

**OREGON DEATH REPORT  
INSTRUCTIONS**

# Oregon Death Report Instructions

*Oregon Vital Events Registration System (OVERS)*

**Funeral Director Edition**

Revised May 2024



Public Health Division

Center for Public Health Practice

Center for Health Statistics

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# OVERS Death Report Instructions

## *Funeral Director Edition*

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## Introduction

The Oregon Vital Events Registration System (OVERS) is a web-based application for submitting death report information to the state vital records office that can be used with any browser. When you use the Favorite or Desktop Shortcut to access OVERS, you will be taken to the **Login** page. For instructions about creating a shortcut, see Appendix B. If you have questions about using OVERS, you may contact the OVERS Help Desk during regular business hours at 971-673-0279.

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

## Getting Started

### Logging In

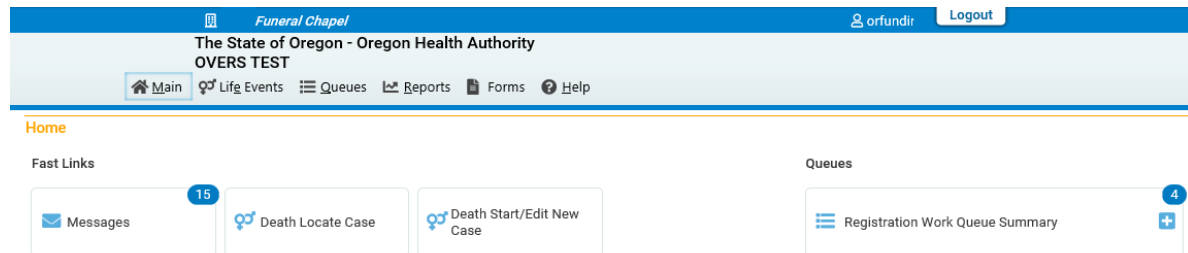
On the OVERS **Login** page, enter your assigned username in the **Username** field and your password in the **Password** field and click **Login**. Both your Username and Password are case sensitive.

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

Accept the User Acknowledgement. This statement states that as a user, it is your responsibility to safeguard the information in the system by not sharing your username and password. It is CHS's responsibility to monitor and support the system and its users.

## Home

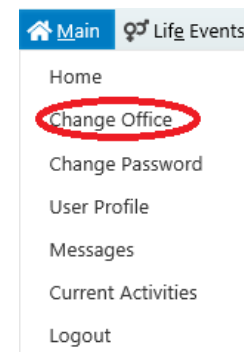
After you successfully log in to OVERS, you will be presented with a user-specific Home page. Your home page shows links to sections of the OVERS application that you access frequently, so your **Fast Links** may change over time. The image below is an example of a **Home** page.



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

## Change Office

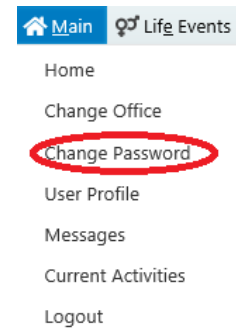
If your username is associated with more than one office location, then you chose which office to access when you logged in. To change offices without logging out, choose **Main** from the **Menu Bar** along the top of the page, then choose **Change Office**. A box will appear stating, "Click OK to change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



You will be taken to the Login page shown below. Enter your password in the **Password:** field, then choose the **Office** name.

## Change Password

Although OVERS will require you to change your password periodically, you may change your password at any time. To change your password, choose **Main** from the **Menu Bar** along the top of the page, then choose **Change Password**.



You will be taken to the **Change Password** page. Enter your **Old Password**, or the password you used to log in to OVERS. Then enter your new password twice, once in the **New Password** field and again in the **Confirm Password** field. Click **Save**.

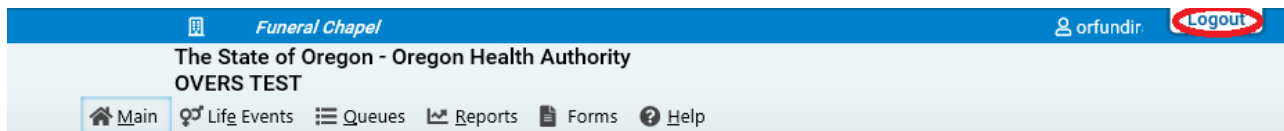
Passwords must be six to ten characters long and should be a combination of numbers, uppercase letters and lowercase letters. Passwords are case sensitive.

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

## Logout

Whenever you are going to be away from your desk or workstation, whether you're going home for the day or just going to lunch, you should always log out of OVERS.

To log out of OVERS, click **Logout** in the upper right-hand corner. The **Logout** button is available on every page in OVERS.



After you click the **Logout** button, you will not have the option to stay in OVERS. You will be taken back to the **Login** page.

## Navigation

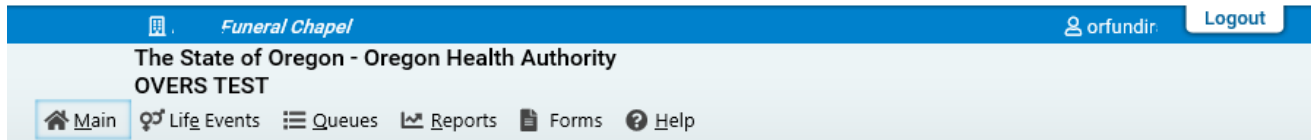
### General Navigation

Avoid using the 'Back' button in your browser. You may lose the data entered if this button is used. OVERS provides other tools for navigating from one page to another.

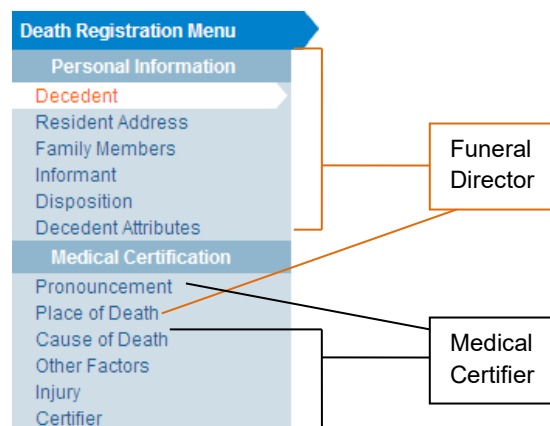


## Menu Bar

The **Menu Bar** appears across the top of every page in OVERS and provides easy access to each section of OVERS. Each menu heading on the Menu Bar contains additional options to navigate through OVERS. For example, the **Queues** menu contains different queues that can be viewed find the reports that need to be completed.



## Death Registration Menu



After you open a death report, the **Death Registration Menu** will appear along the left-hand side of the screen. Each of these pages must be completed by the funeral director or medical certifier in order for the report to be completed and signed.

The Funeral Director completes the Personal Information section and the Place of Death page.

The Medical Certifier completes the Medical Certification section, except for the Place of Death page. If a Medical Certifier will complete their portion of the death report on paper, the pages in OVERS will be entered by the State office.

## Page-to-Page Button Controls

Page-to-page button controls are located at the bottom of every death report page. Each button serves a different purpose when completing a death report.



The **Validate Page** button will initiate an error check on the entire report. It is not necessary to validate every page before advancing to the next page. To save time, we recommend completing the entire death report before clicking the **Validate Page** button.



The **Next** button saves entries on the current page and moves to the next page in the death report. We recommend moving through the pages in a sequential, top-to-bottom manner from one page to another. The **Next** button will best facilitate this.

The **Clear** button removes all entries on the page that have not yet been saved.

The **Save** button saves changes without leaving the current page.

The **Return** button will take you out of the report without saving entries on the current page.

## Helpful Tools

### Tools for Searching

The OVERS application provides two search tools for accessing death reports. Search tools are available under the **Life Events** menu along the top of the screen.



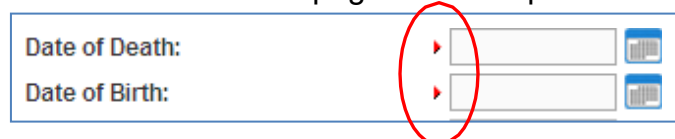
Search – The Search button searches an index and returns *exact* matches to a specified keyword.

