



Maryland Electronic Death Registration Funeral Director Training Guide

Transcribing the Medical Information

These instructions are for a funeral director who is creating a new death record and transcribing the information that the medical certifier has provided on the triplicate paper death certificate form.

December 2014

Version 1.0

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Getting Started with EDRS

MD-EDRS functions similarly to typical online web applications. To use MD-EDRS, you will need:

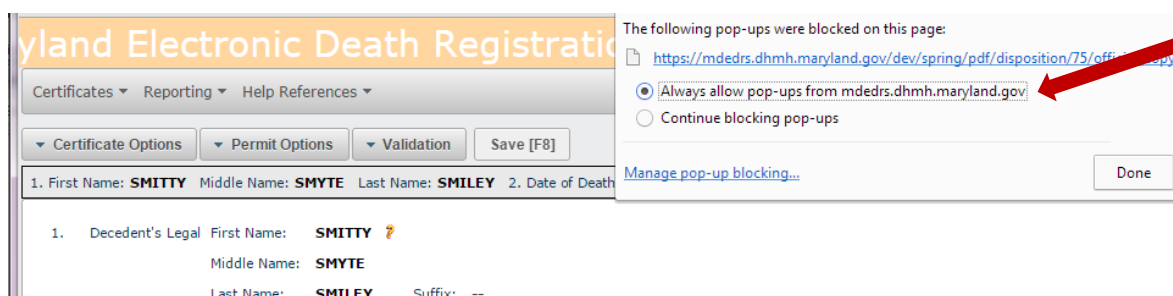
- Internet connectivity
- A web browser
- Adobe reader (which may be downloaded at no charge from <http://www.adobe.com>)
- A laser printer
- A scanner (certain users only).

You will also need to configure your web browser to enable:

- Pop-ups; and
- JavaScript©

The MD-EDRS allows some users to scan and attach documents to the electronic record. Depending on your scanner, you may be able to select the PDF format from the scanner or by selecting "Save As" → "PDF" as the format type. Please refer to your manufacturer's instructions for additional information.

Configuring your website to allow for pop-ups will depend on the web browser that you are using. If you are not able to see or print certificates after following the instructions, you should check whether your web-browser is allowing pop-ups.

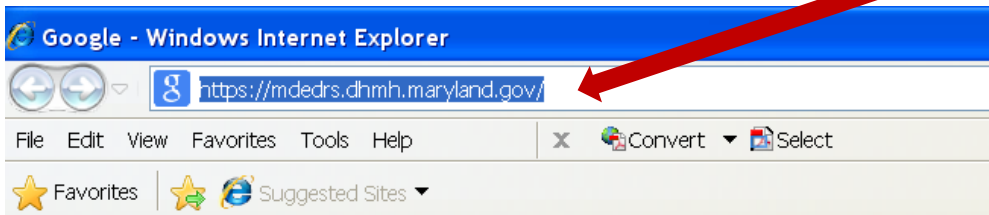


For information on enabling JavaScript© please go to <http://www.activatejavascript.org> for step-by-step instructions.

Logging onto MD-EDRS

1. To get started with the EDRS system, you will need to open your web browser and key in the URL address. FOR TRAINING PURPOSES, please go to the following URL address: <https://mdedrs.dhmf.maryland.gov/train>. ****Please DO NOT ENTER ANY REAL CASES in this location.****

The URL address to use for filing actual cases is: <https://mdedrs.dhmf.maryland.gov>



2. Enter the username and password which has been assigned to you by the MD-EDRS system administrator. Passwords are case-sensitive, so it is important to remember whether the letters are uppercase or lowercase. Next, click “Login.”



****NOTE: First time users will be prompted to change the password that was assigned. PLEASE MAKE A NOTE OF YOUR USERNAME AND PASSWORD AND STORE THE INFORMATION IN A SECURE LOCATION.**

Once logged in, the screen below will appear:



Creating a Record and Transcribing the Medical Certifier Information

These instructions are for a funeral director who is creating a new death record and transcribing the information that the medical certifier has provided on the triplicate paper death certificate form.

1. Once logged in, click on “Certificates” and then “Create Certificate”:

The screenshot shows the Maryland Electronic Death Registration System interface. At the top, there is a navigation bar with 'Certificates', 'Reporting', and 'Help References'. The 'Certificates' dropdown menu is open, showing 'Create Certificate' and 'Find Certificate'. Below the menu is a search filter section with various input fields for name, date, and status. The search results section shows a table with columns for Last Name, First Name, Date of Death, MI Review Status, ME Status, Certificate Number, Record Status, and Amend Status. The table displays 5 rows of data.

2. Enter the information on the decedent, check the box to confirm that this is not a medical examiner case, and then click “Continue.”

The screenshot shows the 'Create New Certificate' form in the Maryland Electronic Death Registration System. The form includes a list of cases that must be reported to the Office of the Chief Medical Examiner. Below the list are input fields for Decedent's Legal First Name, Legal Middle Name, Legal Last Name, Date of Death (MM/DD/YYYY), Time of Death (HH:MM 24 hour), Sex, and County of Death. There is a checkbox labeled 'I confirm that this is not a medical examiner case.' and 'Continue' and 'Cancel' buttons at the bottom.

****NOTE:** If there are any records that have been started by other users for the same decedent in the system, they will show up in the “Potential Duplicate Record Browser.” This could happen if another funeral home transfers a record to you, or if you didn’t know that the medical certifier had already started the record. If you see a potential match, click on the “Last Name” and review the record carefully to ensure that it is the same decedent. If it is the same decedent, complete the record (see the manual *Completing a Certificate Started by the Medical Certifier*).

The screenshot shows the "Potential Duplicate Record Browser" interface. At the top, there is a navigation bar with "Certificates", "Reporting", and "Help References". Below this, the title "Potential Duplicate Record Browser" is displayed. A message states: "Potential Duplicate Records were found. The record you started may already exist. Browse potential duplicates below, select an existing record, or continue the new record using this information:". There are two buttons: "Create Record" and "Cancel".

Last Name	First Name	Date of Death	Attest Status	MI Review Status	ME Status	Certificate Number	Record Status	Amend Status	C
JONES	ADAM	2014-12-01 00:00:00.0	ATT	NOT SUBM	NOT REF	28	SUBM		

Below the main table, there is a section for "Other Potential Duplicates in Jurisdiction" with a sub-header "(1 of 1)". It contains a table with columns: Last Name, First Name, Date of Death, and Creating Organization. The message "No records found." is displayed below this table.

If it is NOT the same decedent, click on “Create Record” in order to begin entering the information.

This screenshot is identical to the one above, showing the "Potential Duplicate Record Browser" interface. A red arrow points to the "Create Record" button, which is highlighted with a checkmark icon. The rest of the interface, including the table with the record for Adam Jones and the "Other Potential Duplicates in Jurisdiction" section, remains the same.

Entering the Personal Information

3. The Personal Information screen will appear and you can enter the information in the fields. This is the same information that you currently fill out on the existing paper copy of the Death Certificate. Make sure to save the information frequently by clicking the Save [F8] tab at the top of the page.

The screenshot shows the 'Maryland Electronic Death Registration System' interface. The 'Personal Information' tab is selected. The form contains the following fields and values:

- Middle Name: ROBERT
- Last Name: JONES
- Date of Death: 12/01/2014
- Sex: MALE
- Certificate: 28
- Status: INC

Fields with question marks (help icons) include: First Name, Middle Name, Last Name, Suffix, First Name (prior to first marriage), Middle Name, Last (Birth) Name, Suffix, Social Security Number (123456879), Gender (MALE), Date of Birth (12/01/1952), Age Type (AGE YEARS), Years (02), Address Type (US STATE), State (Maryland), Decedent Address (US STATE), State, City/Town/Location (WESTMINSTER), Inside City Limits, Street Number (123), Street Name (MAIN ST), Apt/Suite/Unit (158), and Zip Code (21111).

A red arrow points from the 'Save [F8]' button at the top of the page to the 'Personal Information' tab.

****NOTE:** There are minor changes to a few of the fields on the certificate, such as race and education. Click the ? next to the field and you will be given additional information on how to complete any item.

4. After the information is entered, click on the Validation tab near the top of the page and then on "Validate PI" to check for any errors (it may take a moment for the information to be validated).

The screenshot shows the 'Maryland Electronic Death Registration System' interface with the 'Validation' tab selected. The 'Validate PI' option is highlighted in the dropdown menu. The form contains the following fields and values:

- First Name: DONALD
- Middle Name: [blank]
- Last Name: [blank]
- Date of Death: 11/03/2014
- Sex: MALE
- Certificate: 48
- Status: SUBM

Fields with question marks (help icons) include: Decedents AKA if applicable, If applicable, prior to first marriage, Social Security Number (384702744), Sex (MALE), Date of Birth (11/15/1977), Age Type (AGE YEARS), Place of Birth, Address Type (US STATE), State (Florida), and Usual Residence of Decedent, Address Type (US STATE), State (Maryland).

