

Hot Topics

IN DEATH REGISTRATION

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AGENDA

- Some death registration basics
- Authorizations
- Amendments
- Marriage status
- Medical certification issues
- Family burials and family cemeteries
- Fetal death registration

Some death registration basics

Electronic registration required

- The person in charge of interment or in charge of removal of a body from a registration district for disposition shall:
 - file the certificate electronically as specified by the state registrar
 - HSC 193.002 (4)
- The person completing the medical certification shall submit the information and attest to its validity using an electronic process approved by the state registrar
 - HSC 193.005 (h)

Electronic registration scenario

What should you do if a physician isn't on TER?
What about a local registrar, a JP, or a funeral home?

Contact your VSU Area Representative first; he or she may be able to help.

If that doesn't work, you may need to contact the Texas Medical Board:
<http://www.tmb.state.tx.us/page/place-a-complaint>

Or the Texas Funeral Service Commission:
<http://www.tfsc.state.tx.us/complaints>

Electronic registration scenario

A record was created by another office (either another funeral home or a medical examiner). How do you access it in TER and add it to your work queue?

Electronic registration scenario



To claim an existing record in TER:

- Select New Record;
- Enter the DATE OF DEATH, GENDER, and SSN or EDR NUMBER;
- Click Find Record; and
- Save the record after it loads.



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A screenshot of the 'Texas Record Data' software interface. The interface is divided into several sections: 'General', 'Decedent', and 'Place Of Death'. The 'General' section contains fields for 'Date Of Death:(MM-DD-YYYY)', 'SSN:', 'Record Type:', 'EDR Number:', 'Medrec:', and 'ME Case Number:'. The 'Decedent' section contains fields for 'First Name:', 'Middle Name:', 'Last Name:', 'Suffix:', 'Date Of Birth:(MM-DD-YYYY)', and 'Gender:'. The 'Place Of Death' section contains fields for 'Type of Place of Death:', 'Enter first character:', and 'Place of Death:'. At the bottom right, there are two buttons: 'Find Record' and 'Cancel'. A black arrow points from the 'Date Of Birth' field in the 'Decedent' section to the 'Gender' field.

Timeliness

- Not later than the 10th day after the date of a death that occurs in this state, a death certificate shall be filed with the local registrar of the registration district in which:
 - the death occurs; or
 - the body is found, if the place of death is not known.

- HSC 193.003 (a)
- To file a record of a death that occurred in this state but was not registered within one year of the date of death, a person shall submit a record of the death to the county probate court in the county in which the death occurred

- HSC 193.007 (b)

Timeliness scenario

Your funeral home has a contract with the county to handle the disposition of decedents who are indigent. What should you do in cases when the disposition information (Item 21—section, block, lot, space) isn't available for more than 10 days after the date of death?

Timeliness scenario

ANSWER:

HSC 193.0041 Disciplinary action prohibited.

A state agency that licenses a person required to file a death certificate under this chapter may not take disciplinary action against the person for failure to timely file the certificate if the person supplies written documentation that the person has made a good faith effort to file the certificate within the time required by Section 193.003 and the failure to timely file the certificate results from circumstances beyond the person's control.

Transgender decedent scenario

You are handling the disposition for a transgender decedent. She was born male but has since undergone surgery and is now legally female. What do you enter as the decedent's sex?

Transgender decedent scenario

What if the family insists that you enter **female on Item 3** and the medical certifier chooses **male on Item 3 & Not Applicable on Item 38**?

The Handbook on Death Registration (per the CDC Handbook on Death Registration) states, “select male or female based on observation. . . . If sex cannot be determined after verification with medical records, inspection of the body, or other sources, select Unknown.”

Defer to the medical certifier’s judgement for this item.

Aliases, also known as AKA's

What is your office practice for entering AKA's?

Do you get pressured by family to use the AKA function inappropriately?