Soundex – The Soundex button is a way of searching information based on how the word sounds rather than how it is spelled. It allows for variations in spelling so that a misspelled name entered as the search phrase will retrieve all items that sound like or are close to the spelling of the entered phrase.

Wildcard – Using the wildcard symbol (%) at the end of a partially entered phrase will return all matches to the partial entry. For instance, if the phrase “Sm%” is entered, all items that begin with “Sm” will be returned as results.

### Required Fields Indicator

The Required Fields Indicator is a red arrow that appears next to all mandatory fields. They are most commonly found on the **Start/Edit New Case** page. An example is provided to the right.



### Date Fields

The OVERS application allows you to enter a date using letters and/or numbers in various formats. When using numbers you must enter months as two digits, days as two digits and years as four digits. Here are some examples of entering dates in OVERS.

If you type:			OVERS will display:
MM-DD-YYYY		▶ 05-12-2012	<div style="border: 1px solid black; width: 150px; height: 100px; margin: auto;"></div>
MM/DD/YYYY		▶ 05/12/2012	
MMDDYYYY		▶ 05122012	
monDDYYYY		▶ may122012	

Note: Placing the cursor in the date field and pressing the F12 key on the keyboard will automatically enter the current system date into the field.

The OVERS application also allows you to enter dates using the calendar control feature. Anywhere you see the calendar icon, you can choose the date from the calendar rather than typing the date manually.

Date of Death:

MMM-dd-yyyy



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

## Using Lookup Tools

**Lookup Tools** are searchable lists displayed in a popup window. To display the **Lookup Tool**, click the magnifying glass button on the right side of the field.



When the Lookup box appears, search for the person or facility you'd like to report. When you find the person or facility name, click the **Select** link to the right. The Lookup box will close and the person's or facility's information will be completed on the report.

Place of disposition

Place of Disposition

City or Town  State

Lookup Place Of Disposition

Facility Name ▶ da%

Facility Name	Address	City	
Damascus Pioneer Cemetery	19428 SE Chitwood Road	Clackamas	<a href="#">select</a>
Dayton Odd Fellows Cemetery	Thompson Lane SE	Dayton	<a href="#">select</a>

Total records : 2

## **Keyboard Shortcuts**

A keyboard shortcut is a key or combination of keys that provides an alternative to standard ways of performing an action. The OVERS application includes the keyboard shortcuts shown below.

<i>Shortcut Key(s)</i>	<i>Works in Field</i>	<i>Performs this Function</i>
F12	Date fields	Enters the current date into any date field
Tab	Any field, button or check box	Moves <u>forward</u> from one box, button or check box to another
Shift + Tab	Any field, button or check box	Moves <u>backward</u> from one box, button or check box to another
Enter	Any button control	Activates the next button on the page
1 <sup>st</sup> letter of word	Dropdown lists	Populates the field with the selection in the list beginning with the letter entered For lists with more than one selection beginning with the letter entered, repeat the first letter until the correct choice appears in the field.
Space bar	Radio button or check box	Selects a radio button or check box
Arrow key	Radio button	Moves from one radio button to the next
Alt + Down arrow	Dropdown list	Opens a dropdown list
Alt + Up arrow	Dropdown list	Closes a dropdown list
%	Any search box	Wildcard symbol that stands for one or more characters in a search string

## **Understanding the Status Line**

The OVERS application manages data quality and work flow of the death registration process through the assignment of statuses. In order to track the steps taken by the various parties involved in completing a vital event report, the OVERS application assigns one or more statuses to a report when an action is performed.

The **Status** line provides a dynamic, real time view of the status of a death report. It can be viewed on any page in the death report. The example below shows a record that has been registered by the State office. The status line appears below the decedent's name.

4254340 2013000054 : James Ernest Jones JUN-03-2013 Amendment Exists  
 /Personal Valid With Exceptions/Medical Valid With Exceptions/Registered/Signed/Certified/NA

**Decedent**

Will Medical Examiner be completing personal information?  ▾

**Decedent's Legal Name**

Prefix	First	Middle	Other Middle	Last	Suffix
<input type="text"/>	<input type="text" value="James"/>	<input type="text" value="Ernest"/>	<input type="text"/>	<input type="text" value="Jones"/>	<input type="text"/>

Status Line Terms

<i>Term</i>	<i>What it Means</i>
New Event	Appears on a newly created report
Personal Pending	The legal death report data has been started but not completed for validated.
Personal Valid	The legal death report data has been entered, checked for completeness (validated) and found to pass the validation rules.
Personal Valid with Exceptions	The legal death report data had one or more exceptions that were manually overridden by the funeral director. (Soft edits/yellow circle)
Personal Invalid	The legal death report data has one or more errors or omissions that require a correction. (Hard edits/red X)
Medical Certification Requested	The funeral director has sent an electronic request to the medical certifier to complete the death report in OVERS.
Medical Pending	The confidential, medical data has been started but not completed or validated.
Medical Valid	The confidential, medical data has been entered, checked for completeness and found to pass the validation rules.
Medical Valid with Exceptions	The confidential, medical data had one or more exceptions that were manually overridden by the medical certifier. (Soft edits/yellow circle)
Medical Invalid	The confidential, medical data has one or more errors or omissions that require correction.
Death Certification Required	The medical certifier's signature is required.
Not Registered	The report has not yet been registered at the State.
Registered	The record has been registered at the State and assigned a State File Number (SFN).
Registration Approval Required	The State's registration approval is required.
Not Signed	The report has not yet been signed by the funeral director
Signed	The report has been signed by the funeral director
Dropped to Paper	The report has been converted to a paper copy to be submitted to the medical certifier for completion.
Not Certified	The report has not yet been signed by the medical certifier.
Certified	The report has been signed by the medical certifier.
Amendment Exists	This status appears any time an amendment is requested. The status will not change when the amendment is pending or approved.

## Communication

### Messages

Using the messaging capabilities in OVERS, you will be able to send and receive messages about reports to be completed. For example, a funeral director may communicate with a physician about a death report to be completed or a physician may need to ask another physician to complete a report you've started but cannot finish.

To access the messages feature, click on the **Messages** fast link on the **Home** page. Alternatively, you can go to the **Main** menu along the top of the screen, then click **Messages**. You will be taken to the **Messages** page. On this page, you can view the messages you've received or send a new message to another OVERS user. The person must use OVERS in order to send a message through this feature.

### Viewing and Deleting Messages

If you received an e-mail to certify a death report, the corresponding message will also appear in the list. To view a message, click on the name in the **From** column. This will open the corresponding message. When you are finished reading the message, click the **Close** button to close the message window and return to the **Messages** page.

Messages

From	Subject	Message	Date Sent	<input type="checkbox"/>
<a href="#">Test Funeral Director</a>	Case id 7322472 - Medical Certification Requested	Please complete the medical certification for: Case Id: 7322472 - Bonnie Test, Date of Death: SEP-01-2020. <a href="https://or-vitaleventstest.hr.state.or.us/overstest/Test,Bonnie">https://or-vitaleventstest.hr.state.or.us/overstest Test, Bonnie</a>	9/3/2020 10:23:45 AM	<input type="checkbox"/>
<a href="#">Test Funeral Director</a>	Case id 7322469 - Medical Certification Requested	Please complete the medical certification for: Case Id: 7322469 - Adam Test, Date of Death: SEP-01-2020. <a href="https://or-vitaleventstest.hr.state.or.us/overstest/Test,Adam">https://or-vitaleventstest.hr.state.or.us/overstest Test, Adam</a>	9/3/2020 10:22:42 AM	<input type="checkbox"/>

Total Records : 2

To delete a message, select the message by clicking on the corresponding check box to the right of the message information. Then click the **Remove from List** button as shown in the second message listed above.

Note: Placing a check box in the box to the right of **Date Sent** in the upper right-hand corner of the page will select all messages in the list.