Two red arrows point to the 'Validate PI' option in the dropdown menu and the 'Save [F8]' button at the top of the page.

If any errors are found, they will be listed on the screen in red and should be corrected.

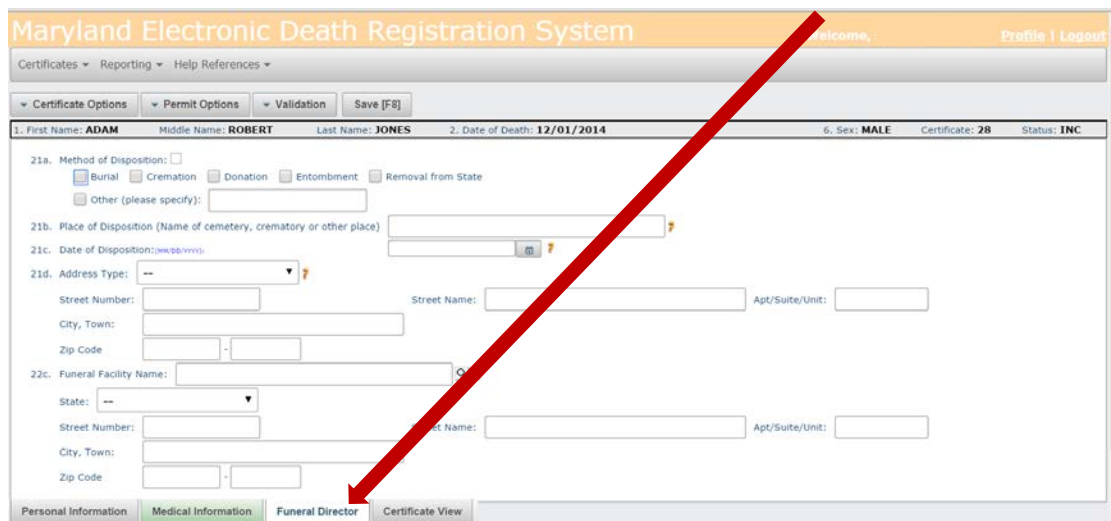
The screenshot shows the Maryland Electronic Death Registration System interface. At the top, there are navigation tabs for Certificates, Reporting, and Help/References. Below this, there are dropdown menus for Certificate Options, Permit Options, and Validation. The main header displays the decedent's information: 1. First Name: PEANUT, Middle Name: M, Last Name: BRITTLE, 2. Date of Death: 12/04/2014, 6. Sex: MALE, Certificate: 72, Status: INC. A prominent red error message box is overlaid on the form, containing the following text: "Information First Name is required.", "Information City is required.", "Information Street Name is required.", "Information Last Name is required.", "Information Middle Name is required.", "Information Address Type is required.", and "Information's Postsecondary ID (aka ZIP) is required.". Below the error message, the form fields for Decedents AKA, Social Security Number (384702783), Sex (MALE), Date of Birth (05/19/1988), and Age Type (AGE YEARS, 26) are visible.

Once the corrections are made, select "Validate PI" again in order to be sure that all errors have been corrected. The message "Successfully Validated Personal Information" will appear if there are no errors.

The screenshot shows the same Maryland Electronic Death Registration System interface. The main header now displays: 1. First Name: ADAM, Middle Name: ROBERT, Last Name: JONES, 2. Date of Death: 12/01/2014, 6. Sex: MALE, Certificate: 28, Status: INC. A blue information message box at the top of the form area reads "Successfully validated Personal Information.". Below this message, the form fields for Decedents AKA, Social Security Number (123456879), Sex (MALE), Date of Birth (12/01/1952), Age Type (AGE YEARS, 62), and Place of Birth (US STATE, Maryland) are visible. The bottom of the screen shows a navigation bar with tabs for Personal Information, Medical Information, Funeral Director, and Certificate View.

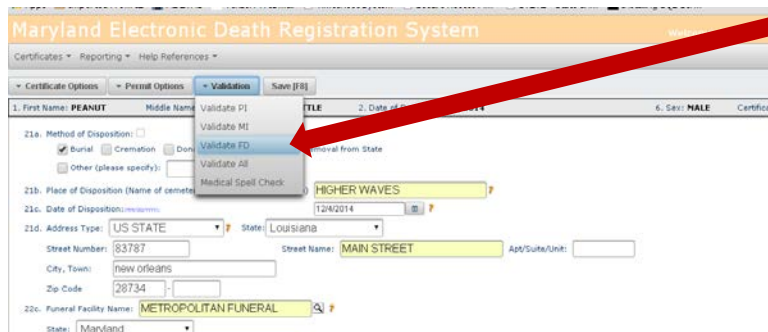
Entering the Funeral Director Information

5. Go to the Funeral Director tab near the bottom of the page and enter the required information.



The screenshot shows the Maryland Electronic Death Registration System interface. The top navigation bar includes 'Certificates', 'Reporting', and 'Help References'. Below this are tabs for 'Certificate Options', 'Permit Options', 'Validation', and 'Save [F8]'. The main form area displays personal information: First Name: ADAM, Middle Name: ROBERT, Last Name: JONES, Date of Death: 12/01/2014, Sex: MALE, Certificate: 28, Status: INC. The 'Funeral Director' tab is selected, showing fields for Method of Disposition (Burial, Cremation, Donation, Entombment, Removal from State, Other), Place of Disposition, Date of Disposition, Address Type, Street Number, Street Name, Apt/Suite/Unit, City, Town, Zip Code, Funeral Facility Name, and State. A red arrow points to the 'Funeral Director' tab.

When all of the information on this tab has been entered, click on the Validation tab near the top of the page and then on “Validate FD” to check for any errors (you may have to wait a moment for the information to be validated).



The screenshot shows the Maryland Electronic Death Registration System interface with the 'Validation' tab selected. The top navigation bar includes 'Certificates', 'Reporting', and 'Help References'. Below this are tabs for 'Certificate Options', 'Permit Options', 'Validation', and 'Save [F8]'. The main form area displays personal information: First Name: PEANUT, Middle Name: TLE, Last Name: JONES, Date of Death: 12/01/2014, Sex: MALE, Certificate: 28, Status: INC. The 'Validation' tab is selected, showing a dropdown menu with options: 'Validate PI', 'Validate MI', 'Validate FD', 'Validate AD', and 'Medical Spell Check'. The 'Validate FD' option is highlighted. The form fields for Disposition, Place of Disposition (HIGHER WAVES), Date of Disposition (12/01/2014), Address Type (US STATE), State (Louisiana), Street Number (83787), Street Name (MAIN STREET), City, Town (new orleans), Zip Code (29734), Funeral Facility Name (METROPOLITAN FUNERAL), and State (Maryland) are visible. A red arrow points to the 'Validate FD' button.

Any errors found will be listed on the screen and should be corrected. The “Validate FD” button should be clicked again to be sure there that all errors have been corrected. The message “Successfully Validated Funeral Director Information” will appear once the information has been validated. Remember to click on the Save[F8] tab in order to save the record.

Maryland Electronic Death Registration System

Certificates Reporting Help References

Certificate Options Personal Options Validation Save [F8]

1. First Name: PEANUT Middle Name: M Last Name: BRITTLE Date of Death: 12/04/2014 6. Sex: MALE Certificate: 72

Successfully validated Funeral Home Information.

21a. Method of Disposition:
 Burial Cremation Donation Entombment Removal from State
 Other (please specify):

21b. Place of Disposition (Name of cemetery, crematory or other place): HIGHER WAVES

21c. Date of Disposition: 12/04/2014

21d. Address Type: US STATE State: LOUISIANA
 Street Number: 83787 Street Name: MAIN STREET App/Subs/Unit:
 City, Town: NEW ORLEANS
 Zip Code: 70134

21e. Funeral Home Name: METROPOLITAN FUNERAL HOME

Transcribing the Medical Certifier Information

In order to enter (or transcribe) the medical information provided by the Medical Certifier, you will need the information from the Medical Information portion of the triplicate paper certificate, including the signature of the Medical Certifier.

