BASIC DEATH REGISTRATION
MEDICAL CERTIFICATION

BASIC DEATH REGISTRATION

REV 04/18

Basic Death Registration Checklist

Funeral Home Part 1 – Starting a Death Record

- ☐ Log into TxEVER and Select the DEATH Tab
- ☐ Start a new record
- ☐ Verify there are no Duplicate Records
- ☐ Complete all Yellow Fields on all Demographic tabs.
- ☐ Print the Verification of Death Facts; have the Informant sign it.
- ☐ Assign the Medical Certifier for the Record.

Medical Certifier – Medical Data Entry

- ☐ Log into TxEVER and Select the DEATH Tab
- ☐ Accept the death record assigned.
- ☐ Complete the Medical Data Entry (Tabs 1 through 3)
- ☐ Medically Certify the Record.

Funeral Home Part 2 – Demographic Verification and Release

- ☐ Log back into TxEVER and locate the Record the Medical Certifier Certified
- ☐ Complete the DCOA Order
- ☐ Demographically Verify the Record
- ☐ Release the Record
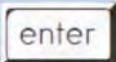
~ State Office Reviews and Accepts the Record ~

Local Registrar – Accepts and Prints the Record

- ☐ Log into TxEVER and Select the DEATH Tab
- ☐ Accept the record
- ☐ Print the Local Copy – the Local file number and Local File Date will be automatically assigned.
- ☐ Index the new record within the Local's Files

Keyboard Shortcuts

Press T or [T]	Enters current date in any date field.
Press T and [↑] or [↓]	Enters the current date and you can populate a day before or after.
Tab or [tab]	Moves forward from one box/field to another box/field.
Shift Tab or [shift] + [tab]	Moves backward from one box/field to another box/field.
Enter or [enter]	Activates the next button on the page.
1st Letter of a Word	Enters selection from pick list of a dropdown list. Scroll through that letter.
Space Bar or [space]	Selects a radio button or check box.
Arrow Keys or [←] or [→]	Moves from one radio button to the next. Right to Left or Left to Right.
Down Arrow or [↓]	Opens a dropdown list.
Escape or [esc]	Closes a dropdown list.
Ctrl + S or [Ctrl] + [S]	Saves the current record.
State Abbreviations	Selects the associated State by typing the first letter.

Diacritical Marks

TxEVER will allow the use of Diacritical Marks. To insert a diacritical mark within a name, Press and Hold the "ALT" key and type the 3 or 4 digit code. Release the "ALT" key and the respective diacritical mark will appear. Example: **ALT+128 = Ç**

ALT Code	Name	ALT Code	Name
128	Ç Diacritical Mark	0200	È Diacritical Mark
142	Ä Diacritical Mark	0205	Í Diacritical Mark
144	É Diacritical Mark	0207	Ï Diacritical Mark
153	Ö Diacritical Mark	0204	Ì Diacritical Mark
154	Ü Diacritical Mark	0211	Ó Diacritical Mark
165	Ñ Diacritical Mark	0210	Ò Diacritical Mark
0193	Á Diacritical Mark	0213	Õ Diacritical Mark
0194	Â Diacritical Mark	0218	Ú Diacritical Mark
0192	À Diacritical Mark	0217	Ù Diacritical Mark
0195	Ã Diacritical Mark	0221	Ý Diacritical Mark
0235	Ë Diacritical Mark		

BASIC DEATH REGISTRATION

MEDICAL CERTIFIER - MEDICAL DATA ENTRY

LOG INTO TxEVER

Log into TxEVER via the web https://txever.dshs.texas.gov/TxEverUI/Welcome.htm

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Health and Human Services | **Texas Department of State Health Services**