### Sending Messages

In the upper right-hand corner, click on the **Send Message** button. You will be taken to the **Send Message** page.

The screenshot shows a 'Send Message' dialog box. Callout 1 points to the 'Recipients:' label. Callout 2 points to the 'Remove Recipient' button. Callout 3 points to the 'Subject:' text area. Callout 4 points to the 'Send' button at the bottom right.

1. Select the recipient(s) of the message. Click on the **Recipients** link. You may send a message to a Person or an Organization. Enter the First and/or Last Name of the person to be added to the message as a recipient and click **Find**. Place a check mark in the box to the left of the person to receive the message. Click **Add**. The page will refresh and add the recipient to the **Selected Recipients** list. You can then search for another individual if you choose. Once you have added all intended recipients, click **Save**.

Note: Use caution when sending a message to an Organization, as the message will be sent to every user within that organization.

The screenshot shows the 'Messages' dialog box. The 'Choose Recipients' section has a search bar and a 'Type of Search' dropdown set to 'Person'. The search results table is as follows:

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

Total records : 2

The 'Selected Recipients' section shows the following table:

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

Total records : 1

2. Make a selection from the **Send By** dropdown menu.
  - a. Email and Notification – Sends the message via external e-mail and internal messaging. The message will appear in the OVERS messages list.
  - b. Email – Sends the message via external e-mail only. The message will not appear in the OVERS messages list.
  - c. Notify – Sends the message via internal messaging only. The message will appear in the OVERS messages list. No external email will be sent.
3. Enter a **Subject** and type the message to the recipient in the box below.
4. Click **Send**. A box will appear to notify you that the message has been sent. Click **OK**.

## **Queues**

Queues are a way for you to keep track of the death reports assigned to you that need to be completed. Each user type in OVERS will see different queues to help them do their work. Your queues will display all cases assigned to your office whether or not you are personally responsible for the case.

Funeral Directors may see two registration work queues:

1. Personal Pending  
This queue lists reports that are missing information in the Personal Information portion of the death report.
2. Signature Required  
This queue lists reports that are missing a signature.

In addition, Funeral Directors may also see three additional queues:

1. Keyed – Requires Affirmation  
An amendment request has been entered but requires affirmation before it is sent to the State office. For more information about amendment requests, see Chapter 3.
2. Amendment – Keyed  
An amendment request has been entered but needs validation and/or affirmation before it is sent to the State office. For more information about amendment requests, see Chapter 3.
3. Unverified SSN  
A death report has been started but the decedent's Social Security Number (SSN) has not been verified. For more information about SSN verification, see Chapter 2, Decedent page.

Note: Reports appearing in one work queue can also appear in another work queue. For example, if a report is missing information in the personal section of the report and it is missing a signature, it will appear in both the Personal Pending and Signature Required queues.

Access queues by clicking the **Current Activities** fast link on the **Home** page or by choosing **Queues** in the menu bar along the top of the page, then clicking **Registration Work Queue Summary**. Both actions will take you to the same list of queues. If nothing is in a queue, the queue name will not be shown on the screen.

Current Activities				
Queue Name	Type ↓	Count	Age of Oldest in Days	
Personal Pending	Death	1	82	
Signature Required	Death	2	198	
				Total Queues : 2

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

Search by Registration Work Queue					
Queue:	<input type="text" value="Signature Required - Death"/>	Search Type:	<input type="text"/>	Value:	<input type="text"/>
Display	<input type="text" value="15"/> rows per page.	Filter:	<input type="text"/>		
				<input type="button" value="Search"/>	<input type="button" value="Show All Rows"/>
				<input type="button" value="Clear"/>	<input type="button" value="Return"/>
All	Case Id	File Number	Registrant	Date of Event ↑	Data Provider
<input type="checkbox"/>	4253788		Donelson, Dani Anthony	DEC-06-2012	Attrell's Sherwood Funeral Chapel
<input type="checkbox"/>	4253763		System, Testing The	NOV-27-2012	Attrell's Sherwood Funeral Chapel
					Total records : 2
Actions		Add		Print	
Register Event		Comments			
Abandon Case					
Request Medical Certification					

If too many reports are shown, you can reduce the number shown by filtering the reports. Make a selection from the **Filter** drop-down menu to begin. A second dropdown menu will appear for you to enter an acceptable **Value** to be shown. In this case, **Age** refers to the length of time between today's date and the date of the death. For example, if you chose **Age**, you may choose only to view reports less than 45 days old.

Filter:	<input type="text"/>
	<input type="text" value="Age"/> <input type="text" value="Not Registered"/> <input type="text" value="Record Source"/>

Alternatively, you can sort reports by clicking any of the headers listed such as **Date of Event** or **Data Provider**.

Queues can help you identify reports that need to be completed and are an easy way to find the reports referred to you.



# 2

## Completing an Oregon Death Report

### Introduction

This chapter explains the process for retrieving, completing and certifying death reports in the OVERS application. It also provides guidance about how to properly complete the information on the report. Certain laws applicable to reporting these data can be found in Appendix C.



These instructions provide answers to frequently asked questions for special circumstances. These items are identified by the logo to the left to help you locate the information.



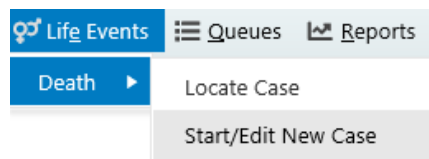
Occasionally, information is provided that is not necessary for you to complete a death report but may help you understand why the information is collected. This information is marked with the logo to the left.

If you are reporting a death using a paper death report, these instructions will not apply to you. Please visit the Center for Health Statistics webpage for instructions to report a death using a paper death certificate. The webpage is: <http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/Pages/InstructionsDeath.aspx>.

### Starting a New Case

#### Start/Edit New Case

To start a new report for a death event or to find an existing death report, choose **Life Events** from the menu bar. Then choose **Death** and **Start/Edit New Case**.



You will be taken to the **Death Start/Edit New Case** page shown below. Enter the decedent's information for each of the required fields, marked with a red arrow. Then click **Search**.

#### Death Start/Edit New Case

##### Decedent's Information

First: <input type="text"/>	Last: <input type="text"/>	Date of Death: <input type="text"/>
Sex: <input type="text"/>	SSN: <input type="text"/>	Date of Birth: <input type="text"/>
Case Id: <input type="text"/>	ME Case Number: <input type="text"/>	Medical Record Number: <input type="text"/>
Place of Death Location Type: <input type="text"/>	Place of Death: <input type="text"/>	

The following two items are entered on this page and may not be edited by the Funeral Director. Any changes to these two items can only be made by the medical certifier.

### County of Death

Enter the name of the county where death occurred.



For the purposes of ORS 146.003 to 146.189 (Medical Examiner Cases), if the county where death occurs is unknown, the death shall be deemed to have occurred in the county where the body is found, except that if in an emergency the deceased is moved by conveyance to another county and is dead on arrival, the death shall be deemed to have occurred in the county from which the body was originally removed.

If the death occurred on a moving conveyance in international waters, international airspace, or in a foreign country or its airspace and the body was first removed from the conveyance in this state, register the death in this state but enter the **ACTUAL** place of death insofar as it can be determined.

### Date of Death

Enter the exact month, day, and year that death occurred.



Pay particular attention to the entry of month, day, or year when the death occurs around midnight. Consider a death at midnight to have occurred at the beginning of one day rather than the end of the previous. For instance, a death that occurs at midnight between December 1 and December 2 occurred on December 2.



This item is used in conjunction with the hour of death to establish the exact time of death of the decedent. Epidemiologists also use date of death in conjunction with the cause of death information for research on intervals between injuries, onset of conditions, and death.

If there is no death report in OVERS that matches your search, the following page will appear. Click **If case does not appear above, start new case**.

#### Results

There are no cases that match the criteria you have entered.  
If this is a new case, select the Start New Case button or select the New Search button to perform a new search.

**If case does not appear above, start new case** New Search

If your search results display a matching death report, click on the **Decedent's Name** to open the case. Confirm it is the correct decedent before editing the report.