PI

Personal Info

MI

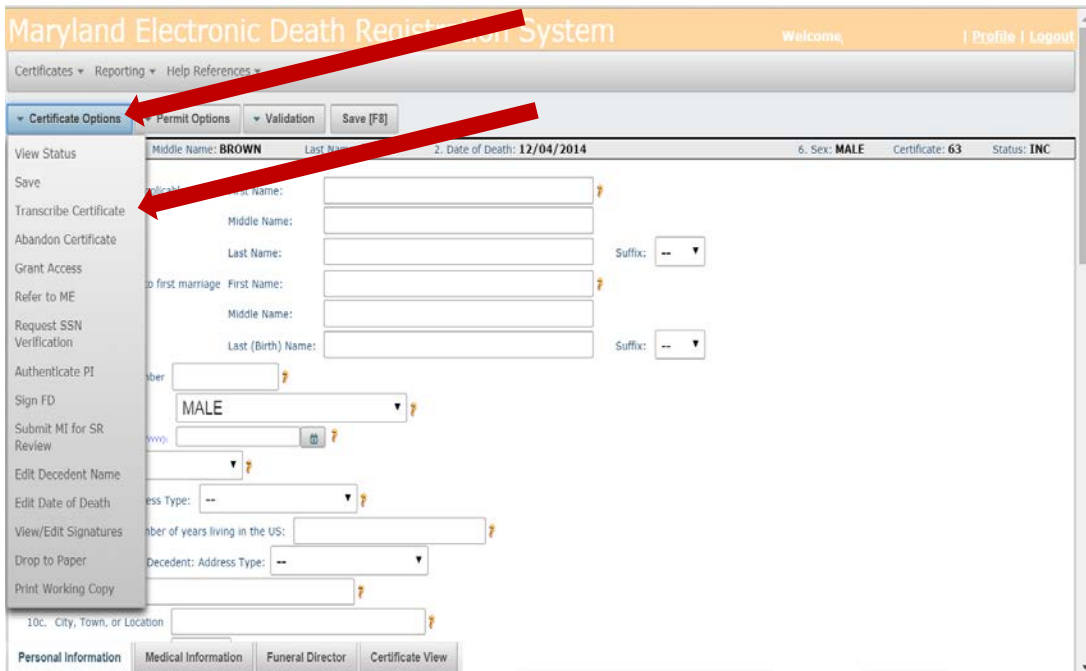
Medical Info

Certificate of Death				File Number	
1. Decedent's Name (Print) FIRSTNAME MIDDLENAME LASTNAME, SR			2. Date of Death MM/DD/YYYY		3. Time of Death APPROX 1200
4a. Facility Name UNIVERSITY HOSPITAL WITH LONG NAME FACILITY			10. City, Town or Location of Death SOMECOUNTYNAME		11. County of Death SOMECOUNTYNAME
5. Social Security Number XXXXXXXXXX	6. Sex FEMALE	7. Age 100 YR	8. Date of Birth MM/DD/YYYY	9. Residence SOMECOUNTYNAME	
12a. State of Decedent SOMECOUNTYNAME		12b. Country SOMECOUNTYNAME		13. City, Town or Location SOMECOUNTYNAME	
14a. Address 1234 SOUTH UNIVERSITY AVE, BALTIMORE MD		14b. Zip Code 01234-5444			
17. Marital Status DIVORCED (AND NEVER REMARRIED)		18. Divorced (And Never Remarried) YES		19. Ethnic Origin? YES MEDIAN, PUERTO RICAN, CUBAN, SALVADORIAN	
23. Decedent's Education DOCTORATE OR PROFESSIONAL		24. Decedent's Usual Occupation DECEDENT'S USUAL OCCUPATION		25. Decedent's Business Industry DECEDENT'S BUSINESS INDUSTRY	
27. Father's Name FIRSTNAME MIDDLENAME LASTNAME, SR			28. Mother's Name (Print the Surname) FIRSTNAME MIDDLENAME LASTNAME, SR		
29. Surviving Spouse's Name: FIRSTNAME MIDDLENAME LASTNAME, SR					
32a. Spouse's Name FIRSTNAME MIDDLENAME LASTNAME, SR		32b. Spouse's Relationship RELATIONSHIP		32c. Spouse's Address 1234 SOUTH UNIVERSITY AVE, BALTIMORE MD 01234	
33a. Method of Disposition CREMATION/URIAL/TRANSIT		33b. Place of Disposition MARYLAND CEMETERY NAME SOMECOUNTYNAME, MD 01234		33c. Date of Disposition MM/DD/YYYY	
34a. Signature of Public Health Officer		34b. License No.		34c. Name and Address of Office	

35a. Part 1: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35b. Part 2: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35c. Part 3: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35d. Part 4: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35e. Part 5: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35f. Part 6: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35g. Part 7: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35h. Part 8: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35i. Part 9: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35j. Part 10: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35k. Part 11: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35l. Part 12: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35m. Part 13: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35n. Part 14: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35o. Part 15: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35p. Part 16: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35q. Part 17: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35r. Part 18: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35s. Part 19: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35t. Part 20: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35u. Part 21: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35v. Part 22: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35w. Part 23: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35x. Part 24: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35y. Part 25: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35z. Part 26: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35aa. Part 27: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35ab. Part 28: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35ac. Part 29: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35ad. Part 30: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35ae. Part 31: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35af. Part 32: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35ag. Part 33: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35ah. Part 34: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35ai. Part 35: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35aj. Part 36: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35ak. Part 37: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35al. Part 38: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35am. Part 39: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35an. Part 40: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35ao. Part 41: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35ap. Part 42: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35aq. Part 43: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35ar. Part 44: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35as. Part 45: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35at. Part 46: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35au. Part 47: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35av. Part 48: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35aw. Part 49: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35ax. Part 50: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35ay. Part 51: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35az. Part 52: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35ba. Part 53: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35bb. Part 54: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35bc. Part 55: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35bd. Part 56: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35be. Part 57: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35bf. Part 58: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35bg. Part 59: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35bh. Part 60: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35bi. Part 61: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35bj. Part 62: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35bk. Part 63: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35bl. Part 64: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35bm. Part 65: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35bn. Part 66: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35bo. Part 67: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35bp. Part 68: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35bq. Part 69: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35br. Part 70: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35bs. Part 71: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35bt. Part 72: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35bu. Part 73: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35bv. Part 74: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35bw. Part 75: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35bx. Part 76: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35by. Part 77: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35bz. Part 78: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35ca. Part 79: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35cb. Part 80: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35cc. Part 81: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35cd. Part 82: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35ce. Part 83: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35cf. Part 84: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35cg. Part 85: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35ch. Part 86: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35ci. Part 87: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35cj. Part 88: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35ck. Part 89: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35cl. Part 90: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35cm. Part 91: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35cn. Part 92: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35co. Part 93: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35cp. Part 94: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35cq. Part 95: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35cr. Part 96: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35cs. Part 97: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35ct. Part 98: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		
35cu. Part 99: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH			35cv. Part 100: Underlying Cause of Death (ICD-10) IMMEDIATE CAUSE OF DEATH		

This information needs to be scanned into your computer and saved as a pdf file (see the section *Getting Started with EDRS*, page 3).

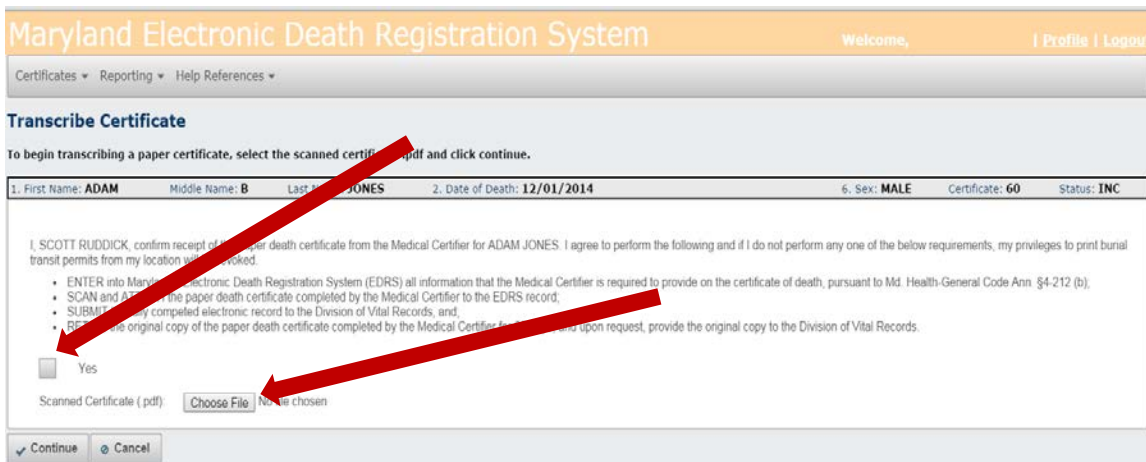
6. To begin transcribing the Medical Certifier information, click on Certificate Options and then “Transcribe Certificate”:



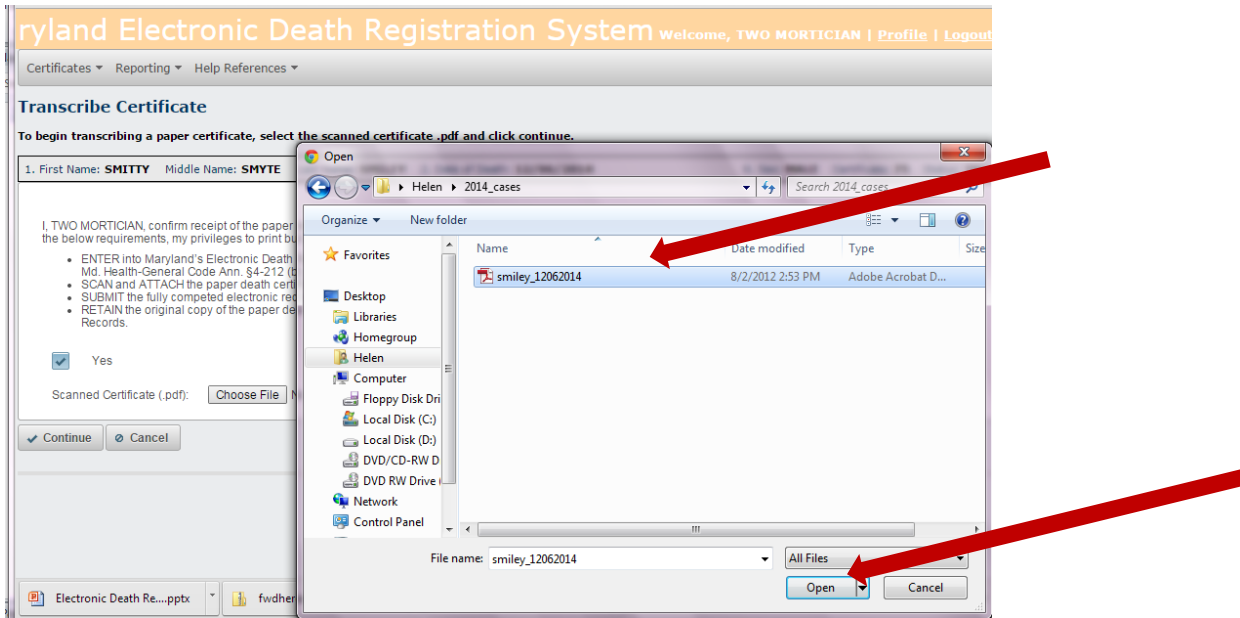
7. Before entering any information, the system requires you to make the following assurances:

- You will enter all data provided by the Medical Certifier;
- You will scan and attach the paper copy Certificate provided by the Medical Certifier;
- You will retain the original copy of the paper Certificate for 60 days; and
- You will provide the original copy of the paper to the Division of Vital Records upon request.

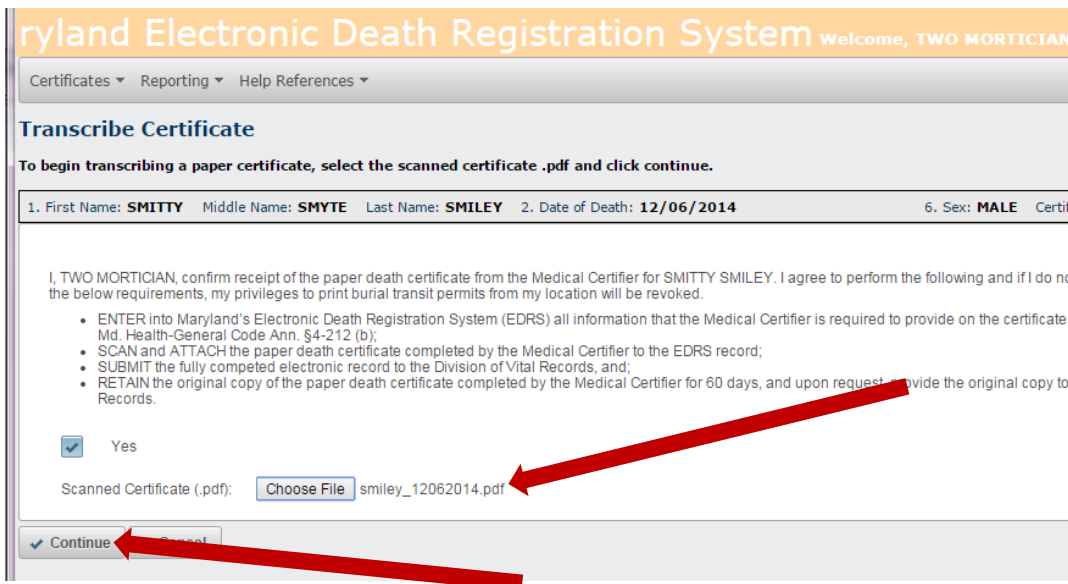
Check the box “Yes” to indicate that you agree to these terms and then click on “Choose File.”



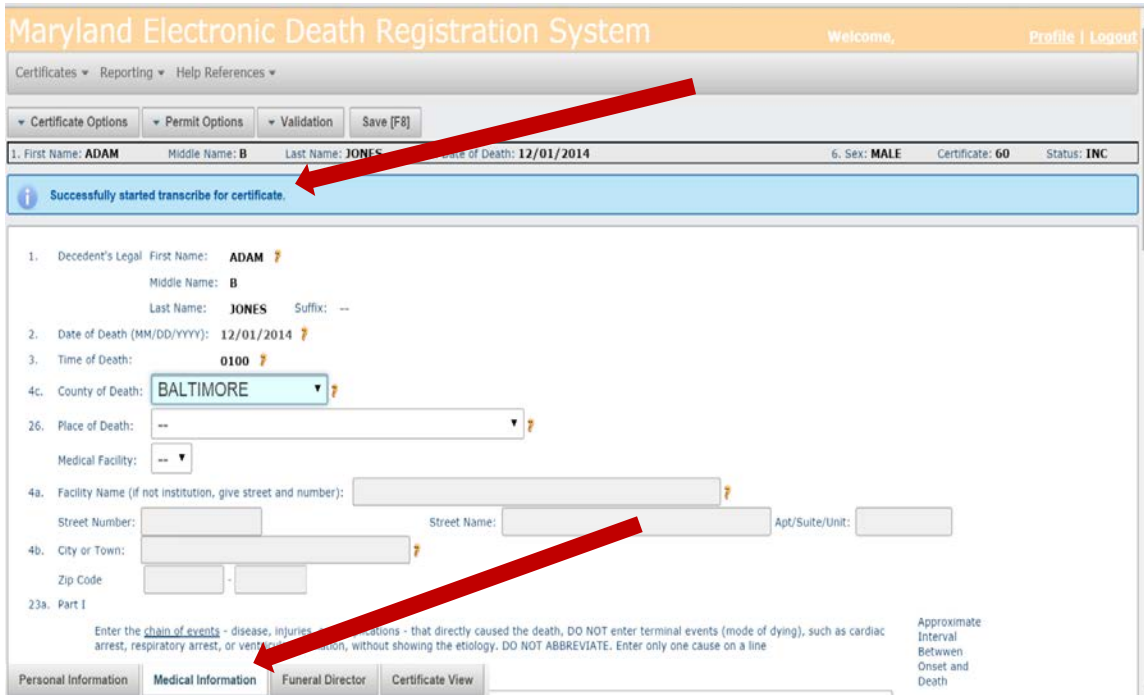
Select the file containing the scanned copy of the certificate provided by the Medical Certifier and click “Open.”



You can verify that the correct file has been chosen by looking next to the “Choose File” button. Next, click “Continue.”



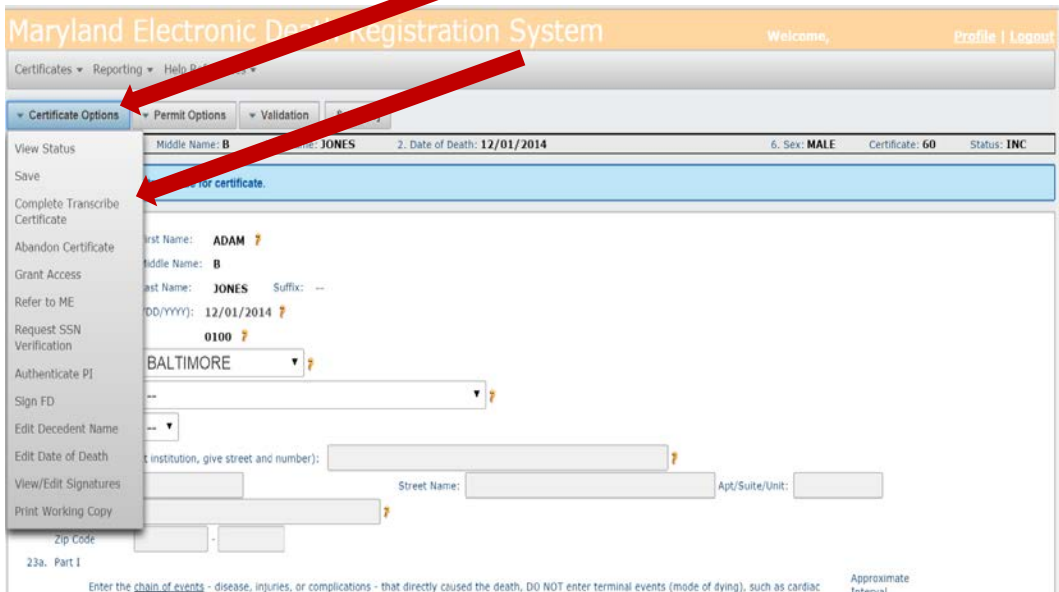
8. When you see the message “Successfully started transcribe for certificate,” the Medical Information tab will be open. Enter the medical information from the triplicate paper certificate provided by the Medical Certifier exactly as reported on the paper copy certificate signed by the Medical Certifier.