TxEVER Terms of Use

WARNING: THIS IS A TEXAS HEALTH AND HUMAN SERVICES INFORMATION RESOURCES SYSTEM THAT CONTAINS STATE AND/OR U.S. GOVERNMENT INFORMATION. BY USING THIS SYSTEM YOU ACKNOWLEDGE AND AGREE THAT YOU HAVE NO RIGHT OF PRIVACY IN CONNECTION WITH YOUR USE OF THE SYSTEM OR YOUR ACCESS TO THE INFORMATION CONTAINED WITHIN IT. BY ACCESSING AND USING THIS SYSTEM YOU ARE CONSENTING TO THE MONITORING OF YOUR USE OF THE SYSTEM, AND TO SECURITY ASSESSMENT AND AUDITING ACTIVITIES THAT MAY BE USED FOR LAW ENFORCEMENT OR OTHER LEGALLY PERMISSIBLE PURPOSES. ANY UNAUTHORIZED USE OR ACCESS, OR ANY UNAUTHORIZED ATTEMPTS TO USE OR ACCESS, THIS SYSTEM MAY SUBJECT YOU TO DISCIPLINARY ACTION, SANCTIONS, CIVIL PENALTIES, OR CRIMINAL PROSECUTION TO THE EXTENT PERMITTED UNDER APPLICABLE LAW.

Are you in agreement with above stated terms & conditions?

Yes   No

Step 2: Click Yes to agree to the terms and conditions and gain access to TxEVER.

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GENESIS

Login

User Name: komieatty1

Password: ••••••••

Forgot Password?   Log In

Step 3: Type your TxEVER user name and password.

Forgot your password?

Click here to reset password.

Step 4: Click "Log In".

Location

Find important news and updates in the TxEVER broadcast message area.

Message By: VFARINELLI On 3/13/2018 10:53:11 AM

This message should be seen by ALL users

Select Location:

BEAUTIFUL BEGINNINGS - (BIRTH)

OK

Step 5: Select your user location. Use dropdown if you have multiple locations/offices.

Step 6: Click "OK."

Current Date: 13-Mar-2018 | Build Number: 1.0.0.0

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Step 7: Select Death Module Tab to start the Medical part of Death Registration.

Helpful Tip: Click "Show Dashboard" for a list of different reports regarding records

Helpful Tip: Click on Dashboard Filters to see a dropdown of record options like "Records not filed within 10 days of Death", "Records Returned for Correction from State", and "All Unresolved".

The TxEVER Dashboard is a tool that helps track, analyze, and displays information regarding registration. The Dashboard is the most efficient way to track multiple record statuses.

Step 8: Click the dropdown arrow next to "FUNCTION" to be taken to the Medical Data Entry

Step 9: Select "Medical Data Entry" to locate a death record, search, save, or reject a record from your work queue.

Skip to main content   GLOBAL   DEATH   FETAL DEATH   🏠 | LogOut

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FUNCTION ▾   TOOLS ▾   HELP ▾

Medical Data Entry
Medical Amendment
Switch Location
Exit Application

MAJOR MAJOR , welcome to the Texas Department of State Hea...

Show Dashboard

Current Date: 27-Apr-2018 | Build Number: 1.0.0.0   ©2017 | Genesis Systems, Inc.   GENESIS

Skip to main content   GLOBAL   DEATH   FETAL DEATH

TEXAS Health and Human Services | Texas Department of State Health Services

FUNCTIONS ▾   RECORD ▾   TOOLS   HELP ▾

EDR:

Filing Deadline: Day(s)

Unresolved Work Queue Filter: --Select a value--

MEDICAL DATA ENTRY

Unresolved Work Queue: --Select a value--   0

Help tips

Search for a Record

Start NEW Record

Save Current Record

CANCEL current changes since last save

Navigation buttons for switching between records in queue

Navigation buttons for switching between registration tabs

State File Number: Birth State File Number: Record Type: --Select a value--

Demographic 1
Demographic 2
Demographic 3
Demographic 4
Demographic 5

DECEDENT'S LEGAL

Generational ID: --Select a value--

DATE OF DEATH

Date of Death Type: *   --Select a value--   Date of Death: * __/__/____

ACTIVITY:
Field Name:
Field Status:
Action:
Default Mode

TIME OF DEATH

Time Of Death Type: --Select a value--   Time Of Death: __:__   Time Of Death Indicator: --Select a value--

DECEDENT'S SEX

Sex: *   --Select a value--
Maiden Last Name:

DECEDENT'S DATE OF BIRTH

Date Of Birth: __/__/____
Age Units: --Select a value--
Age:

DECEDENT'S BIRTHPLACE

State/Country: (Please click checkbox to filter countries only) --Select a value--
County Of Birth: --Select a value--
City Of Birth: --Select a value--

DECEDENT'S SSN

SSN: ___-__-____
Social Security Missing Value Variable: --Select a value--
SSN Verification Status:

Skip to main content   **GLOBAL**   **DEATH**   **FETAL DEATH**   📍 | 👤 | 🏠 | LogOut

Step 10: Click the drop down arrow to expand the list of available queues. Select "All Unresolved"

FUNCTIONS ▾   RECORD ▾   TOOLS   HELP ▾

EDR: Filing Deadline: Unresolved Work Queue Filter: **MEDICAL DATA ENTRY**   Unresolved Work Queue:
                    Day(s)   --Select a value--   ▾   --Select a value--   ▾   🔄 1

                                  All Unresolved   PERSON, ANY, 2018/04/27
ℹ️ Help tips   Awaiting Medical Certification
                                  Medical Amendments
                                  Medical Data Entry Incomplete
                                  Pending Cause of Death   **GENERAL INFORMATION**
                                  Records filed with Registrar
        Unresolved List /   Rejected   Birth State File Number
        StakeHolders   Sent to Medical Examiner/Coroner
                                  Submitted to Funeral Establishment
        Demographic 1   **Step 11: Click the drop down arrow to expand the list of available records assigned in the selected queue. Select the record to complete the Medical Tabs.**

        Demographic 2
        Demographic 3   Prefix:
        Demographic 4   --Select a value--   ▾
                                  Middle Name: Last Name:
        Demographic 5

        Medical 1   Generational ID:
                                  --Select a value--   ▾
        Medical 2
        Medical 3   **DATE OF DEATH**

        Comments   Date of Death Type: *   Date of Death: *
                                  --Select a value--   ▾   __/__/____

        ACTIVITY: **TIME OF DEATH**
        Field Name:
        Field Status: Time Of Death Type: Time Of Death: Time Of Death Indicator:
        Action: --Select a value--   ▾   __:__   --Select a value--   ▾
        Default Mode
                                       DECEDENT'S SEX   **DECEDENT'S DATE OF BIRTH**

                                  Sex: *   --Select a value--   ▾   Date Of Birth: __/__/____
                                  Maiden Last Name: Age Units: --Select a value--   ▾
                                                                                 Age:

                                       DECEDENT'S BIRTHPLACE   **DECEDENT'S SSN**

📌 Helpful Tips   The Unresolved Work Queue will update showing how many records are in the queue after selecting which queue you would like to view on step 4.

GLOBAL   DEATH   FETAL DEATH   ♀ | 👤 | 🏠 | LogOut

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Health Services

FUNCTIONS ▾   RECORD ▾   TOOLS   HELP ▾

XEVER

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EDR: Filing Deadline: Unresolved Work Queue Filter: **MEDICAL DATA ENTRY**   Unresolved Work Queue:
[   ]   [   ] Day(s)   [All Unresolved   ▾]   [PERSON, ANY, 2018/04/27   ▾] 🔄 1

ℹ️ Help tips

Unresolved List /
Stakeholders   GENERAL INFORMATION

Demographic 1   State File Number: Birth State File Number: Record Type: *
                                                                                             --Select a value--   ▾
Demographic 2

Demographic 3   Prefix: **Death Registration**
                       --Select
Demographic 4   Middle N   You have been designated on this record for Medical Certification. Click "Accept" to
                                               complete certification or you can "Reject" this record.
Demographic 5

Medical 1   Generati   [Accept]   [Reject]

Medical 2   DATE OF DEATH

Medical 3   Date of Death Type: *   Date of

Comme

Field Name: Step 12: Click "Accept" to start   If you are not the Medical Certifier
Field Status: adding the Medical Data for the   for this record, Click Reject. The
Action: selected Record.   Funeral Home will be notified to
Default Mus   designate the correct Medical
                                                                                           Certifier.

                     Maiden Last Name: Age Units: --Select a value--   ▾
                                                                                           Age:

                                  DECEDENT'S BIRTHPLACE   DECEDENT'S SSN

                     State/Country: (Please click   --Select a value--   ▾   SSN: ___-__-____
                     checkbox to filter countries
                     only)   Social Security Missing Value   --Select a value--   ▾
                                                                                           Variable:
                     County Of Birth: --Select a value--   ▾
                                                                                           SSN Verification Status:
                     City Of Birth: --Select a value--   ▾

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GLOBAL **DEATH** **FETAL DEATH**

📍 | 👤 | 🏠 | LogOut

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FUNCTIONS ▾   **RECORD ▾**   **TOOLS**   **HELP ▾**

Yellow Fields still need to be addressed. If it has a Red Asterisk (*), then it is mandatory. If not, select it and tab out to show it was reviewed.