Case Id	Decedent's Name	Date of Death	Gender	Place of Death	Date of Birth	Preview
4254006	Test, Miglia	FEB-01-2013	Male	Multnomah	APR-12-1951	Preview

Total records : 1

New Search

For this example, we chose **If case does not appear above, start new case.**

## Completing the Death Report

The **Death Registration Menu** contains a series of pages that are used for gathering the information needed to register a new death record.

### Death Registration Sub-Menus

#### Personal Information

The **Personal Information** sub-menu collects legal and personal information about the decedent. The Funeral Director completes these pages.

#### Medical Certification

The **Medical Certification** sub-menu is primarily completed by medical certifiers and state staff members who have a need to review and/or edit the information found on these pages. However, it is the Funeral Directors' responsibility to complete the **Place of Death** page within this menu. Funeral Directors are able to view the other pages but are not able to edit the information.

Death Registration Menu
Personal Information
Decedent
Resident Address
Family Members
Informant
Disposition
Decedent Attributes
Medical Certification
Pronouncement
Place of Death
Cause of Death
Other Factors
Injury
Certifier

## Completing the Funeral Director's Pages

### Decedent Page

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

**Decedent**

Will Medical Examiner be completing personal information? No

---

**Decedent's Legal Name**

Prefix	First	Middle	Other Middle	Last	Suffix
<input type="text"/>	<input type="text" value="James"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Jones"/>	<input type="text"/>

---

**Maiden Name**

Last

---

**Aliases**

[Add/Edit Alias Names](#)

Gender Male Social Security Number   None  Unknown

Date of Birth JUL-18-1964   Age  Years  Months  Days  Hours  Minutes   SSN Verification Status UNVERIFIED (0)

---

**Decedent's Birth Place**

City or Town  State  Country United States

Ever in US Armed Forces? ⌵ Served in Combat? ⌵

#### Will Medical Examiner be completing personal information?

This dropdown list is disabled for funeral directors.

#### Decedent's Legal Name

Type or print the full first, middle, and last names of the decedent. **DO NOT** abbreviate.



If the deceased identity is not known you should enter **Male** or **Female** for the first name and **Unknown** for the last name. More than one name may be entered into any of the name fields by separating the two names with a space or a hyphen.



This item is used to identify the decedent.

### Maiden Name


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

### Aliases

If the decedent has any alias names, click on **Add/Edit Alias Names**. The **Aliases** box will appear. Click on **New Alias**. Enter the alias name, then click **Save**. When you have entered all alias(es), click **Close**.


### Sex Designation

Choose the appropriate option from the dropdown list. X, indicating nonbinary, is used for individuals whose gender identity is not exclusively male or female. If sex cannot be determined after verification with medical records, inspection of the body, or other sources, enter **Unknown**. **Undetermined** is used in cases where the sex cannot be determined due to a medical condition. DO NOT leave this item blank.

 This item aids in the identification of the decedent. It is also used in research and statistical analysis to determine sex-specific mortality rates.


### Social Security Number

Enter the social security number of the decedent. If the decedent does not have a social security number, select **None**. If the decedent's social security number is not known, choose **Unknown**.

 This item is useful in identifying the decedent and facilitates the filing of social security claims.

### Date of Birth

Enter the exact month, day, and year that the decedent was born.

 This item is useful in identification of the decedent for legal purposes. It also helps verify the accuracy of the age item.


## Age

Enter the exact age of the decedent. To calculate the decedent's age, you may click the blue arrow circled above. This will automatically calculate the decedent's age and enter it in the correct **Age** field(s)

*Years* is used for a decedent who is age one or older at his/her last birthday.

*Months* and *Days* are used for a decedent who is under on year of age and more than one day old.

*Hours* and *Minutes* are used for a decedent who is under one day old, or who survived less than 24 hours, enter the exact number of hours or minutes, the infant lived.

 Information for this item is used to study differences in age-specific mortality and in planning and evaluating public health programs.

## Verify SSN

To the right of the age boxes, there are two controls for Social Security number verification: a Verify SSN link and a notification message.

The **Verify SSN** link is used to notify the Social Security Administration (SSA) that the decedent has passed and that any benefits currently being paid should be discontinued. Click **Verify SSN** to begin the notification process.

Initially, the message displayed to the right will be Unverified (0) with the number in parenthesis representing the number of attempts that have been made to contact the SSA. A maximum of 5 attempts can be made. After 5 attempts are made, the **Verify SSN** link will be disabled. Once verification has been completed, the message will change to **Verified**.

Occasionally, the message will change to something other than **Verified**. The table below shows other possible messages and the actions to be taken if the message is shown.

Message	Action
VERIFIED/PASSED	SSN verification was successful. Proceed with completing the death report.
FAILSSN FAILGENDER FAILDOB FAILDOB GENDER FAILNAME	The SSN verification was not successful. You may choose to change the information provided and attempt verification again. Repeated attempts are permissible but not required.  If the status does not change to Verified, you may complete the Social Security 721 form with the information you have and submit the form to the SSA as a courtesy to the family.
AUTHUNAVAIL INVALID TRANIDERROR BU01LINKFAIL	The SSN is not being sent to the SSA. Call the OVERS Help Desk at 971-673-1352 to notify the staff of the issue.

### Decedent's Birth Place

#### *City or Town*

If the decedent was born in the United States, enter the name of the city, town or county. If it cannot be obtained, enter **Unknown**.

#### *State*

If the decedent was born in the United States, enter the name of the state. Do not use an abbreviation for the state. If it cannot be obtained, enter **Unknown**.



If the decedent was not born in the United States, enter the name of the province or state, if known.



This item is used to match birth and death certificates of a deceased individual. Federal law requires matching birth and death records, to avoid issuance of a birth certificate for a deceased individual without notation on the record. In addition, matching these records provides information from the birth certificate that is not contained on the death certificate and may give insight into which conditions led to death. Information from the birth certificate is especially important in examining the causes of infant mortality.

### Country

Enter the Country in which the decedent was born. If it cannot be obtained, enter Unknown.

### Ever in US Armed Forces?

If the decedent ever served in the U.S. Armed Forces, choose **Yes** from the dropdown list. If not, choose **No**. If you are unable to determine if the decedent served in the US Armed Forces, choose **Unknown**.

Served in Combat?

This dropdown list will only be available if you chose **Yes** to the prior question. If the decedent served in a Combat Zone, choose **Yes** from the dropdown list. If not, choose **No**. If you are unable to determine if the decedent served in combat, choose **Unknown**.

Location of Combat?

If you chose **Yes** to the **Served in Combat** question, the **Location of Combat** box will appear. Enter the combat zone(s) where the decedent served. You must use a semi-colon (;) between the combat locations.

Ever in US Armed Forces?  Served in Combat?   
 Location of Combat?

The informant may select the **Location(s) of Combat Zone** that apply from the list found below or they may provide another location. The Center for Health Statistics will accept any location provided, regardless of whether the location appears in the attached list if the informant believes the decedent was in combat.


**Veteran's Status – Location of Combat**

The following is a list of combat zones as defined by the U.S. Department of Veterans Affairs. Please list any or all locations from the left column that the decedent served while in the U.S. Armed Forces. You are free to report any locations not named at the bottom of this form.