9. Check that all of the information on the Medical Information tab is correct by clicking on the Validation tab and then “Validate MI.”



10. Once you have entered and validated the information, click on Certificate Options and then “Complete Transcribe Certificate.”



11. The next screen will require you to make the following assurances regarding the Medical Certifier information that you entered and to add information about the Medical Certifier:

- Attest that all information provided by the Medical Certifier has been entered into EDRS as provided on the death certificate;
- Understand that the ability to print a Burial Transit Permit at my location is a privilege and can be revoked at any time, if incomplete or inaccurate information is knowingly submitted; and
- Understand that a person who willfully enters false information onto a certificate of death through EDRS is guilty of a misdemeanor and, upon conviction, is subject to a monetary penalty pursuant to MD. Health-General Code Ann. §4-227(1).

Check the box “Yes” to indicate that you agree to these terms, complete the required information, and then click “Continue.”

Maryland Electronic Death Registration System

Welcome | Profile | Logout

Certificates | Reporting | Help References

Transcribe Certificate Complete

To complete transcribing a paper certificate, enter the certifier information and click Continue.

1. First Name: **ADAM** Middle Name: **B** Last Name: **JONES** 2. Date of Death: **12/01/2014** 6. Sex: **MALE** Certificate: **60** Status: **INC**

I, SCOTT RUDDICK, attest that all information provided by the Medical Certifier has been entered into EDRS as provided on the death certificate. I understand that the ability to print a Burial Transit Permit at my location is a privilege and can be revoked at any time if incomplete or inaccurate information is knowingly submitted. Furthermore, a person who willfully enters false information onto a certificate of death through EDRS is guilty of a misdemeanor and, upon conviction, is subject to a monetary penalty pursuant to MD. Health-General Code Ann. §4-227(1).

Certifier

*First Name:

Middle Name:

*Last Name:

Suffix:

Degree:

Title:

License:

Certifier Type:

Certified Date (MM/DD/YYYY):

12. The following screen will appear, indicating that the transcription has been successfully completed.

Maryland Electronic Death Registration System

Welcome, | Profile | Logout

Certificates | Reporting | Help References

Certificate Options | Permit Options | Validation | Save [F8]

1. First Name: **ADAM** Middle Name: **B** Last Name: **JONES** 2. Date of Death: **12/01/2014** 6. Sex: **MALE** Certificate: **60** Status: **INC**

Successfully completed transcribe for certificate.

1. Decedent's Legal First Name: **ADAM** ?
Middle Name: **B**
Last Name: **JONES** Suffix: --

2. Date of Death (MM/DD/YYYY): **12/01/2014** ?

3. Time of Death: **0100** ?

4c. County of Death: **BALTIMORE** ?

26. Place of Death: -- ?
Medical Facility: --

4a. Facility Name (if not institution, give street and number): ?
Street Number: Street Name: Apt/Suite/Unit:

4b. City or Town: ?
Zip Code: --

23a. Part 1

Enter the chain of events - disease, injuries, or complications - that directly caused the death, DO NOT enter terminal events (mode of dying), such as cardiac arrest, respiratory arrest, or ventricular fibrillation, without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line

Add additional lines if necessary.

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 line a.

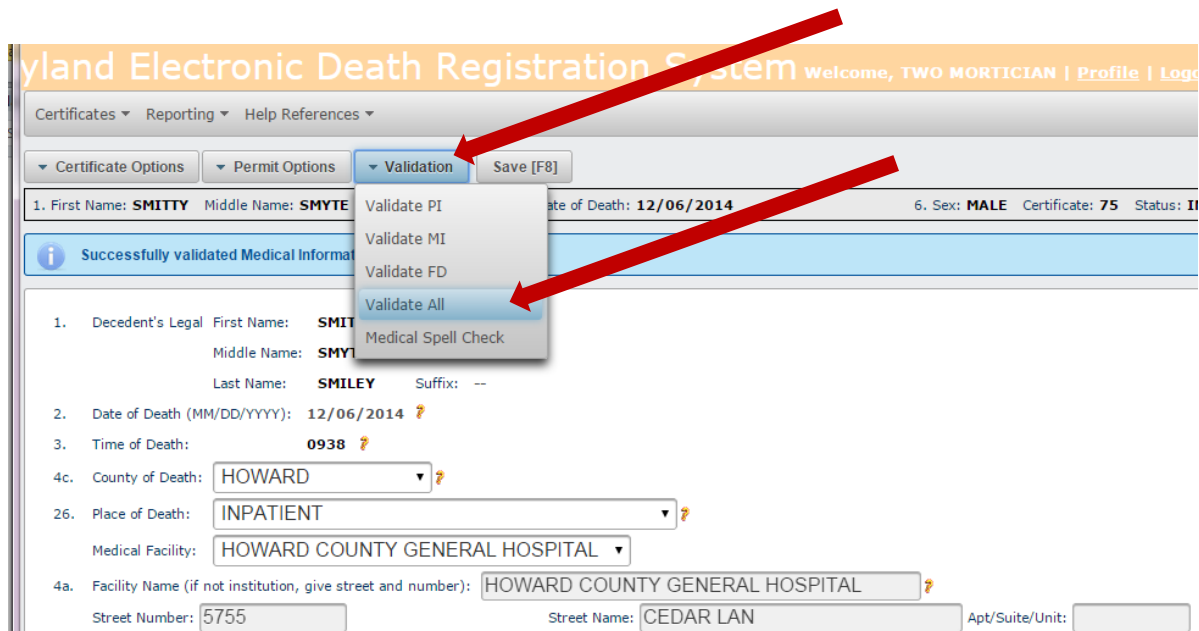
b. ?
Due to (or as a consequence of):

Approximate Interval Between Onset and Death

Personal Information | **Medical Information** | Funeral Director | Certificate View

Final Check of the Data

13. You should do a final check of all of the information on the Certificate by clicking on the Validation tab and then “Validate All.”

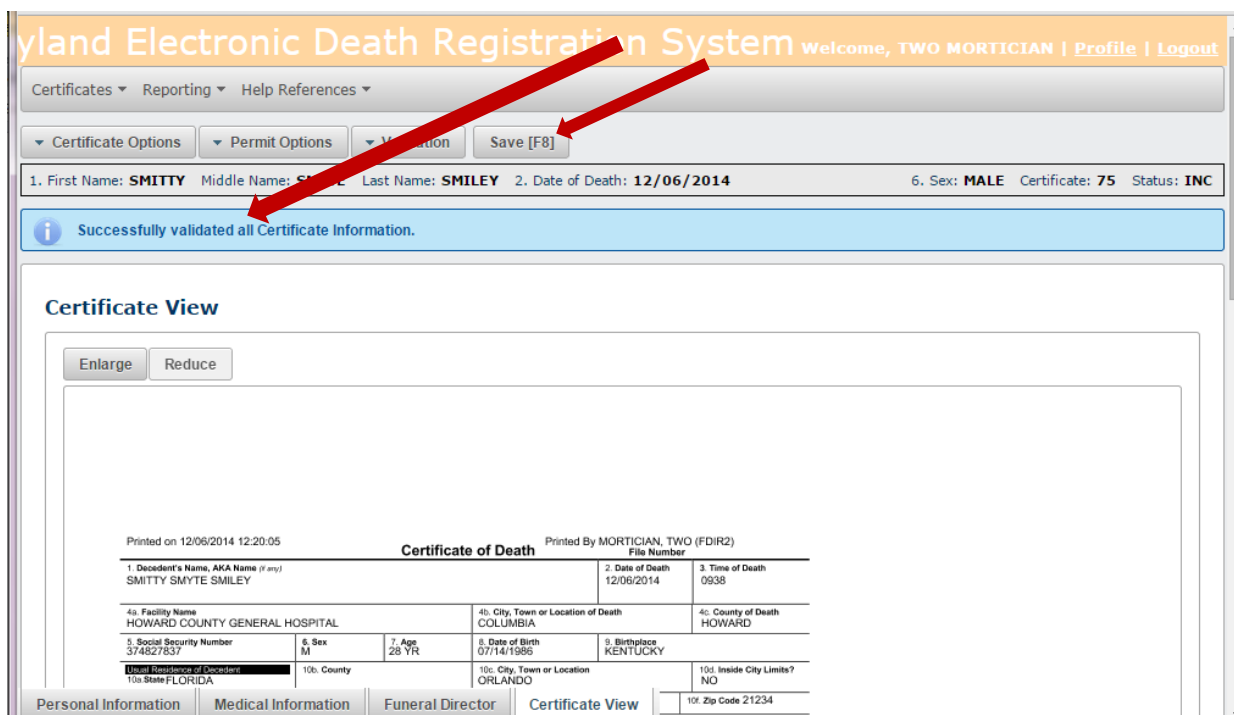


The screenshot shows the Orlando Electronic Death Registration System interface. The top navigation bar includes "Certificates", "Reporting", and "Help References". Below this, there are tabs for "Certificate Options", "Permit Options", "Validation", and "Save [F8]". The "Validation" tab is active, and a dropdown menu is open, showing options: "Validate PI", "Validate MI", "Validate FD", "Validate All", and "Medical Spell Check". A red arrow points to the "Validation" tab, and another red arrow points to the "Validate All" option in the dropdown menu. The main form displays the following information:

- 1. First Name: **SMITTY** Middle Name: **SMYTE** Last Name: **SMILEY** Suffix: --
- 2. Date of Death (MM/DD/YYYY): **12/06/2014**
- 3. Time of Death: **0938**
- 4c. County of Death: **HOWARD**
- 26. Place of Death: **INPATIENT**
- Medical Facility: **HOWARD COUNTY GENERAL HOSPITAL**
- 4a. Facility Name (if not institution, give street and number): **HOWARD COUNTY GENERAL HOSPITAL**
- Street Number: **5755** Street Name: **CEDAR LAN** Apt/Suite/Unit:

6. Sex: **MALE** Certificate: **75** Status: **INC**

Any errors found will be listed on the screen and should be corrected. The “Validate All” button should be clicked again to be sure that all errors have been corrected. The message “Successfully Validated all Certificate Information” will appear once the information has been validated. Remember to click on the Save[F8] tab in order to save the record as you go.