EDR: 000000000182

Filing Deadline: 10 Day(s)

Unresolved Work Queue: --Select a value--

DATA ENTRY

Unresolved Work Queue: PERSON, ANY, 2018/04/27

ℹ️ Please select Decedent's Presumed Prefix

Unresolved List / StakeHolders

...ographic 1
...ographic 2
...ographic 3
✔ Demographic 4
✔ Demographic 5

Medical 1

Medical 2
Medical 3
Comments

ACTIVITY:
Decedent's Presumed Prefix: --Select a value--
Field Status: Unresolved

Step 13: Click "Medical 1" Tab

Mandatory fields on the Medical Tabs will ask you if you want to complete them later if you click or tab into the field and then tab out without completing.

DECEDENT'S PRESUMED NAME

Prefix: --Select a value--
First Name: ANY
Middle Name: DEAD
Last Name: PERSON
Suffix: --Select a value--
Sex: UNKNOWN
Medical Record Number:
ME Case Number:

Some Fields, though not mandatory, want to verify you intended to leave blank or gives you the option to complete later.

CERTIFIER

Certifier Type: PRONOUNCING AND CERTIFYING PHYSIC
Certifier Name: MAJOR MAJOR
Certifier Office Name: AUSTIN REGIONAL CLINIC-AUSTIN
Street Address: 300 WEST 49TH STREET
State/Country: TEXAS
County: TRAVIS
City/Town: AUSTIN
Zip: 78751
Zip Ext:
Date Certifier Signed: __/__/____
Certifier License: J4545

DATE AND TIME OF DEATH

Date Of Death : 04/27/2018
Time Of Death Type: --Select a value--
Time Of Death: __:__
Time Of Death Indicator: --Select a value--

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Step 14: Complete all Yellow Fields. Once all fields have been filled in or addressed, a Green Check Mark (✓) will appear next to the tab showing the tab as completed.

EDR: 000000000182

Filing Deadline: 10 Day(s)

Unresolved Work Queue Filter: --Select a v

MEDICAL DATA ENTRY

Unresolved Work Queue: 8/04/27

Please enter Enter the chain of events –

Unresolved List / StakeHolders

✓ Demographic 1
✓ Demographic 2
✓ Demographic 3
✓ Demographic 4
✓ Demographic 5
✓ Medical 1
✓ Medical 2
✓ Medical 3
Comments

ACTIVITY:
Enter the chain of events - that caused the death:
Primary Immediate Cause of death

Field Status:
Resolved

Action:
Updating Record

CAUSE OF DEATH - PART I

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. Enter only one cause on a line:

IMMEDIATE CAUSE (Final disease or condition resulting in death.)

a. PRIMARY IMMEDIATE CAUSE OF DEATH — MINUTES

DUE TO (or as a consequence of.)

b. SUPPORTING CAUSE OF DEATH — DAYS

DUE TO (or as a consequence of.)

c. ADDITIONAL CONTRIBUTING CAUSES OF DEATH — MONTHS

DUE TO (or as a consequence of.)

d. IF YOU NEED ADDITIONAL CAUSES OF DEATH, FILE A MEDICAL AMENDMENT — YEARS

Approximate Interval: Onset to Death

CAUSE OF DEATH - PART II

Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I:

LIST ANY SIGNIFICANT ADDITIONAL REASONS LEADING TO THE DEATH

AUTOPSY INFORMATION

Was an Autopsy Performed: NO

Were Autopsy Findings Ava --Select a value--

MANNER OF DEATH

Manner Of Death: NATURAL

CONTRIBUTE TO DEATH NO

IF FEM Pregnant: NOT APPLICABL

It is recommended to Save often to avoid losing data.

Step 15: Click "Next" to advance through the Medical Tabs. The Green Arrows (⬅ ➡) on the icon bar can also be used to navigate between tabs.

Previous   Save   Next

Friday, April 27, 2018

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GLOBAL **DEATH** **FETAL DEATH**   📍 | 👤 | 🏠 | LogOut

![TEXAS Health and Human Services logo]

Step 16: Once all Medical tabs are completed, Click the drop down arrow to select Medical Certification.

