Electronic Death Registry System (EDRS)

by Jason A. Lewis
WORK QUEUES

- Select “Work Queues” at the top left of the screen.
- Select “Get Work Queues” after selecting “Work Queues”.
- The work queue box will appear.
- Select “Personal Medical in Progress” - This is each physician’s personal work queue for records assigned to only him or her.
- There is also “Location Medical in Progress” not shown in this menu. This is all the records for a location a physician is affiliated with.
Results

- Select the individual record you wish to certify.
<table>
<thead>
<tr>
<th>State File Number</th>
<th>Reg Type</th>
<th>Void Flag</th>
<th>Coroner Burial OK'd</th>
<th>BP Reg Signature</th>
<th>Place of Death County</th>
<th>Event Year</th>
<th>Date of Death</th>
<th>Certifier Type</th>
<th>Name (L. F. M. I. S.U.)</th>
<th>Soundex Code</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Suffix</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Overall Record Status</th>
<th>Record Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Washoe</td>
<td>2015</td>
<td>10/3/2015</td>
<td>Physician</td>
<td>SMITH Sally</td>
<td>S30</td>
<td>Sally</td>
<td></td>
<td>SMITH</td>
<td></td>
<td>S301544444</td>
<td>09/25/1940</td>
<td>Pending</td>
<td>Pending</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Washoe</td>
<td>2015</td>
<td>10/7/2015</td>
<td>Physician</td>
<td>SMITH Mike</td>
<td>S530</td>
<td>Mike</td>
<td></td>
<td>SMITH</td>
<td></td>
<td>5458877777</td>
<td>02/17/1940</td>
<td>Rejected</td>
<td>Pending</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Washoe</td>
<td>2016</td>
<td>2/5/2016</td>
<td>Physician</td>
<td>BLOW Joe</td>
<td>B400</td>
<td>Joe</td>
<td></td>
<td>BLOW</td>
<td></td>
<td>530123456</td>
<td>01/01/1935</td>
<td>Pending</td>
<td>Pending</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Washoe</td>
<td>2016</td>
<td>3/18/2016</td>
<td>Sheriff</td>
<td>DOE John</td>
<td>D000</td>
<td>John</td>
<td></td>
<td>DOE</td>
<td></td>
<td>530123456</td>
<td>03/25/1935</td>
<td>Pending</td>
<td>Signed</td>
</tr>
</tbody>
</table>
After the record is completed and signed, the “Record Status for Medical Info” status should change to “Signed”.

The certifying physician should double check to ensure the decedent’s full name and date of death are correct.
Certifier Tab

- The name in 23a must match the person who is logged in before the record can be signed.
- The “Attending Physician” is left blank, if the name in 23a is the physician in attendance at the time of death.
- The “Attending Physician” must be completed, if the name in 23a is not the physician in attendance at the time of death. This person is either an associate physician or the chief medical officer of the hospital or institution.
- “Military Time of Death” and “Is this Time Approximate” are mandatory fields. The funeral director will usually complete this section, but Nevada law makes it the responsibility of the certifier.
21a. / 22a. Certifier Type: Physician
23a. Name: Lewis, Jason
23b. License Number: 999999
23c. Certificate Associated Facility: Renown Regional Medical Center

Title: DR
Degree: 

Address: 6880 S. McCarren Blvd.
State: NV
City: Reno
Zip Code: 89509

Email Address: jalewis@health.nv.gov

Attending Physician, if other than Certifier
Full Name: 
Title: 

Military Time of Death: 
Is this TIME approximate? 
21c. Time of Death: 
“Pending Investigation” is a required field. This field is completed with a “Y” for yes or a “N” for no.

“Death Due to Communicable Disease” is a required field. This field is completed with a “Y” for yes or a “N” for no.

“Autopsy” is a required field. This field is completed with a “Y” for yes or a “N” for no.

“Did Tobacco Use Contribute to Death” is a required field. This field is completed with a “Y” for yes, a “N” for no or a “U” for unknown.

“If female” located below “Autopsy” and “Did Tobacco Use Contribute to Death” is a required field. This field will open up if the decedent is a female.
CAUSE OF DEATH

- The “Immediate Cause” is a required field.
- The “Due to or as a Consequence of” may be required depending on the immediate cause.
- The “Approx. Interval - Onset of Death” is not required, but it is preferred.
- The CDC list indicates when additional information about etiology is required. If the cause of death is on the list, then more etiology is required.
- Unknown or Unspecified Etiology is accepted as another cause of death.
- Abbreviations are not accepted.
- All capitalization of words is not accepted.
- A cause of death that indicates trauma must be signed off by a coroner.
- Any fracture as a cause of death should be reviewed by the coroner’s office.
- Origination of cancer should be noted in the cause of death.
Pending investigation: Death due to communicable disease?

Cause of Death (Part 1)
Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death)

Approx. Interval - Onset to Death

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of

Approx. Interval - Onset to Death

c. Due to or as a Consequence of

Approx. Interval - Onset to Death

d. Due to or as a Consequence of

Approx. Interval - Onset to Death

Cause of Death (Part 2)

Other significant conditions contributing to death.

Autopsy? Were Autopsy Findings Used? Did Tobacco Use Contribute to Death?

If Female

Was Coroner Contacted? Coroner Contacted Reason

Y Work the Case
SIGNATURE TAB

- “Medical Info Complete” is a required field. This field is completed with a “Y” for yes. If there is a “R” in this field, the record has been rejected and you can replace it with a “Y”.