The screenshot shows the Orlando Electronic Death Registration System interface. The top navigation bar includes "Certificates", "Reporting", and "Help References". Below this, there are tabs for "Certificate Options", "Permit Options", "Validation", and "Save [F8]". The "Validation" tab is active, and a red arrow points to the "Save [F8]" tab. A blue message box at the top of the main form area displays the text: "Successfully validated all Certificate Information." Below this, the "Certificate View" section is visible, showing a preview of the Certificate of Death form. The form includes the following information:

- Printed on 12/06/2014 12:20:05
- Printed By MORTICIAN, TWO (FDIR2)
- File Number
- 1. Decedent's Name, AKA Name (if any): **SMITTY SMYTE SMILEY**
- 2. Date of Death: **12/06/2014**
- 3. Time of Death: **0938**
- 4a. Facility Name: **HOWARD COUNTY GENERAL HOSPITAL**
- 4b. City, Town or Location of Death: **COLUMBIA**
- 4c. County of Death: **HOWARD**
- 5. Social Security Number: **374827837**
- 6. Sex: **M**
- 7. Age: **28 YR**
- 8. Date of Birth: **07/14/1986**
- 9. Birthplace: **KENTUCKY**
- 10a. Residence of Decedent: **FLORIDA**
- 10b. County: **ORLANDO**
- 10c. City, Town or Location: **ORLANDO**
- 10d. Inside City Limits?: **NO**
- 10f. Zip Code: **21234**

Buttons for "Enlarge" and "Reduce" are visible above the form preview. At the bottom, there are tabs for "Personal Information", "Medical Information", "Funeral Director", and "Certificate View".

Authenticating Personal Information

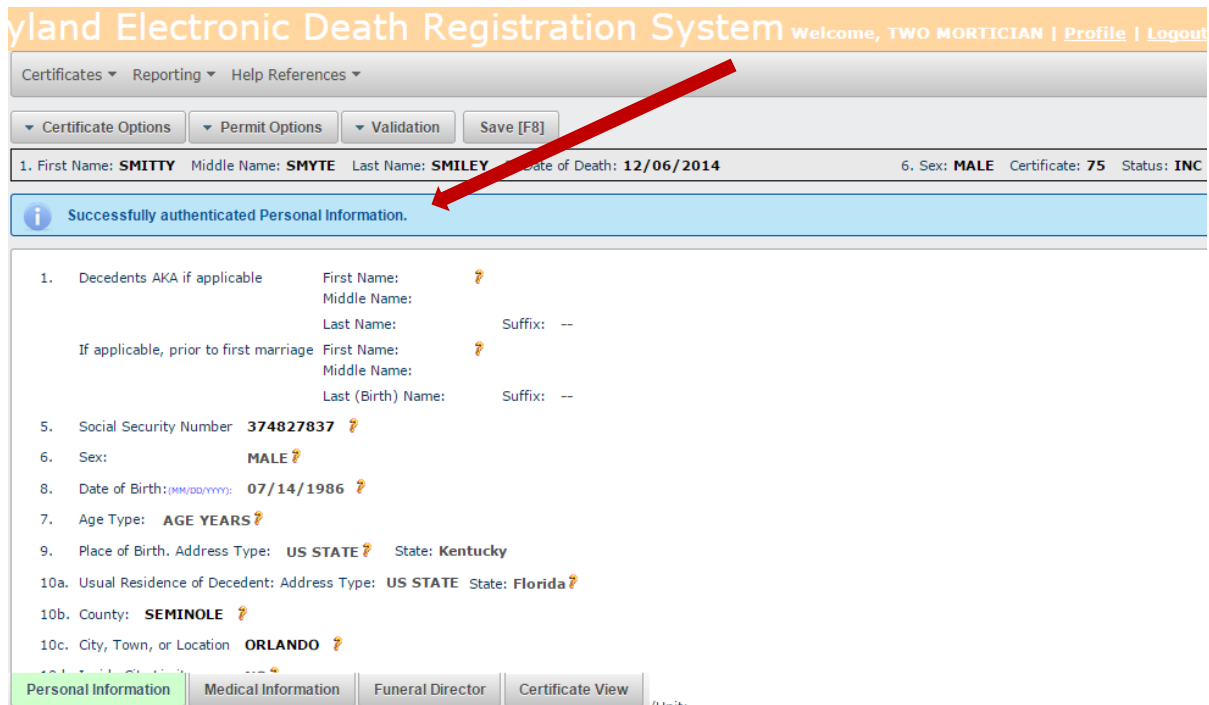
14. At this point, you are able to authenticate the Personal Information you have entered by clicking on the Certificate Options tab and then “Authenticate PI.”

The screenshot shows the Maryland Electronic Death Registration System interface. At the top, there is a navigation bar with 'Certificates', 'Reporting', and 'Help References'. Below this is a sub-menu with 'Certificate Options', 'Permit Options', 'Validation', and 'Save [F8]'. The 'Certificate Options' menu is open, showing various actions like 'View Status', 'Save', 'Grant Access', etc., with 'Authenticate PI' highlighted. The main form area displays personal information for a deceased individual: Middle Name: ROBERT, Last Name: JONES, Date of Death: 12/01/2014, Sex: MALE, Certificate: 28, Status: INC. The form includes fields for First Name, Middle Name, Suffix, Birth Date (12/01/1952), Years (62), Address Type (US STATE), State (Maryland), City (WESTMINSTER), Street Number (123), Street Name (MAIN ST), and Zip Code (21111). At the bottom, there are tabs for 'Personal Information', 'Medical Information', 'Funeral Director', and 'Certificate View'.

15. The following screen will appear requiring you to confirm that the Personal Information data is complete and accurate to the best of your knowledge. Check the box “Yes” and then click on “Continue.”

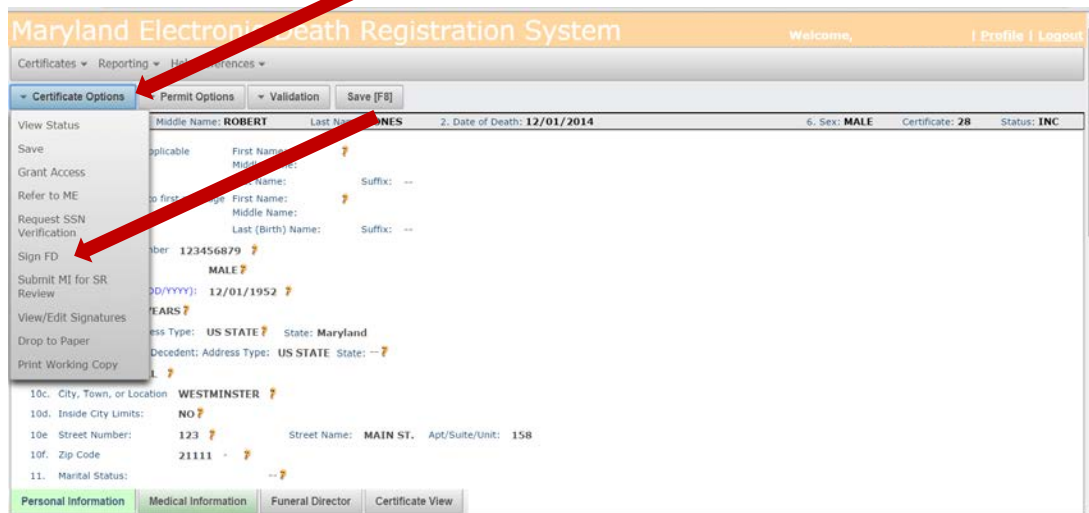
The screenshot shows the 'Authenticate Personal Information' screen in the Maryland Electronic Death Registration System. The title is 'Authenticate Personal Information'. Below the title, there is a message: 'To authenticate the Personal Information section, confirm the accuracy of the information and click Continue. This will lock the Personal Information fields. If the records fails the Personal Information validation, you will return to the view record screen where you can correct the problem(s)'. The form displays the same personal information as the previous screen: 1. First Name: ADAM, Middle Name: ROBERT, Last Name: JONES, 2. Date of Death: 12/01/2014, 6. Sex: MALE, Certificate: 28, Status: INC. Below this, there is a statement: 'I, SCOTT P. [Name], confirm that the Personal Information data is complete and accurate to the best of my knowledge.' There are two radio buttons: 'Yes' (checked) and 'No'. At the bottom, there are 'Continue' and 'Cancel' buttons. The footer contains 'MD-EDRS 2015' and links for 'Help', 'Contact Us', 'About MD-EDRS', and 'Privacy Policy'.