RECORD ▾   TOOLS   HELP ▾

Search
New
Save
Print   ▸
Cancel
Drop to Paper
Process Medical Amendment
Demographic Designation
Refer to JP/Medical Examiner
Medical Certification
Release
De-Certify
Abandon

MEDICAL DATA ENTRY

EDR: Filing Deadline: Unresolved Work Queue Filter: ne:
000000000182   10 Day(s)   --Select a value--   ▾   /04/27   🔄 1

ℹ️ Please enter Enter the chain of events - that caused the death A

Unresolved List / StakeHolders

✔ Demographic 1
✔ Demographic 2
✔ Demographic 3
✔ Demographic 4
✔ Demographic 5
✔ Medical 1
✔ Medical 2
✔ Medical 3

Comments

ACTIVITY:
Enter the chain of events - that caused the death:
PRIMARY IMMEDIATE CAUSE OF DEATH
Field Status:
Resolved
Action:
Updating Record

ANY INJURY INFORMATION TO REPORT

Any Injury Information To Report: --Select a value--   ▾

TRANSPORTATION INJURY INFORMATION

Was injury related to a transportation accident: Decedent's Role In Tran
--Select a value--   ▾   --Select a value--   ▾
(Specify):

DATE AND TIME OF INJURY

Date of Injury: Injury Time:
__/__/____   __:__
AM/PM:
--Select a value--   ▾

PLACE OF INJURY

Injury at Work: Place of Injury:
--Select a value--   ▾
Street Address: Apt:

State/Country: (Please click checkbox to filter countries only)   County:
--Select a value--   ▾   --Select a value--   ▾
City/Town: City(Other):
--Select a value--   ▾
Zip: Zip Ext:
--SELECT A VALUE--   ▾

DESCRIBE HOW INJURY OCCURED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLES INVOLVED

Describe how injury occurred:

https://txever.dshs.texas.gov/TxEVERUI/Death/GUI/Medical Data Entry/MedicalDataEntry.aspx?FromWhere=DashBoard#   Save   Next

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Texas Department of State
Health Services

FUNCTIONS ▾   RECORD ▾   TOOLS   HELP ▾

EDR:
000000000182

Filing Deadline:
7   Day(s)

Unresolved Work Queue Filter:
All Unresolved

MEDICAL DATA ENTRY

Unresolved Work Queue:
PERSON, ANY, 2018/04/27

Help tips

Medical Certification

DECEDENT'S INFORMATION	
First Name:	ANY
Middle Name:	DECEASED
Last Name:	PERSON
Generational ID:	

DEATH INFORMATION	
Date of Death:	04/27/2018
Time of Death:	08:30 MILITARY
Place of Death:	SETON NORTHWEST HOSPITAL

Preview   Cancel   Certification

Verify the information is correct.
Preview the record by clicking the
"Preview" button.

ACTIVITY:
Field Name:
Field Status:
Action:
Retrieving Record

MEDICAL ABSTRACT OF DEATH CERTIFICATE

STATE OF TEXAS

STATE FILE NUMBER

ENTER NAME OF DECEASED AND PLACE OF DEATH EXACTLY AS SHOWN ON THE ORIGINAL DEATH CERTIFICATE

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)	DATE OF DEATH (mm-dd-yyyy)
ANY DECEASED PERSON	04/27/2018

PLACE OF DEATH (CITY OR TOWN AND COUNTY)   IS THE DATE OF DEATH BEING CORRECTED? ☐ Yes ☐ No

SETON NORTHWEST HOSPITAL, AUSTIN, TRAVIS

26. CERTIFIER (Check only one)
☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occured at the time,date and place, and due to the cause(s) and manner stated.

27. SIGNATURE OF CERTIFIER:	28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH(Actual or presumed)
MAJOR MAJOR , BY ELECTRONIC SIGNATURE		J4545	08:30 AM

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City,State,Zip Code)   32. TITLE OF CERTIFIER

MAJOR MAJOR , 200 WEST 49TH STREET, AUSTIN, TX 78705   MD

33. PART 1. 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. ENTER ONLY ONE CAUSE ON A EACH

Approximate interval Onset to death

IMMEDIATE CAUSE (Final disease or condition ------> resulting in death)
    a. PRIMARY IMMEDIATE CAUSE OF DEATH   MINUTES
    Due to (or as a consequence of):

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
    b. SUPPORTING CAUSE OF DEATH   DAYS
    Due to (or as a consequence of):

    c. ADDITIONAL CONTRIBUTING CAUSES OF DEATH   MONTHS
    Due to (or as a consequence of):

    d. IF YOU NEED ADDITIONAL CAUSES OF DEATH, FILE A MEDICAL AMENDMENT   YEARS

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.