Aliases, also known as AKA's

The alias should be listed [only] if it is substantially different from the decedent's legal name (e.g., Samuel Langhorne Clemens AKA Mark Twain, but not Jonathan Doe AKA John Doe)... AKA does not include

- *Nicknames, unless used for legal purposes on the family's request.*
- *Spelling variations of the first name.*
- *Presence or absence of middle initial.*
- *Presence or absence of punctuation marks or spaces.*
- *Variations in spelling of common elements of the surname, such as 'Mc' and 'Mac' or 'St' and 'Saint'*

-Texas Handbook on Death Registration

Authorizations

Burial-transit permit

If a dead body or fetus is to be removed from this state, transported by common carrier within this state, or cremated, the funeral director, or person acting as such, shall **obtain a burial-transit permit** from the Local Registrar where the death certificate is or will be filed, or from the State Registrar electronically through a Vital Statistics Unit electronic death registration system

- TAC 181.2 (b)

Burial-transit permit

- The registrar shall not issue a burial-transit permit until a certificate of death, *completed in so far as possible*, has been presented

- TAC 181.2(b)

- Each local registrar shall appoint a Deputy Registrar so that a registrar will be available at all times for the registration of births and deaths.

-HSC 191.022(c)

Burial-transit permit

Completed in so far as possible?

A death or fetal death certificate does not have to be completed in all respects prior to the issuance of a Burial-Transit Permit. At the very least, it must have the name of the deceased, date and place of death or delivery, name and address of funeral service first assuming custody of the body, and signature and license number of the funeral director

- Texas Local Registrar Handbook

Apostilles

To ship a body from Texas to Mexico, a **Burial-Transit Permit**, a **certified copy of the Texas Certificate of Death**, and an **Apostille** from the Texas Secretary of State's Office is generally required.

Countries other than Mexico may have different requirements for receiving a body. Check with the consulate office of the country to which you are shipping the body if you have any questions about shipping a body there.

Texas Secretary of State:

<http://www.sos.state.tx.us/authinfo.shtml>

Form #2102 Rev. 01/2015

REQUEST FOR OFFICIAL CERTIFICATE OR APOSTILLE



NOT FOR USE IN PROCEEDINGS RELATING TO THE ADOPTION OF ONE OR MORE CHILDREN

Please submit this request form with the documents, the payment and the return envelope.

Contact Information:

Name: _____
Mailing Address: _____
Street _____
City _____ State _____ Zip Code _____

Phone: _____ Email Address: _____

Required:

Destination of Documents – Write name of Embassy or Country: _____

Number of Documents to be authenticated: _____ X \$15.00 = _____ Total Due

Payment Information:

Check or Money Order payable to Texas Secretary of State

Credit Card/Debit Card-Form 2101 must be included.

Document Return Method:

Self-Addressed Stamped Envelope

Self-Addressed Prepaid US Postal Priority or Express

Self-Addressed Prepaid carrier label. No handwritten airbills accepted. (FedEx, UPS, Lonestar or DHL)

Mailing Address:
Office of the Secretary of State
Authentications Unit
PO Box 13550
Austin, TX 78711-3550

Physical Address:
Office of the Secretary of State
Authentications Unit
1019 Brazos St
Austin, TX 78701

Walk in service is accepted at the physical address Monday – Friday 8:00 am to 4:30 pm.