Location of Combat Zone	Details and Time Period	Check if Served
<b>World War II</b> (or name country below if desired)	European-African-Middle Eastern Campaign, from 12/7/1941 to 11/8/1945	
	Asiatic-Pacific Campaign, from 12/7/1941 to 3/2/1946	
	American Campaign, from 12/7/1941 to 3/2/1946	
	American Merchant Marines, in oceangoing service from 12/7/1941 to 8/15/1946	
<b>Korea</b>	From 6/27/1950 to 7/27/1954	
<b>Vietnam</b>	From 2/28/1961 to 5/7/1975	
<b>Lebanon</b>	From 8/25/1982 to 2/26/1984	
<b>Grenada</b>	From 10/23/1983 to 11/21/1983	
<b>Panama</b>	From 12/20/1989 to 1/31/1990	
<b>Persian Gulf</b>	Beginning 8/2/1990, ongoing	
<b>Somalia</b>	Beginning 9/17/1992, ongoing	
<b>Bosnia</b>	From 11/21/1995 to 11/1/2007	
<b>Yugoslavia</b> (now Bosnia-	Operations Joint Endeavor, Joint Guard, or Joint Forge, aboard U.S. Naval vessels in the Adriatic Sea,	




<b>Herzegovina) &amp; Croatia</b>	or air spaces above these areas, from 12/20/1995 to 12/2/2004	
<b>Kosovo</b>	Beginning 3/24/1999, ongoing	
	Operations Joint Endeavor, Joint Guard, or Joint Forge, either in its waters or airspace, beginning 3/24/1999, ongoing	
<b>Afghanistan</b> (or name below)	Operation Enduring Freedom, spanning multiple countries, beginning 10/7/2001, ongoing	
<b>Iraq</b>	Operation Iraqi Freedom, from 3/19/2003 to 2/17/2010	
	Operation New Dawn, beginning 02/17/2010, ongoing	
<b>Global War on Terrorism</b> (name below)	Military expeditions to combat terrorism, beginning 9/11/2001, ongoing	
<b>Name other locations here</b>		

 Effective January 1, 2012, after the passage of Oregon House Bill 3611, this item is used to identify decedents who were veterans. This information is of interest to veterans' groups studying cause of death among veterans and whether deployment to a combat zone has any relationship to cause of death. Veteran status data will be analyzed to determine if certain factors put veterans at higher risk of suicide.

## Resident Address

Report the place where the decedent actually resided, not the postal address. Do not enter addresses that are post office boxes or rural route numbers. Get the building number and street name. Because you are reporting the location where the decedent lived, information on this page may differ from the decedent's mailing address.

 Effective January 1, 2022, the passage of Oregon Senate Bill 850, establishes mandatory reporting of housing status on reports of death. This requires that data is collected on homeless individuals who have died. For individuals who were homeless at the time of death "**Domicile Unknown**" must be listed in the **Street Name, Rural Route, etc.** field on the Resident Address page. This includes decedents who were homeless but receiving care at a hospital or other institution. Other fields on the Resident Address page should be filled out to the best of the user or informant's knowledge. "Unknown" can be entered in the Street Number, City or Town, and Inside City Limits fields. "Unknown" cannot be entered in the County, State, Country, or Zip Code fields. Do NOT enter "Unknown," "Homeless," "Houseless," or "None" in the "Street Name, Rural Route, etc." field for homeless decedents. Only enter "Domicile Unknown."

If the street has a **Pre-Directional** indicator, i.e. *East* 42<sup>nd</sup> St., then indicate that by selecting **E** from the **Pre-Directional** dropdown list. Similarly, if the street address has a **Post-Directional** indicator, i.e. 42<sup>nd</sup> St. *Southwest*, then indicate that by selecting **SW** from the **Post-Directional** dropdown list. Do not type the pre-directional or post-directional indicators in the Street Name box.

**Resident Address**

Address

Street Number **Pre** Directional Street Name, Rural Route, etc. Street Designator **Post** Directional Apt #, Suite #, etc.

City or Town County State Country Zip Code

Inside City Limits

Validate Page Next Clear Save Return



The place of residence is not necessarily the same as “home state” or “legal residence.” Never enter a temporary residence such as one used during a visit, business trip, or vacation on this page.

Place of residence during a tour of military duty or during attendance at college is considered permanent and should be entered as the place of residence.

If the decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, report the location of that facility as the residence.

If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian. Never use an acute care hospital’s location as the place of residence for any infant. If the decedent was a child, residence is the same as that of the parent(s), legal guardian, or custodian. If the child was living in an institution where individuals usually reside for long periods of time, the residence of the child is reported as the facility.



Mortality data by residence is used with population data to compute death rates for detailed geographic areas. This data is important in environmental studies. Data on deaths by place of residence of the decedent are also used to prepare population estimates and projections. Local officials use this information to evaluate the availability and use of services in their area.

Information on residence inside city limits is used to properly assign events within a county. Information on zip code and whether the decedent lived inside city limits is valuable for studies of deaths for small areas.

## Family Members

**Family Members**

Marital Status

Spouse's Name

First Middle Last (maiden name prior to first marriage) Suffix

Father's Name

First Middle Last Suffix

Mother's Maiden Name Prior to First Marriage

First Middle Last Suffix

Validate Page Next Clear Save Return

### Marital Status


Choose the decedent's marital status at the time of death from the dropdown list as it is reported by the informant. Documentation of marital status is not required.



Marital Status

- Married
- Legal Separation
- Widowed
- Divorced
- Never married
- Unknown
- Oregon Registered Domestic Partnership

Note that a legal separation requires a court order and is different than living separately. If marital status cannot be determined, choose **Unknown**.


 This information is used to determine differences in mortality by marital status.

### Spouse's Name

If the decedent was married, widowed, or in a registered domestic partnership at the time of death, enter the full name of his or her spouse. Otherwise, leave this item blank.

If the spouse is the wife, enter her maiden name, regardless of whether she changed her name at the time of marriage.

If name of spouse cannot be obtained, enter **Unknown** for both the **First Name** and **Last Name**.

 This item is used in genealogical studies and in establishing proper insurance settlement and other survivor benefits.

### Father's Name


Type or print the first, middle, last name, and suffix if applicable of the legal father of the decedent.

If the name of the father cannot be obtained, enter **Unknown** for the **Last Name**.

### Mother's Name Prior to First Marriage

Type or print the first, middle, and maiden surname of the mother of the decedent. This is the name given at birth or adoption, not a name acquired by marriage.

If the name of the mother cannot be obtained, enter **Unknown** for the **Last Name**.

 The names of the decedent's mother and father aid in identification of the decedent's death record. The maiden surname is important for matching the record with other records because it remains constant throughout a lifetime, in contrast to other names, which may change because of marriage or divorce. These items are also of importance in genealogical studies.

## Informant

**Informant**

---

**Informant Name**


First  Middle  Last  Suffix

Relationship to Decedent   Other specify

---

**Address**

Street Number  Pre Directional   Street Name or PO Box, Rural Route, etc  Street Designator   Post Directional   Apt #, Suite #, etc.

 City or Town  State  Country  Zip Code

### Informant Name

Enter the name of the person who supplied the personal facts about the decedent. This could be a police officer, medical examiner or other person if an informant who knew the decedent personally is not available.

### Relationship to Decedent

Choose the informant's relationship to the deceased from the dropdown list. If an appropriate relationship option is not listed, choose **Other** and specify the relationship in the **Other specify** box.

### Address

Enter the mailing address of the informant.



This information may be used to contact the informant for additional information as needed.

## Disposition

**Disposition**

Method of disposition  Other Specify

Date of disposition

---

**Place of disposition**

Place of Disposition

City or Town  State  Country

---

**Funeral Director**

License Number

First  Middle  Last  Suffix

---

**Funeral Home**

Business Registration Number

Street Number  Directional  Street Name or PO Box, Rural Route, etc.  Street Designator  Post Directional  Apt #, Suite #, etc

City or Town  State  Country  Zip Code

---

**Disposition Permit**

Date Disposition Permit Printed  ID Tag Number

### Method of Disposition

Choose the method of disposition corresponding to the method of disposition of the decedent's body from the dropdown list.

If the method used does not appear on the list, then select **Other** from the dropdown list and type the method in the **Other specify** box.

**Disposition**

Method of disposition

- Alkaline Hydrolysis
- Burial
- Cremation
- Donation and Cremation
- Entombment
- Natural Organic Reduction
- Removal from State
- Other



**Donation** refers only to the entire body, not to individual organs. If the body is used by a hospital, medical, or mortuary school for scientific or educational purposes, choose **Donation** and specify the name and location of the institution in the **Place of Disposition** below.