You will see a message that the Personal Information has been successfully authenticated.



Signing the Certificate

16. Sign the record as the Funeral Director by clicking on Certificate Options and then “Sign FD.”



The following screen will appear. Check the box “Yes” and click on “Continue.”

Maryland Electronic Death Registration System Welcome, | Profile | Logout

Certificates Reporting Help References

Sign Funeral Service Licensee

To sign as the Funeral Service Licensee or Funeral Service Licensee's agent, confirm the information and click the continue button.

1. First Name: **ADAM** Middle Name: **ROBERT** Last Name: **JONES** 2. Date of Death: **12/01/2014** 6. Sex: **MALE** Certificate: **28** Status: **INC**

I, **SCOTT BUCK**, am Funeral Service Licensee or Funeral Service Licensee's agent. I confirm the Decedent's demographic information and disposition information is correct and accurate to the best of my knowledge.

Yes

MD-EDRS 2015

You will receive a message that the Certificate was successfully signed.

Maryland Electronic Death Registration System Welcome, TWO MORTICIAN | Profile | Logout

Certificates Reporting Help References

Certificate Options Permit Options Validation [Save]

1. First Name: **SMITTY** Middle Name: **SMYTE** Last Name: **SMITTY** 2. Date of Death: **12/06/2014** 6. Sex: **MALE** Certificate: **75** Status: **INC**

Successfully signed certificate.

21a. Method of Disposition: Burial Cremation Donation Entombment Removal from State
Other (please specify):

21b. Place of Disposition (Name of cemetery, crematory or other place) **PEACEFUL REST** ?

21c. Date of Disposition: (MM/DD/YYYY) **12/06/2014** ?

21d. Address Type: **US STATE** ? State: **Florida**
Street Number: **3423** Street Name: **SOME STREET** Apt/Suite/Unit:
City, Town: **ORLANDO**
Zip Code **34214** -

22c. Funeral Facility Name: **ZUMBRUN FUNERAL HOME** ?
State: **Maryland**
Street Number: **6028** Street Name: **SYKESVILLE ROAD** Apt/Suite/Unit:
City, Town: **SYKESVILLE**
Zip Code **21784** -

Personal Information Medical Information **Funeral Director** Certificate View

Printing a Working Copy of the Certificate

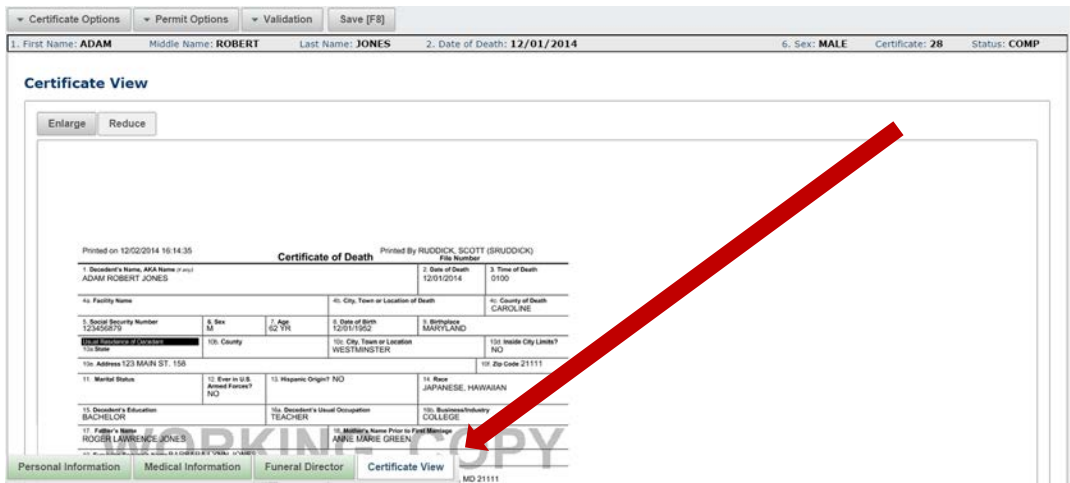
17. Print out a final working copy of the Certificate by clicking on Certificate Options and then "Print Working Copy."

The screenshot shows the Maryland Electronic Death Registration System interface. The top navigation bar includes 'Certificates', 'Reporting', and 'Help References'. The main menu is expanded to show 'Certificate Options', 'Permit Options', 'Validation', and 'Save [F8]'. The 'Certificate Options' dropdown menu is open, listing various actions such as 'View Status', 'Save', 'Abandon Certificate', 'Grant Access', 'Refer to ME', 'Request SSN Verification', 'Attest Certifier', 'Submit MI for SR Review', 'Edit Decedent Name', 'Edit Date of Death', 'View/Edit Signatures', 'Drop to Paper', and 'Print Working Copy'. The 'Print Working Copy' option is highlighted with a red arrow. The main form area displays decedent information for 'ROBERT JONES' who died on '12/01/2014'. It includes fields for 'First Name: ADAM', 'Middle Name: ROBERT', 'Last Name: JONES', 'Suffix: --', 'DD/YYYY: 12/01/2014', and '0100'. There are also fields for 'INPATIENT' and 'Residence (give street and number)'. The 'Cause of Death' section is partially visible, showing 'LUNG CANCER' and '4 YRS'.

****NOTE:** Printing on legal sized paper (8 ½ x 14) will make the certificate easier to view, although letter sized paper (8 ½ x 11) may also be used. Remember to enable popups on your web browser in order to view and print the death certificate.

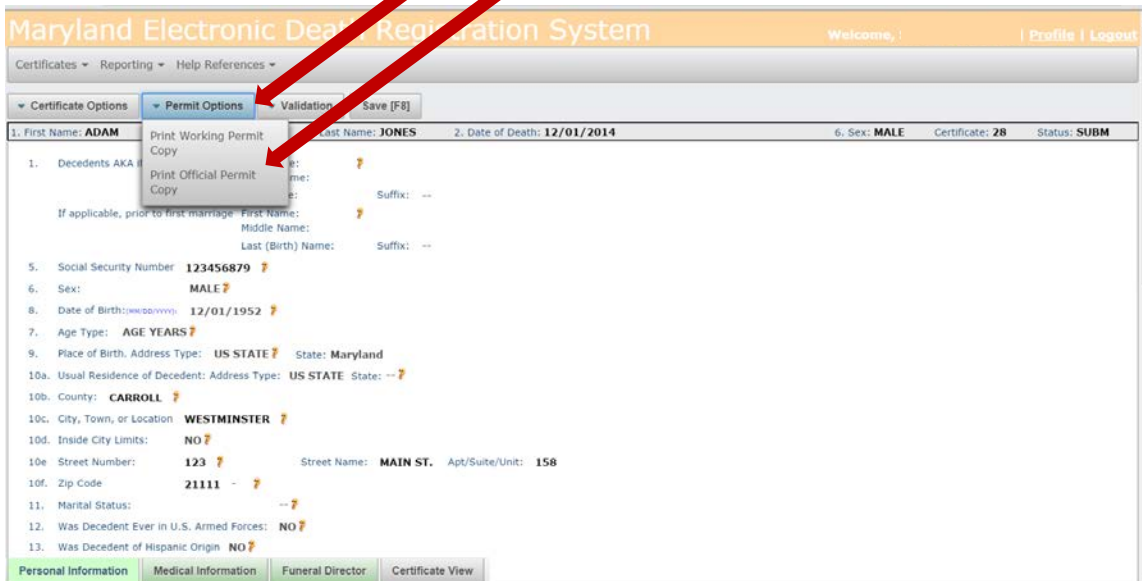
The screenshot shows a browser's pop-up blocker dialog box. The title bar reads 'The following pop-ups were blocked on this page:'. The list of blocked pop-ups includes a link to 'https://mdedrs.dhmh.maryland.gov/dev/spring/pdf/disposition?certificat...'. The option 'Always allow pop-ups from mdedrs.dhmh.maryland.gov' is selected with a radio button, and a red arrow points to it. Other options include 'Continue blocking pop-ups' and 'Manage pop-up blocking...'. A 'Done' button is visible at the bottom right. In the background, the Maryland Electronic Death Registration System interface is partially visible, showing the 'Certificate Options' menu and the 'Print Working Copy' option.

A copy of the information that has been entered may be viewed or printed out at any time by clicking “Certificate View” near the bottom of the screen.