Form 2102

Cremation requirements

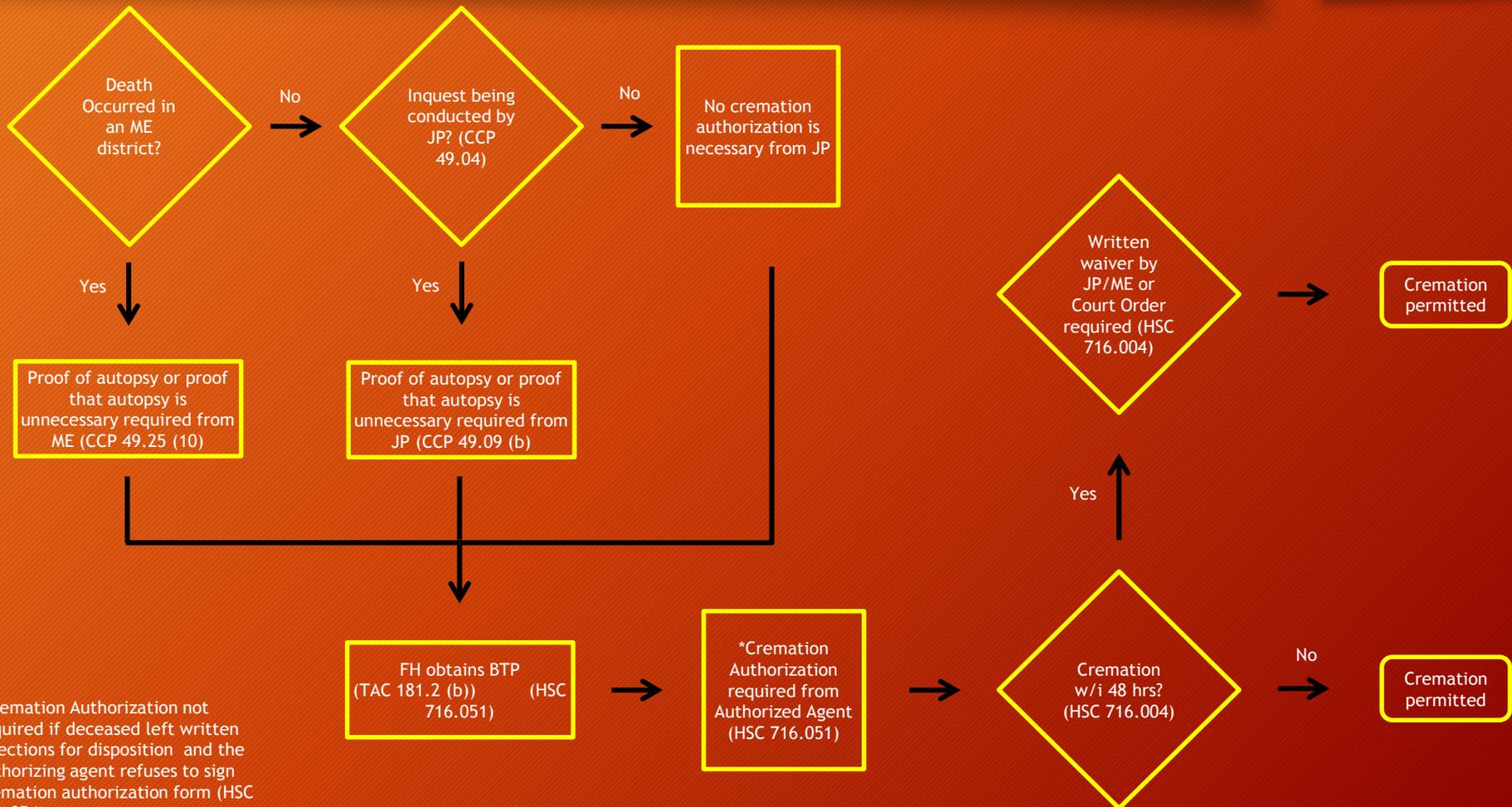
If death occurred in an ME county:

- **Proof of autopsy or proof that autopsy is unnecessary** [CCP 49.25(10)]
- **BTP** [TAC 181.2(b), HSC 716.051]
- **Cremation authorization** from authorized agent [HSC 716.051]
- If cremating within 48 hours of death, a **written waiver by JP/ME** or a **court order** [HSC 716.004]

If death occurred in a non-ME county:

- **Proof of autopsy or proof that autopsy is unnecessary** *provided that* inquest is being conducted by JP [CCP 49.09 (b)]
- **BTP** [TAC 181.2(b), HSC 716.051]
- **Cremation authorization** from authorized agent [HSC 716.051]
- If cremating within 48 hours of death, a **written waiver by JP/ME** or a **court order** [HSC 716.004]

Cremation requirements



*Cremation Authorization not required if deceased left written directions for disposition and the authorizing agent refuses to sign cremation authorization form (HSC 716.054)