LIST ANY SIGNIFICANT ADDITIONAL REASONS LEADING TO THE DEATH

34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

36. MANNER OF DEATH	37. DID TOBACCO USE TO DEATH?	38. IF FEMALE:	39. IF TRANSPORTATION INJURY, SPECIFY:
☒ Natural	☐ Yes	☐ Not pregnant within past year	☐ Driver/Operator
☐ Accident	☒ No	☐ Pregnant at time of death	☐ Passenger
☐ Suicide	☐ Probably	☐ Not pregnant, but pregnant within 42 days of death	☐ Pedestrian
☐ Homicide	☐ Unknown	☐ Not pregnant, but pregnant 43 days to one year before death	☐ Other (Specify)
☐ Pending Investigation		☒ Unknown if pregnant within the past year	
☐ Could not be determined			

40a. DATE OF INJURY(mm-dd-yyyy)   40b. TIME OF INJURY   40c. INJURY AT WORK? ☐ Yes ☐ No   40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)

40e. LOCATION (Street and Number, City,State,Zip Code)   40f. COUNTY OF INJURY

41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR (MM-DD-YYYY)	42c. REGISTRAR
		FINAL DESTINATION FUNERAL HOME - AUSTIN, ELECTRONICALLY FILED

EDR 000000000182

(Left margin vertical text) WARNING The penalty for knowingly giving a false statement in this form can be 2-10 years in prison and a fine up to $10,000 (Health and Safety Code, Sec. 195, 1989) CAUSE OF DEATH

(Left margin vertical text) VS-174 REV 1/2006

(Side annotation box)

Review the information and ensure nothing was missed. This includes the Date of death, Time of Death, and Cause of death.

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Medical Certification

DECEDENT'S INFORMATION

First Name:	ANY
Middle Name:	DECEASED
Last Name:	PERSON
Generational ID:	

DEATH INFORMATION

Date of Death:	04/27/2018
Time of Death:	08:30 MILITARY
Place of Death:	SETON NORTHWEST HOSPITAL

Preview Cancel Certification

PLEASE ENTER PIN

☐ To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Certifier Pin: [   ]

Ok Cancel

Step 17: After Previewing the record, Click "Certification" to expand the section.

Step 18: Click the box to verify you have reviewed the data and you agree with the statement. Enter your PIN then click "OK"

What if I forgot my Pin?

Contact your local TxEVER administrator or the TxEVER Helpdesk to have your Pin Emailed to you.

Medical Certification

DECEDENT'S INFORMATION

First Name:	ANY
Middle Name:	DECEASED
Last Name:	PERSON
Generational ID:	

Date of Death:	
Time of Death:	
Place of Death:	