Printing the Burial Transit Permit

18. The Burial Transit Permit can be printed once the Certificate is complete. Click on the Permit Options tab and then on “Print Official Permit Copy.”



****NOTE:** A “Working Permit Copy” of the Burial Transit Permit can be printed while you are preparing the Certificate. However, the “Official Permit Copy” cannot be printed until the Certificate is complete.

The document shown below will be printed:

https://mdeds.dhmh.maryland.gov/dev/spring/pdf/disposition/28/official_copy - Google Chrome

https://mdeds.dhmh.maryland.gov/dev/spring/pdf/disposition/28/official_copy

Maryland Burial Transit Permit

This permit must accompany remains to destination

Decedent's Name, AKA Name (if any)		File Number	
1. Decedent's Name, AKA Name (if any) ADAM ROBERT JONES		2. Date of Death 12/01/2014	3. Time of Death 0100
4a. Facility Name		4b. City, Town or Location of Death	4c. County of Death CAROLINE
5. Social Security Number 123456789	6. Sex M	7. Age 52 YR	8. Date of Birth 12/01/1952
9. Birthplace MARYLAND		10. Inside City Limits? NO	
10a. Address 123 MAIN ST, 156		10b. County WESTMINSTER	10c. Zip Code 21111
11. Marital Status		12. Ever in U.S. Armed Forces? NO	13. Hispanic Origin? NO
14. Race JAPANESE, HAWAIIAN		15. Decedent's Education BACHELOR	
16a. Decedent's Usual Occupation TEACHER		16b. Business/Industry COLLEGE	
17. Father's Name ROGER LAWRENCE JONES		18. Mother's Name Prior to First Marriage ANNE MARIE GREEN	
19. Surviving Spouse's Name BARBARA LYNN JONES			
20a. Informant's Name BARBARA LYNN JONES		20b. Informant's Relationship WIFE	20c. Informant's Mailing Address 123 MAIN ST, 156, WESTMINSTER, MD 21111
21a. Method of Disposition BURIAL	21b. Place of Disposition DRUID HILL CEMETERY	21c. Date of Disposition 12/02/2014	21d. Location 1 OLD COURT RD, BALTIMORE, MD 21209
22a. Signature of Funeral Service Licensee SCOTT A RUDDICK		22b. License No 9999	22c. Name and Address of Funeral Facility RUDDICK FH 58 FUNERAL HOME RD., BALTIMORE, MD 21215

Authority for Burial, Transportation, Removal, Cremation or Other Disposition

This burial permit, when completely filled in and bearing below the signature of the attending physician and funeral director, constitutes authority for burial, transportation, removal, cremation or other disposition of the deceased named above.

Cemetery or Crematory Authority Shall Fill Out Section Below

The deceased named above was

Submitting the Record to the Division of Vital Records

19. To file the Certificate with the Division of Vital Records, click on the Certificate Options tab and then on "Submit to Registrar."

Maryland Electronic Death Registration System

Welcome, Profile | Logout

Certificates Reporting References

Certificate Options Permit Options Validation Save

Middle Name: ROBERT Last Name: JONES 2. Date of Death: 12/01/2014 6. Sex: MALE Certificate: 28 Status: COMP

014 16:35:33 Certificate of Death Printed By: RUDDICK, SCOTT (SRUDDICK) File Number

Decedent's Name, AKA Name (if any)		File Number	
1. Decedent's Name, AKA Name (if any) ADAM ROBERT JONES		2. Date of Death 12/01/2014	3. Time of Death 0100
4a. Facility Name		4b. City, Town or Location of Death	4c. County of Death CAROLINE
5. Social Security Number 123456789	6. Sex M	7. Age 52 YR	8. Date of Birth 12/01/1952
9. Birthplace MARYLAND		10. Inside City Limits? NO	
10a. Address 123 MAIN ST, 156		10b. County WESTMINSTER	10c. Zip Code 21111
11. Marital Status		12. Ever in U.S. Armed Forces? NO	13. Hispanic Origin? NO
14. Race JAPANESE, HAWAIIAN		15. Decedent's Education BACHELOR	
16a. Decedent's Usual Occupation TEACHER		16b. Business/Industry COLLEGE	
17. Father's Name ROGER LAWRENCE JONES		18. Mother's Name Prior to First Marriage ANNE MARIE GREEN	
19. Surviving Spouse's Name BARBARA LYNN JONES			
20a. Informant's Name BARBARA LYNN JONES		20b. Informant's Relationship WIFE	20c. Informant's Mailing Address 123 MAIN ST, 156, WESTMINSTER, MD 21111
21a. Method of Disposition BURIAL	21b. Place of Disposition DRUID HILL CEMETERY	21c. Date of Disposition 12/02/2014	21d. Location 1 OLD COURT RD, BALTIMORE, MD 21209
22a. Signature of Funeral Service Licensee SCOTT A RUDDICK		22b. License No 9999	22c. Name and Address of Funeral Facility RUDDICK FH 58 FUNERAL HOME RD., BALTIMORE, MD 21215

Personal Information Medical Information Funeral Director Certificate View

When the following screen appears, check the box “Yes” and “Continue.”

Maryland Electronic Death Registration System

Welcome, | Profile | Logout

Certificates Reporting Help References

Submit Certificate to State Registrar

To submit the completed certificate for state registration, confirm that you wish to submit it and click the Continue button.

1. First Name: **ADAM** Middle Name: **ROBERT** Last Name: **JONES** 2. Date of Death: **12/01/2014** 6. Sex: **MALE** Certificate: **28** Status: **COMP**

I, SCOTT W. DICK, confirm that I wish to submit this certificate to the Registrar at this time. The information is complete and accurate to the best of my knowledge.

Yes

Continue Cancel

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You will receive a message that the Certificate has been successfully submitted for registration. The Division of Vital Records (DVR) will review the information on the Certificate and notify you if any changes are needed.

Checking on the Status of the Record

As soon as the record has been reviewed by DVR staff and determined to be complete, the death will be registered and certified copies of certificates will be available for issuance. This will occur no later than one business day following the filing of a Certificate. You may check to see whether a certificate has been registered by clicking on Certificate Options and “View Status.”

Maryland Electronic Death Registration System

Welcome, | Profile | Logout

Certificates Reporting Help References

Certificate Options

Permit Options Validation Save [F8]

View Status Middle Name: **ROBERT** Last Name: **JONES** 2. Date of Death: **12/01/2014** 6. Sex: **MALE** Certificate: **28** Status: **SUBM**

Save applicable First Name: ? Middle Name: ? Last Name: ? Suffix: --

Refer to ME to first marriage First Name: ? Middle Name: ? Last (Birth) Name: ? Suffix: --

Request SSN Verification Number: **123456879** ? Sex: **MALE** ? Date of Birth: **12/01/1952** ? Years: ?

Submit MI for SR Review Residence Type: **US STATE** ? State: **Maryland**

View/Edit Signatures 10a. Usual Residence of Decedent: Address Type: **US STATE** State: -- ?

Print Working Copy 10b. County: **CARROLL** ?

10c. City, Town, or Location: **WESTMINSTER** ?

10d. Inside City Limits: **NO** ?

10e. Street Number: **123** ? Street Name: **MAIN ST.** Apt/Suite/Unit: **158**

10f. Zip Code: **21111** ?

11. Marital Status: -- ?

Personal Information Medical Information Funeral Director Certificate View

Check the information on the right side of the page to see if a Registration Number has been assigned, which indicates that the death has been registered and the Certificate is available for issuance.



The screenshot shows the Maryland Electronic Death Registration System interface. At the top, there is a navigation bar with 'Certificates', 'Reporting', and 'Help References' menus. Below this is a 'Status Folder' section with a description: 'The Status Folder provides an overview of the certificate's status and basic decedent information. Registration numbers are provided for registered records.' There are two buttons: 'View Certificate' and 'Cancel'. The main content is divided into three sections: 'Decedent Information', 'Status Values', and 'Reasons/Messages'. A red arrow points to the 'Registration Number' field in the 'Decedent Information' section.

Decedent Information	
Last Name: HERMAN	Certificate Number: 4
First Name: ANNA	DTN: 32014000014000
Date of Death: 11/04/2014	Registration Number: 32014MD000006
Time of Death: 0259	
Sex: FEMALE	

Status Values	
Certificate: REG SR	Funeral Director Sign: ATT
DC Workflow: ELECTRONIC	Certifier Sign: ATT
Reported to ME: ACC	Certifier Sign Method: ELECTRONIC
SR Flag:	Certifier Type: CERTIFYING PHYSICIAN
Duplicate Flag: 120	ME Countersign: UN ATT
FD Auth: AUTH	ME Countersign Method:
MI Review: SUBM	SSNV Request Status: NOTREQ

Reasons/Messages	
ME Reported:	DEATHS DUE TO OLD OR RECENT INJURIES OR ACCIDENTS
MI Review:	
Reject:	
Register w/Exception:	
SR Review Flag:	
SR Void:	
Duplicate Status Notes:	