Disinternment permit

APPLICATION FOR DISINTERMENT PERMIT

Please print or type

1. Full Name of Deceased: _____
2. Date of Death: _____
month _____ day _____ year _____
3. Place of Death: _____
city _____ county _____ state _____
4. Place of Interment:
 - a. Cemetery _____
 - b. Section _____ Block _____ Lot _____ Space _____ Unknown _____
 - c. City _____ County _____ State _____
5. Place body is to be reinterred:
 - a. Cemetery _____
 - b. Section _____ Block _____ Lot _____ Space _____ Unknown _____
 - c. City _____ County _____ State _____
6. Funeral Director:
 - a. Name _____
 - b. License Number _____
 - c. Name of Funeral Home _____
 - d. Address of Funeral Home _____
 - e. Telephone Number (____) _____ - _____
7. As a basis for this application, I state that I will, in the disinterment of this body, abide by and obey the State Statutes of Texas, local ordinances, and regulations of the cities and counties in which the disinterment and reinterment are to take place. I further state that to my knowledge, there is no legal impediment to the disinterment and I have enclosed the required permission of all parties involved.

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Chapter 195.003, Health and Safety Code)

_____ date _____ signature of Funeral Director

This application, the consent form(s) and the \$25.00 fee must be sent to:
Vital Statistics Unit
Department of State Health Services
P.O. Box 12040
Austin, TX 78711-2040
This fee rate was set by the Texas Board of Health and not by the Texas Legislature.

OFFICIAL USE ONLY:
Date Approved: _____
Date Issued: _____
State File Number: _____ signature of State Registrar

V8-071.7/2006

CEMETERY CONSENT FORM

I (We) hereby give our consent for the disinterment and removal of _____
(Name of Deceased) who is buried in _____
(Plot & Block)

Our records indicate that the plot owner(s) is/are _____

_____ Signature _____ Date _____

_____ Title _____

_____ Name of Cemetery _____

PLOT OWNER CONSENT FORM

I (We) hereby certify that we are the owner(s) of record _____ (Plot)
in _____ either by purchase or inheritance and we hereby
give our permission of the disinterment of _____ who is buried
in that plot.

_____ Signature of Owner _____ Date _____

_____ Address _____

_____ Phone Number _____

NEXT-OF-KIN CONSENT FORM

I hereby certify that I am the _____ of _____
(Relationship) (Name of Deceased)

There are no other living relatives that precede me in the degree of kindred, and I give my
permission for the body to be disinterred and moved to _____
(Name of Cemetery Where Body is to be Reinterred)

_____ Signature _____ Date _____



V8-071.1.7/2006

The disinternment permit issued by VSU serves as authority to disinter, transport (means other than common carrier), and reinter a body within Texas (a BTP is required to remove from state, cremate, or transport via common carrier).

A disinternment permit is not required to disinter and reinter a body in the same cemetery [HSC 711.004(e)(1)].

Amendments

Medical or demographic amendment?

Demographic

Medical

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form is a fine of \$5,000, or a term of imprisonment of 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1999)

CAUSE OF DEATH:

VS-112 REV. 1/2006

STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NUMBER	
1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last)			(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED
3. SEX	4. DATE OF BIRTH	5. AGE-Last Birthday (Years)	IF UNDER 1 YR MO DAYS	IF UNDER 1 DAY HOURS MIN	6. BIRTH-PLACE (City & State or Foreign Country)
7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH Married Widowed Divorced Never Married Unknown		9. SURVIVING SPOUSE (If wife, give name prior to first marriage)		
10a. RESIDENCE STREET ADDRESS			10b. APT NO.	10c. CITY OR TOWN	
10d. COUNTY	10e. STATE	10f. ZIP CODE		10g. INSIDE CITY LIMITS? Yes No	
11. FATHER'S NAME			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE		
13. PLACE OF DEATH (CHECK ONLY ONE)					
IF DEATH OCCURRED IN A HOSPITAL: Inpatient ER/Outpatient DOA		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Hospital Facility Nursing Home Decedent's Home Other (Specify)			
14. COUNTY OF DEATH	15. CITY/TOWN, ZIP (If outside city limits, give precinct no.)		16. FACILITY NAME (If not institution, give street address)		
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
19. METHOD OF DISPOSITION: Burial Cremation Donation Entombment Removal From State Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			23. LOCATION (City/Town, and State)		
24. NAME OF FUNERAL FACILITY			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)		
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/Judge of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (Mo/Day/Yr)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)			32. TITLE OF CERTIFIER		
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 EACH LINE.				Approximate Interval: Onset to death	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____ 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.					
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.				34. WAS AN AUTOPSY PERFORMED? Yes No	
				35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No	
36. MANNER OF DEATH Natural Accident Suicide Homicide Pending Investigation Could not be determined	37. DID TOBACCO CONTRIBUTE TO DEATH? Yes No Probably Unknown	38. IF FEMALE: Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year		39. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Passenger Pedestrian Other (Specify)	
40a. DATE OF INJURY (Mo/Day/Yr)	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	42c. REGISTRAR			