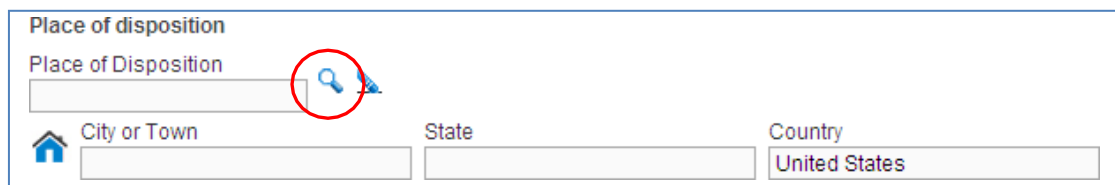
If a body is removed from Oregon, even if only for the convenience of the nearest crematorium, the death report should indicate **Removal From State**.

### Date of Disposition

Enter the exact month, day, and year of disposition. This date should correspond to the disposition of the body. If final disposition has not yet occurred, enter the date disposition will occur or leave this field blank.

### Place of Disposition

Enter the name of the cemetery, crematory, or other place of disposition. It is recommended that you use the **Lookup** tool in OVERS by clicking on the magnifying glass icon and searching for the facility of disposal. Selecting a facility will automatically fill in the **City or Town** and **State** fields.



If the body is removed from the state, specify the name of the cemetery, crematory or other place of disposition to which the body is removed.

If the body is to be used by a hospital or a medical or mortuary school for scientific or educational purposes, give the name of that institution.

If the body of the decedent is to be used by a hospital, a medical school, or a mortuary school for scientific or educational purposes, enter the name of the city or town and the state where the institution is located.

If there is any question about how to report the place of disposition, contact the State Vital Records office.




This information indicates proper disposition of the body as required by law. It also serves to locate the body in case exhumation, autopsy, or transfer is required later.

### Funeral Director

This section will automatically fill in with the user's profile information. If the **Funeral Director** information needs to be changed, use the **Lookup** tool by clicking on the magnifying glass to find the name of the funeral director who will sign the report. The **License Number** and **First, Middle and Last Names** will fill in with the Funeral Director's information.

### Funeral Home

This section will automatically fill in with the user's profile information. If the **Funeral Home** needs to be changed, use the **Lookup** tool by clicking on the magnifying glass to find the name of the **Funeral Home** or facility handling the body prior to disposition.

 This item assists in quality control in completing and filing death reports, as well as fiscal tracking. They identify the person who is responsible for filing the report with the registrar.

### Disposition Permit

Enter the date the disposition permit was printed and the ID Tag number that will accompany the remains.

### **Decedent Attributes**

**Decedent Attributes**

Decedent's occupation  Decedent's industry

Decedent's education  ▼

---

**Ancestry**

Decedent of Hispanic Origin (more than one choice can be indicated).

No, not Spanish/Hispanic/Latino     
  Yes, Puerto Rican     
  Yes, Other Hispanic Origin (specify)  
 Yes, Mexican, Mexican American, Chicano     
  Yes, Cuban     
  Unknown

---


**Race**

Check one or more races to indicate what the decedent considered himself or herself to be.

White     
  Chinese     
  Vietnamese     
  Samoan  
 Black or African American     
  Filipino     
  Other Asian (specify)     
  Other Pacific Islander (specify)  
 American Indian or Alaska Native, check box specify     
  Japanese     
  Native Hawaiian     
  Other (Specify)  
 Asian Indian     
  Korean     
  Guamanian or Chamorro     
  Unknown

### Decedent's Occupation

Enter the usual occupation of the decedent. **Occupation** is the kind of work the decedent did during most of his or her working life, such as claim adjuster, farmhand, janitor, store manager, college professor or civil engineer. Give the kind of work done during most of the decedent's working life, not necessarily the last occupation of the decedent. Do not enter *Retired*.

 If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation. If the decedent was a homemaker during most of his or her working life, and never worked outside the household, enter *Homemaker*.

(continued on next page)

Enter *Student* if the decedent was a student at the time of death and was never regularly employed during his or her working life.

Enter *Infant* if the decedent was less than one year old at the time of death and enter *Child* if the decedent was less than school age at the time of death.

### Decedent's Industry

Enter the kind of business or industry to which the **Occupation** is related, such as insurance, farming, hardware store, retail clothing, university, or government. Do not enter firm, organization or company names.



If the decedent was a homemaker during his or her working life, and *Homemaker* is entered as the decedent's usual occupation, enter *Own Home* as industry.

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

Enter *Infant* if the decedent was less than one year old at the time of death and enter *Child* if the decedent was less than school age at the time of death.

These items are useful in studying occupationally related mortality and in identifying job-related risk areas. For example, correlating asbestos used in particular occupations in the shipbuilding industry to respiratory cancer was possible with this information.

### Decedent's Education

Choose the category that best describes the highest degree or level of school completed by the decedent. Report only those years of school that were completed. For example, for a child who dies while a freshman (9th grade) in high school, report *8th grade or less*.

This item is used in studies of the relationship between education and mortality and provides an indicator of socioeconomic status, which is also closely associated with mortality. This information is valuable in medical studies of causes of death and in prevention programs.

### Ancestry

Choose the correct option from the options in OVERS. The entry in this item should reflect the response of the informant. If the informant reports that the decedent was of multiple Hispanic origins, enter all of the origins reported (for example, Mexican-Puerto Rican).



This item is not a part of the Race Item. A decedent of Hispanic origin may be of any race. Each question, Race and Hispanic origin, should be asked independently.



For the purposes of this item, “Hispanic” refers to people whose origins are from Spain, Mexico, Central or South American. Origin can be viewed as the ancestry, nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States.

The response should reflect what the decedent considered himself or herself to be and should not be based on percentages of ancestry. If the decedent was a child, the parent(s) should determine the Hispanic origin based on their own origin. There is no set rule as to how many generations are to be taken into account in determining Hispanic origin. A person’s Hispanic origin may be reported based on the country of origin of a parent, a grandparent, or some far-removed ancestor.



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

## Race

Enter all of the races of the decedent as reported by the informant. This should **NOT** be determined by observation. If the informant indicates that the decedent was of mixed race, choose all that apply.

The image below shows the Race screen when **American Indian or Alaska Native, Other Asian, Other Pacific Islander or Other** is chosen. If any of these are chosen, describe the selection in the box(es) below.

**Race**

Check one or more races to indicate what the decedent considered himself or herself to be.

<input type="checkbox"/> White	<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Filipino	<input checked="" type="checkbox"/> Other Asian (specify)	<input checked="" type="checkbox"/> Other Pacific Islander (specify)
<input checked="" type="checkbox"/> American Indian or Alaska Native, checkbox specify	<input type="checkbox"/> Japanese	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Korean	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Native Hawaiian	<input checked="" type="checkbox"/> Other (Specify)	<input type="text"/>
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian or Chamorro	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Unknown	



Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine whether specific health programs are needed in particular areas, as well as to make population estimates.


## Place of Death

The **Place of Death** page is used to capture the location where the decedent died. In OVERS, the page is listed under the **Medical Certification** sub-menu. It is the Funeral Director's responsibility to complete this page. The page must be completed before the case is referred to the Medical Examiner or sent to the Medical Certifier.

Information on place of death is needed to determine who has jurisdiction for deaths that legally require investigation by a Medical Examiner. These items are also used for research and statistics comparing hospital and non-hospital deaths. Valuable information is provided for health planning and research on the utilization of health facilities.

**Place Of Death**

Type of place of death  Other Specify

Facility Name  

**Address**

Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc
<input type="text" value="123"/>	<input type="text" value="SE"/>	<input type="text" value="Any Street"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City or Town	County	State	Country	Zip Code	
<input type="text" value="Portland"/>	<input type="text" value="Multnomah"/>	<input type="text" value="Oregon"/>	<input type="text" value="United States"/>	<input type="text" value="97216"/>	

Medical Record Number

### Type of Place of Death

Choose the **Type of place of death** from the dropdown list.