Death Registration ✕

Are you sure you are ready to certify the record?
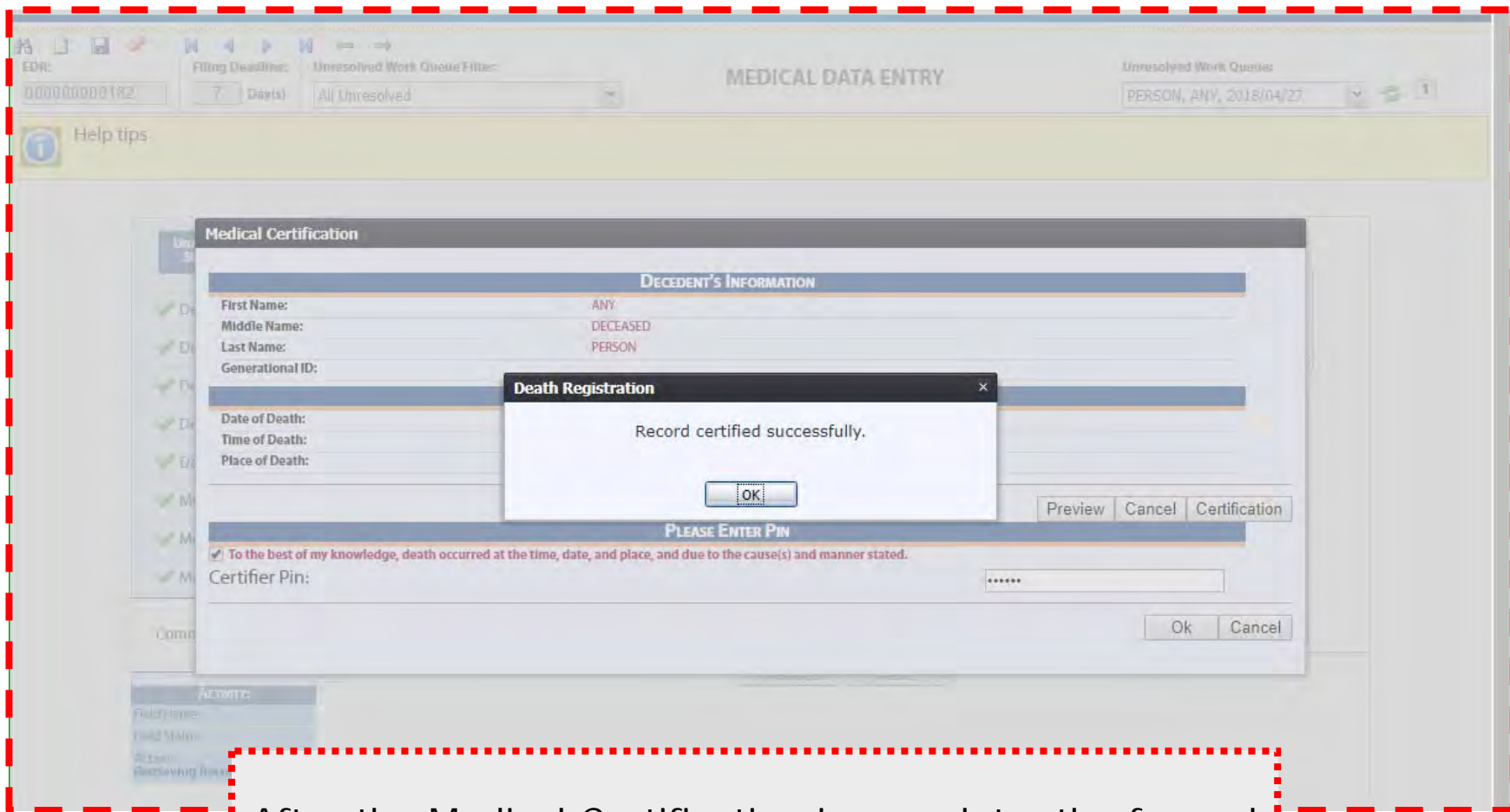
Yes   No

Preview Cancel Certification

PLEASE ENTER PIN

To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Certifier Pin: [••••••]

Ok Cancel

Step 19: Click "OK" to complete the Medical Certification.

After the Medical Certification is complete, the funeral home will receive notification that it is ready to go. The record will stay in your queue until the Funeral Home signs and releases the Demographics.

APPENDIX

Unresolved Work Queue Filters

- **All Unresolved**: Unresolved Work Queue will list all records that are unresolved for any reason.

- **Awaiting Medical Certification**: Unresolved Work Queue will display all records that are waiting for the Medical Certification.

- **Medical Amendment**: Unresolved Work Queue will display all records that that have a medical amendment started and are waiting for completion.

- **Medical Data Entry Incomplete**: Unresolved Work Queue will display all records that are waiting the medical data to be completed.

- **Pending Cause of Death**: Unresolved Work Queue will display all records that have been flagged with a Pending cause of death.

- **Records Filed with Registrar**: Unresolved Work Queue will display all records that are waiting on the Local Registrar to accept and print.

- **Rejected**: Unresolved Work Queue will display all records that were rejected by either the medical certifier, state registrar, or the local registrar.

- **Sent to Medical Examiner**: Unresolved Work Queue will display all records that are waiting for the medical examiner.

- **Submitted to Funeral Establishment**: Unresolved Work Queue will display all records that were started by a medical examiner or justice of the peace and have been assigned to the funeral establishment to complete.