Electronic or Manual medical amendment?

Manual and drop-to-paper death records can't be medically amended electronically. In these cases, the certifier will have to complete a manual medical amendment.

AMENDMENT TO MEDICAL CERTIFICATION OF CERTIFICATE OF DEATH

(b) **STATE OF TEXAS** STATE FILE NUMBER

NAME OF DECEASED		DATE OF DEATH	
ENTER NAME OF DECEASED AND PLACE OF DEATH EXACTLY AS SHOWN ON ORIGINAL DEATH CERTIFICATE			
PLACE OF DEATH (City or Town and County)		IS THE DATE OF DEATH BEING CORRECTED? 1 Yes 2 No	
28. USE 10-1018 (unless any one): 1 Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. 2 Medical Examiner/Judge of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred 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
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)		32. TITLE OF CERTIFIER	
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 EACH LINE. IMMEDIATE CAUSE (Final disease or condition -> resulting in death) a. _____ Due to (or as a consequence of) _____ Sequentially list conditions, if any, leading to the cause listed on the a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. b. _____ Due to (or as a consequence of) _____ c. _____ Due to (or as a consequence of) _____ d. _____			34. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No Approximate interval: Onset to death
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1)			35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? 1 Yes 2 No
36. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 5 Hanging Investigation 6 Could Not Be Determined	37. DID TOBACCO CONTRIBUTE TO DEATH? 1 Yes 2 No 3 Probably 4 Unknown	38. IF FEMALE 1 Not pregnant within past year 2 Pregnant at time of death 3 Not pregnant, but pregnant within 42 days of death 4 Not pregnant, but pregnant 43 days to 1 year before death 5 Unknown if pregnant within the past year	39. IF TRANSPORTATION INJURY, SPECIFY: 1 Driver/Operator 2 Passenger 3 Pedestrian 4 Other (Specify)
40a. ILLICIT LP INJURY (mm/dd/yyyy)	40b. ILLICIT LP INJURY	40c. ILLICIT LP INJURY (e.g., Unoccupied's home, construction site, restaurant, wooded area) 1 Yes 2 No	40d. COUNTY OF INJURY
40e. LOCATION (Street and Number, City, State, Zip Code)			
41. DESCRIBE HOW INJURY OCCURRED			
42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. SIGNATURE OF LOCAL REGISTRAR	

THE SIGNATURE OF THE CERTIFIER MUST BE IN INK AND MUST BE WRITTEN ON THE ORIGINAL COPY OF THIS FORM.
 THIS FORM IS TO BE FILED WITH THE ORIGINAL COPY OF THE DEATH CERTIFICATE.
 U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
 NATIONAL CENTER FOR HEALTH STATISTICS
 VITAL AND HEALTH STATISTICS
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 WASHINGTON, D.C. 20540

Additionally, if an amended date of death would put the date of death *after* the file date, the record will need to be voided and refiled.