Type of place of death

- Hospital-Inpatient
- Hospital-Emergency Room/Outpatient
- Hospital-Dead on Arrival
- Decedent's Residence
- Decedent's Residence - Hospice
- Hospice Facility
- Nursing Facility
- Licensed Assisted Living Facility
- Licensed Residential Care Facility
- Licensed Adult Foster Home
- Other



**Other** should be used if the death was pronounced at a licensed ambulatory/surgical center or birthing center, a house or apartment other than the decedent's home, physician's office, the highway where a traffic accident occurred, a vessel, or at work. If the decedent's body was found, **Other** should be entered and the place where the body was found should be entered as the place of death. Always specify the type of place when **Other** is chosen.

**Decedent's Residence** should be entered when the death occurs at the decedent's home and may include retirement homes but not nursing facilities, adult foster care, assisted living or other residential care facilities. In these cases, choose the other appropriate option from the dropdown list.

(continued on next page)

If the death occurred on a moving conveyance in the United States and the body was first removed from the conveyance in this state, enter as the place of death the address where the body was first removed from the conveyance.

If the death occurred on a moving conveyance in international waters, international airspace, or in a foreign country or its airspace and the body was first removed from the conveyance in this state, register the death in this state but enter the actual place of death insofar as it can be determined.

### Facility Name

The selection you made for **Type of Place of Death** determines what you can enter for **Facility Name**.

If the death occurred at the facility with which your account is located, the **Facility Name** and **Address** will be populated based on this selection.

If you select **Decedent's Residence** or **Decedent's Residence – Hospice** for **Type of Place of Death**, OVERS will automatically populate the **Facility Name** and **Address** from the **Resident Address** page entered by the Funeral Director.

Of you select **Hospital, Hospice Facility, Nursing Facility, Licensed Assisted Living Facility** or **Licensed Residential Care Facility** for **Type of Place of Death**, it is recommended that you select the lookup tool (magnifying glass icon) to search for the facility to be listed on the death report.

If you select **Licensed Adult Foster Home** or **Other**, type the **Facility Name** and **Address** into the fields on this page.

### Address

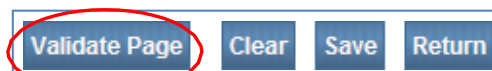
If you used the lookup tool to find the **Facility Name**, the **Address** will automatically be filled in. If you did not use the lookup tool, type the address in the boxes provided.

### Medical Record Number

This is not a mandatory field. This is usually completed by medical certifiers. A medical record may be entered.

## **Validate Page**

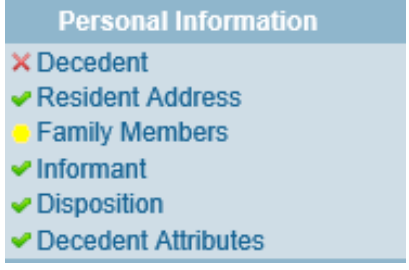
After you have entered information on all pages necessary, click the **Validate Page** button. This function checks for errors on all off the **Personal Information** pages.



The page will refresh. Look at the **Death Registration Menu** under the **Personal Information** sub-menu. A color-coded arrow has appeared next to each page. These arrows indicate whether the information entered contains errors that must be corrected before signing the report.

### Error Types

There are two types of errors in OVERS: hard edits and soft edits.

<p><b>Red=Hard Edit:</b> Shows pages containing non-overridable errors are marked by a red X. These errors must be corrected.</p>	
<p><b>Yellow=Soft Edit:</b> Shows pages containing overridable errors are marked by yellow circles. Correct the information or override the error.</p>	
<p><b>Green=No Edit:</b> Pages containing no errors are marked by green checkmarks. No further action is necessary.</p>	

Below is an example of a Hard Edit on the **Resident Address** page. The **Error Message** at the bottom of the page tells you what needs to be corrected. In this case, you must enter the **State** of the decedent's residence in order to complete the report.

Clicking the **List All Errors** button will display all errors for every page of the report in the **Error Message** section of the page.

**Resident Address**

Address

Street Number	Pre Directional	Street Name, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc.
<input type="text" value="1201"/>	<input type="text" value="SE"/>	<input type="text" value="Direct"/>	<input type="text" value="Road"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Portland"/>	<input type="text" value="Multnomah"/>	<input type="text"/>	<input type="text" value="United States"/>	<input type="text" value="97217"/>	

Inside City Limits

---

**Validation Results**

<p><b>Error Message</b></p> <p>DR_1572: Decedent residence State and/or country is invalid. Verify entries for Decedent residence state and country . If Country is "United States", a state must be entered.</p>	<p>Override</p> <input type="checkbox"/>	<p>Goto Field</p> <input type="checkbox"/>	<p>Popup</p> <input type="checkbox"/>
	<input type="button" value="fix"/>	<input type="button" value="fix"/>	

Below is an example of a Soft Edit on the **Family Members** page. The **Error Message** at the bottom of the page tells you what needs to be corrected. If the information is accurate, you may click the **Override** check box and then **Save Overrides**.

In this case, the error message is notifying us that the maiden name of the decedent's spouse is the same as the decedent's last name. The validation process is checking to make sure that we didn't accidentally report the spouse's married name.

**Family Members**

Marital Status Married ▼

---

**Spouse's Name**

First  Middle  Last (maiden name prior to first marriage)  Suffix

---

**Father's Name**

First  Middle  Last  Suffix

---

**Mother's Maiden Name Prior to First Marriage**

First  Middle  Last  Suffix

---

**Validation Results**

Error Message	Override	Goto Field	Popup
DR_0855: Surviving spouse's maiden surname is same as decedent's (husband) last name. Verify if the surviving spouse's maiden last name is truly the same as the decedent's (husband) last name. The maiden surname is not normally the same as the decedent's (husband) last name.	<input type="checkbox"/>	<input type="button" value="fix"/>	<input type="button" value="fix"/>

After all edits have been corrected or overridden, click **Validate Page** again.

If the errors on the page have been corrected, the red X will turn into a green checkmark. If you override a Soft Edit, the circle next to the page will remain yellow.

In the example to the right, the Hard Edit on the **Decedent** page has been corrected and a Soft Edit on the **Family Members** pages were overridden.



Notice that the **Sign** page is now listed. This means that the information provided has passed the validation rules built into OVERS and the report can be signed.

## Sign

After the report is completed and all validation edits are cleared or overridden, the **Sign** link will appear in the **Personal Information** sub-menu. The system does not automatically open the Sign page.

Click on the **Sign** link to open the **Affirmations** page.



To sign a death report, read the affirmation statement and place a checkmark in the box next to the affirmation statement. Click **Affirm** to finish signing the record.

---

**Affirmations**

Affirm the following:

- By submitting this information, I affirm under the penalty of perjury that I am the authorized signer whose name will appear on this certificate.

---

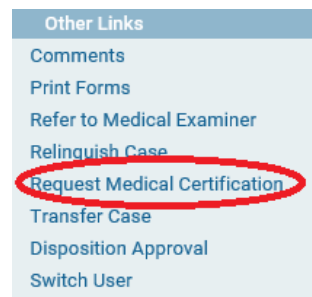
Once the record is signed the status line of the record will update and indicate that the record is signed.

/Personal Valid/Medical Valid With Exceptions/Not Registered/**Signed**/Uncertified/NA/Medical Certification Requested/Birth Death Linkage Required Over 1 Year/Certification Required/24-Hour Notice

## Request Medical Certification

**Request Medical Certification** is used by the funeral home director to notify the decedent's physician that the death report requires medical certification. Do not use this feature to send a case to a Medical Examiner. If the report will instead be referred to a Medical Examiner, see Chapter 3 for instructions.

In the **Other Links** sub-menu of the **Death Registration Menu**, click **Request Medical Certification**.



You will be taken to the **Request Medical Certification** page shown below. Notice that the **Message** box is pre-filled with information about the case. This message can be left as is, or you may add your own message at the end of the pre-filled message. It is common practice for funeral directors to add the time of death to this message before sending it to the doctor.

First, search for the **Certifier Name** then for the **Facility/Office Name** by clicking on the magnifying glass icons. Enter the first part of the name you are looking for, followed by the wildcard symbol, %. Choose the **Certifier Name** or **Facility/Office Name** by clicking on the **Select** link.