- “Complete Date” and “Completed By” is automatically populated when you tab after entering a “Y” in the “Medical Info Complete” field.

- “Physician Signed” is a required field. This field is completed with a “Y” for yes. If there is a “R” in this field, the record has been rejected and you can replace it with a “Y”.

- “Date Signed” is automatically populated when you tab after entering a “Y” in the “Physician Signed” field.
### Burial Permit

- **County Coroner Name**: [Blank]
- **Coroner Signature**: [Blank]
- **Date Coroner Signed**: [Blank]
- **Completed By**: [Blank]
- **County of Death Registrar Name**: [Blank]
- **Registrar Signature**: [Blank]
- **Registrar Approval Date**: [Blank]
- **Completed by**: [Blank]
- **Burial Permit Number**: [Blank]
- **Permit Print Date**: [Blank]

### Facility

- **Facility Complete? (Y/N/R)**: X
- **Complete Date**: [Blank]
- **Completed by**: [Blank]

### Funeral Home

- **Personal Info Complete (Y/N/R)**: Y
- **Complete Date**: 03/22/2016
- **Completed by**: Lewis, Jason

- **Director Signed?** Date Signed: Y
- **Funeral Director Name**: [Blank]
- **03/22/2016**

### Certifying Physician

- **Medical Info Complete (Y/N/R)**: [Blank]
- **Complete Date**: [Blank]
- **Completed by**: [Blank]

- **Physician Signed?** Date Signed: N

### Coroner

- **Medical Info Complete (Y/N/R)**: [Blank]
- **Complete Date**: [Blank]
- **Completed by**: [Blank]

- **Coroner Signed?** Date Signed: N

### Certifier

- **Name of Certifier**: Jason Lewis
Signature Confirmation

- The following box will appear confirming that you have signed the record. Click “OK”.
- Then click “SAVE” in the top right corner.
<table>
<thead>
<tr>
<th>Name</th>
<th>Coroner Signature</th>
<th>Date Coroner Signed</th>
<th>Completed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Path Registrar Name</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nature</th>
<th>Registrar Approval Date</th>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit Print Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note? (Y/N/R)</th>
<th>Complete Date</th>
<th>Completed by</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Complete (Y/N/R)?</th>
<th>Complete Date</th>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Signed</td>
<td>03/22/2016</td>
<td>Lewis, Jason</td>
</tr>
<tr>
<td>Funeral Director Name</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complete (Y/N/R)?</th>
<th>Complete Date</th>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Signed</td>
<td>03/22/2016</td>
<td>Lewis, Jason</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complete (Y/N/R)?</th>
<th>Complete Date</th>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Signed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You have signed this record and it will be submitted for completion.
MISSING INFORMATION

- The following box will appear if you are missing required information. This notification will appear when a “Y” is entered in medical info complete and there is missing required information.
- Click “OK” and it should return you to the specific field for completion.
- After the information is entered, return to the signature tab and attempt to complete the signature portion again.
MISSING Time of Death. Record cannot be completed until this information is entered.
“DATA ENTRY EXCEPTION” OR QUERY MESSAGE

- The following box will appear as another reminder of a required field prior to attempting to sign the record.

- Please note that if this box appears, the “Re-key” button should be clicked. If you don’t know the information, the “Skip” button may be clicked, but don’t attempt to sign the record. This information must be entered prior to signing the record.

- If you need to leave the record without completing it, click “File” in the top left corner and select “Save Without Edits” to save information inputted into the record.
Pending Investigation

Death due to communicable disease?

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death) Approx. Interval - Onset to Death

List Conditions leading to the cause on line A.

Approx. Interval - Onset to Death

b. Due to or as a consequence of

c. Due to or as a consequence of

d. Due to or as a consequence of

Cause of Death (Part 2)

Other significant conditions contributing to death.

Autopsy? Were Autopsy Findings Used? Did Tobacco Use Contribute to Death?

If Female

Was Coroner Contacted? Coroner Contacted Reason

Y Work the Case
If a field is highlighted in green, this indicates the field was skipped, but it is a required field. The field must be completed prior to signing the record.
Pending Investigation: Death due to communicable disease?
- Y
- N

Cause of Death (Part 1): Enter the chain of events that directly caused death.
- Immediate Cause (Final disease or condition resulting in Death)
  - Cardiac Arrest

List Conditions leading to the cause on line A.
- Due to or as a Consequence of
  - Seizures

Other significant conditions contributing to death.

Autopsy? / Were Autopsy Findings Used? / Did Tobacco Use Contribute to Death?
- Autopsy?
- Were Autopsy Findings Used?
- Did Tobacco Use Contribute to Death?
- If Female

Was Coroner Contacted? / Coroner Contacted Reason
- Y
  - Work the Case
REJECTIONS

- The State Registrar or Local Registrar (Clark and Washoe County) may reject a record back to the certifier.
- The certifier should receive an email notifying them of the rejection.
- The reject tab in the record should indicate the reason for the rejection.
- In your work queue, there is a work queue for rejections.
<table>
<thead>
<tr>
<th>Rejected?</th>
<th>Rejected By</th>
<th>Rejected Date</th>
<th>Rejected From To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Lewis. Jason</td>
<td>03/22/2016</td>
<td>Registrar to Physician</td>
</tr>
</tbody>
</table>

Short Comments - Additional Available in Notes
The Cause Of Death Requires Additional Etiology

Rejected Reason
Ill-defined Cause of Death