Electronic medical amendments

Medical Amendment Creation Process

1. The Medical Certifier or Staff Member searches for and retrieves the record. The record will be locked at this point.
2. The Medical Certifier or Staff Member clicks on the Medical Amendment Icon. 
3. The user will then be prompted with the message, "Are you sure you want to add a Medical Amendment to this record?"
4. The Medical Certifier or Staff Member clicks on the "Yes" button to continue with the medical amendment.
5. The record will then be unlocked so the user can make the desired changes.
6. The Medical Certifier or Staff Member saves the amendment. Once the medical amendment was successfully saved, the user will be prompted with the message, "The medical amendment request was saved successfully."
7. The amendment will then go into the Medical Amendment Review Queue to be reviewed and approved by the Medical Certifier. See Medical Amendment Review Process for step by step instructions on how to complete this process.

Medical Amendment Review Process

1. The Medical Certifier searches for and retrieves the record.
2. The Medical Certifier clicks on the Review Medical Amendments icon. 
3. The Medical Certifier enters their pin.
4. The Medical Certifier reviews the pending medical amendments then selects either the Accept  or Reject  icons. Rejecting the amendments will permanently remove all of the pending amendments for the record.
5. Once the medical amendment is successfully accepted, the user will be prompted with the message, "The medical amendment request was successfully accepted."

Please Note: Changes will not be seen in TEDR and you will not be able print a new medical abstract with the amended information until VSU prints and officially files the medical amendment. This process can take at least 2 Business days after the medical amendment review process is complete.

Marriage status

Some relevant statutes

Sec. 1.101. *EVERY MARRIAGE PRESUMED VALID*. In order to promote the public health and welfare and to provide the necessary records, this code specifies detailed rules to be followed in establishing the marriage relationship. However, in order to provide stability for those entering into the marriage relationship in good faith and to provide for an orderly determination of parentage and security for the children of the relationship, it is the policy of this state to preserve and uphold each marriage against claims of invalidity unless a strong reason exists for holding the marriage void or voidable. Therefore, every marriage entered into in this state is presumed to be valid unless expressly made void by Chapter 6 or unless expressly made voidable by Chapter 6 and annulled as provided by that chapter.

Sec. 1.102. *MOST RECENT MARRIAGE PRESUMED VALID*. When two or more marriages of a person to different spouses are alleged, the most recent marriage is presumed to be valid as against each marriage that precedes the most recent marriage until one who asserts the validity of a prior marriage proves the validity of the prior marriage.

Sec. 2.401. *PROOF OF INFORMAL MARRIAGE*.

(a) In a judicial, administrative, or other proceeding, the marriage of a man and woman may be proved by evidence that:

(1) a declaration of their marriage has been signed as provided by this subchapter; or

(2) the man and woman agreed to be married and after the agreement they lived together in this state as husband and wife and there represented to others that they were married.

(c) A person under 18 years of age may not:

(1) be a party to an informal marriage; or

(2) execute a declaration of informal marriage under Section 2.402.

(d) *A person may not be a party to an informal marriage or execute a declaration of an informal marriage if the person is presently married to a person who is not the other party to the informal marriage or declaration of an informal marriage, as applicable.*

Same-sex marriage

Should be treated just like a traditional marriage.

The screenshot shows a software application window with a menu bar (Functions, Registration, Utilities, Window, Help, All Unresolved) and several tabs (Demographic 1-5, Medical 1-3). The main content area is titled "Spouse's Name Suffix" and contains several form sections:

- 8. Marital Status At Time Of Death:** Marital Status: MARRIED
- 9. Surviving Spouse's Name - If wife, enter maiden last name:** First Name: [yellow], Middle Name: [white], Last Name: [yellow], Suffix: [white]
- 11. Father's Name:** Title Preference: FATHER, First Name: FATHER, Middle Name: [white], Last Name: DOE, Suffix: [white]
- 12. Mother's Name Prior To First Marriage:** Title Preference: MOTHER, First Name: MOTHER, Middle Name: [white], Last Name: DOE, Suffix: [white]
- 10. Decedent's Residence Address:** Street Address: [yellow], Apt #: [yellow], State/Country: [yellow], County: [yellow], City/Town: [yellow], Residence Zip: [yellow], Ext: [yellow], Inside City Limits?: [yellow]

Amending marriage status

The only person who can amend a marriage status on a death record is the informant listed on the record.

