the changes.
- d. Click **Affirm**.
- e. The amendment must be approved by the vital records office before the new information will appear on the death certificate.



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.