Medical certification issues

Is an inquest needed?

Justice of the Peace

Circumstances of death:

1. Prison or jail
2. Unnatural
3. Found, COD unknown
4. Unlawful
5. Suicide
6. Unattended by physician
7. Attended by physician but unable to certify
8. Child <6 & required

- CCP 49.04

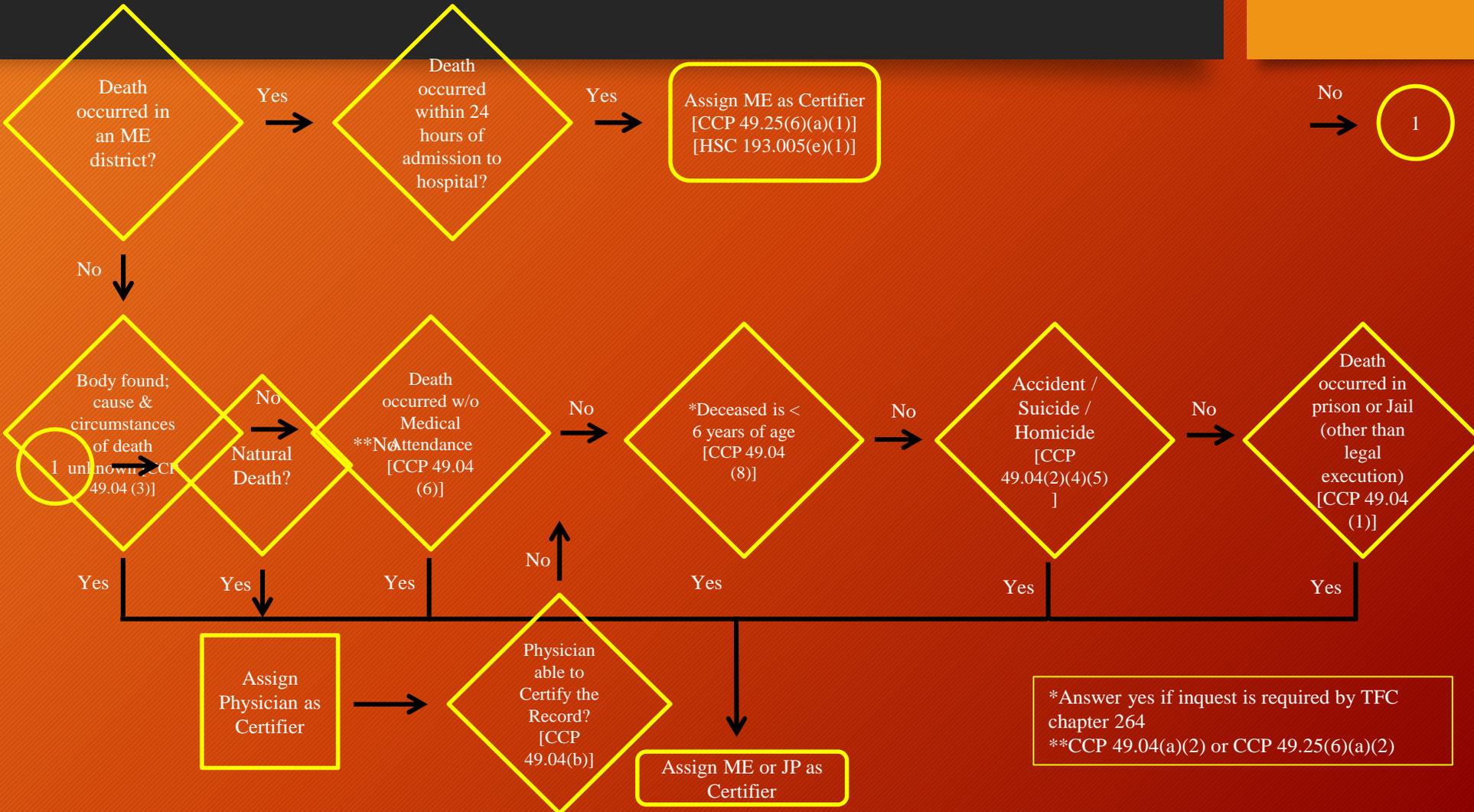
Medical Examiner

Circumstances of death:

1. Within 24 hour of admission to hospital/institution/prison/jail
2. Unnatural or no good witness
3. Found, COD unknown
4. Unlawful
5. Suicide
6. Unattended by physician
7. Child <6 & required
8. Attended by physician but unable to certify

- CCP 49.25

ASSIGNING THE CORRECT CERTIFIER



Scenario

A five-year-old dies of unknown causes in a non-ME county. You assign it to the appropriate justice of the peace and she conducts an inquest. After conducting the inquest, the judge asks you to assign the record to the child's primary care physician.

What do you do?

HSC 193.005(e): A person conducting an inquest required by Chapter 49, Code of Criminal Procedure, shall:

- (1) complete the medical certification not later than five days after receiving the death certificate; and
- (2) state on the medical certification the disease that caused the death or, if the death was from external causes, the means of death and whether the death was probably accidental, suicidal, or homicidal, and any other information required by the state registrar to properly classify the death.

Scenario

An elderly woman on hospice suffers a fall and dies shortly after from complications. No one calls the JP for an inquest, and the funeral home removes the body. Per CCP 49.04(a)(2), the judge is still required to conduct an inquest, but he refuses because he wasn't called to the scene at the time of death.

What should be done?

He may have to subpoena everyone involved in this case. He's still required to conduct the inquest, even without access to the body.

Home burials and family cemeteries

Home burials

- Bodies transported by means other than common carrier
 - Any body transported by means other than a common carrier must be encased in a container which insures against seepage of fluid and the escape of offensive odors, provided, however, that bodies transported by a licensed funeral director in a vehicle used for such purpose need not be so encased
 - If a dead body is to be transported by means other than a common carrier and for a purpose other than preparation or storage, the report of death form shall be enclosed in a strong envelope and attached to the container in which the body is enclosed

- TAC 181.3

Home burials

- No human body may be held in any place or be in transit more than 24 hours after death and pending final disposition unless either maintained at a temperature within the range of 34 degrees - 40 degrees Fahrenheit, or is embalmed by a licensed embalmer in a manner approved by the Texas Funeral Service Commission, or by an embalmer licensed to practice in the state where death occurred or is encased in a container which insures against seepage of fluid and the escape of offensive odors

- TAC 181.4

Family Cemetery

- Check with Local County or City Government officials for any rules or regulations that apply to your property
- Must be located 1-5 miles outside the municipal boundaries based upon population (HSC 711.008)
- Acreage must be surveyed and subdivided into gardens or sections and a map must be made and filed along with a written certificate or declaration of dedication with the County Clerk (HSC 711.034)
- Container of body must be 1.5-2 feet below surface of ground depending on material of container (HSC 714.001) *Not applicable to burials in a sealed surface reinforced concrete burial vault
- Record(s) shall be kept of each interment in a cemetery (HSC 711.003)
- Right of access to cemetery lacking public access (HSC 711.041)

Fetal death

Fetal death

- Death prior to the **complete expulsion or extraction** from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation, the **fetus does not breathe or show any other evidence of life** such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles

- TAC 181.1 (11)

Fetal death

- A certificate of fetal death shall be filed for any fetus weighing 350 grams or more, **or if the weight is unknown**, a fetus aged 20 weeks or more, as calculated from the start date of the last normal menstrual period to the date of delivery

- TAC 181.7 (a)

Cremation of fetal remains

According to the Department of State Health Services Office of General Counsel, a burial transit permit is not needed to cremate the remains of a *non-recordable* fetal death. Those remains would fall under 25 TAC1.135(a)(4)(A)(iii) “approved methods of treatment and disposition” and do not fall under funeral services laws and rules.

Scenario

Your office filed a VS-112 death record for a fetal death event. What needs to be done to correct the error?

Thanks for your time and attention.

Questions?