Click **Save** to complete the referral and send a message to the Medical Certifier.

As a courtesy to the Medical Certifier, you may want to call to confirm the certifier is ready and available to certify the death report.



# 3

## Special Situations & Tools

### Picking up a Case Started by a Medical Examiner or Medical Certifier

When a Medical Examiner or Medical Certifier starts a case in OVERS, the Funeral Director will need to take ownership of the case before completing the death report. To take ownership of the death report you will need to search for it using **Start/Edit New Case**. This is the only search feature that will find cases not already assigned to your facility.

From the top Menu Bar, choose **Life Events**, then **Start/Edit New Case**. Enter the **First Name, Last Name, Date of Death, Gender, Date of Birth** and **County of Death**. Click the **Search** button.

Death Start/Edit New Case

Decedent's Information

First: Eleanor Last: Test Date of Death: JUN-22-2013  
Gender: Female SSN: - - - - Date of Birth: MAR-20-1952  
Case Id: ME Case Number: Medical Record Number:  
Place of Death Location Type: County Place of Death: Multnomah

Search Clear

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

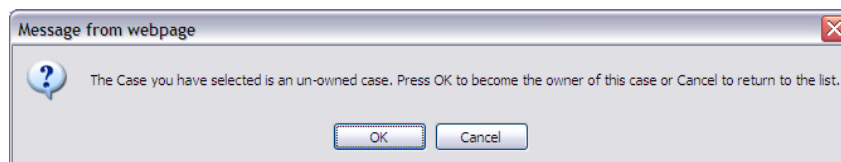
Results

Case Id	Decedent's Name	Date of Death	Gender	Place of Death	Date of Birth	
4254376	Test, Eleanor	JUN-22-2013	Female	Multnomah	MAR-20-1952	Preview

Total records : 1

If case does not appear above, start new case New Search

A dialog will pop up asking if you want to take ownership of the report. Click **OK** to take ownership of the case.



If your search returns no results and you are confident the report has been started in OVERS, you may try your search again or contact the Medical Examiner or Medical Certifier who started the report in OVERS before starting a new case to obtain the information added to the report. This will avoid creating a duplicate report.

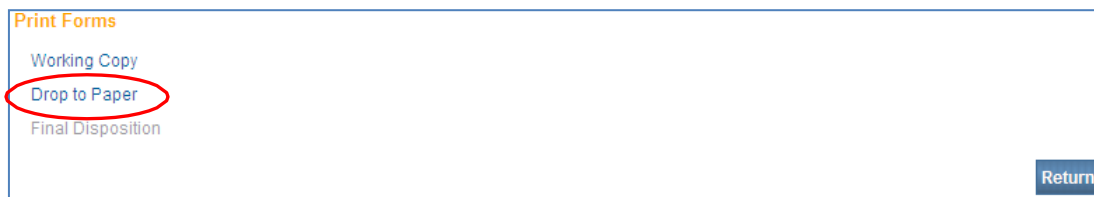


## Drop to Paper

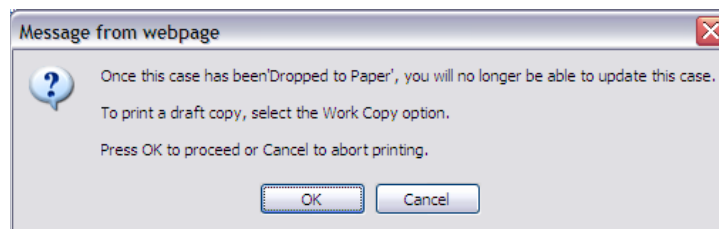
The **Drop to Paper** link is used to print a paper death report when a case is started in OVERS but will be completed on paper by the medical certifier.

Once a report is dropped to paper, previously authenticated signatures are printed along with all filled-in data. **The paper document is then considered the official source of the death report information.** All “authenticated” information will be locked in OVERS at the time a death report is dropped to paper to ensure the paper document matches the electronic report.

To access the **Drop to Paper** link, select **Print Forms** from the **Other Links** sub-menu. The **Print Forms** page will appear. The **Drop to Paper** link will only be available after you have signed your portion of the report. Click **Drop to Paper**.



The following message will appear on screen. The message reminds you that you will not be able to make change changes to this case after you drop the report to paper. To continue, click **OK**.



Selecting **OK** will launch the **File Download** page. Select **Open** to view the document. Once the document displays, you can print the report.

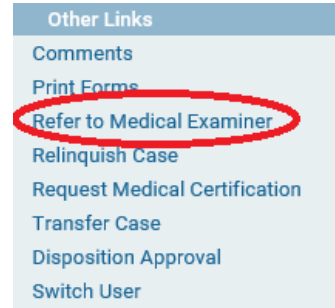
Note: Reports can only be dropped to paper once. After it is dropped to paper, the link will not be available to drop to paper again.

If you find you have made an error after you have dropped the death report to paper, you may call the OVERS Help Desk for assistance.

## Refer to Medical Examiner

The purpose of the **Refer to Medical Examiner** page is to notify a Medical Examiner of a death that was due to or may have been due to unnatural causes. In some cases, this step may be required by law.

To begin, go to the **Other Links** section of the **Death Registration Menu**. Click on **Refer to Medical Examiner**.



You will be taken to the **Refer to Medical Examiner** page shown below. Notice that the **Message** box is pre-filled with information about the case. This message can be left as is, or you may add your own message at the end of the pre-filled message.

**Refer To Medical Examiner**

County:  ... **1**

Office:  **2**

Medical Examiner:  **2**

Message: Please review Case Id: 4254340 - James Ernest Jones, Date of Death: JUN-03-2013 referred by Attrell's Sherwood Funeral Chapel. <https://or-vitalevents.hr.state.or.us/OVERS/>

**3**

First, search for the **Office** then for the specific **Medical Examiner** by clicking on the magnifying glass icon. Enter the first part of the name you are looking for, followed by the wildcard symbol, %. Choose the **Office** or **Medical Examiner** by clicking on the **Select** link.

Lookup Office

Facility Name:

Facility Name	Address	City
State Medical Examiner Office	13309 SE 84th Avenue	Clackamas

Total records : 1

Click **Save** to complete the referral and send a message to the Medical Examiner.

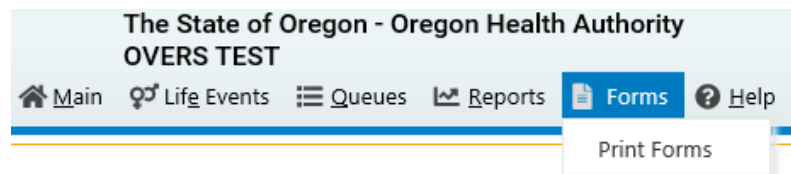
## Disposition Approval

The **Disposition Approval** page is used to approve the transport of a decedent's remains. The Disposition Permit serves the permit to transport the decedent's remains authorize the crematory or cemetery for final disposition.

There are two options for printing a disposition approval permit in OVERS. To create a disposition permit you can either open a blank permit and type the information into the form or you can print the permit with the data pre-filled from the death report.

### Blank Permit

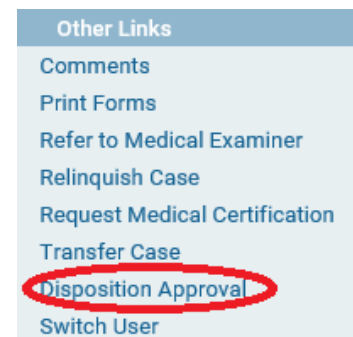
To access a blank copy of the **Disposition Approval** permit, choose **Forms** from the top menu bar, then **Print Forms**.



You will be taken to the **Print Forms** page. Click **Final Disposition** to open a blank disposition permit. You may type the information in the form prior to printing it on paper.

### Auto-Filled Permit

After the death report is completed, you can access the auto-filled **Disposition Approval** permit by selecting **Disposition Approval** from the **Other Links** sub-menu.



There are two affirmation checkboxes on the **Disposition Approval** page:

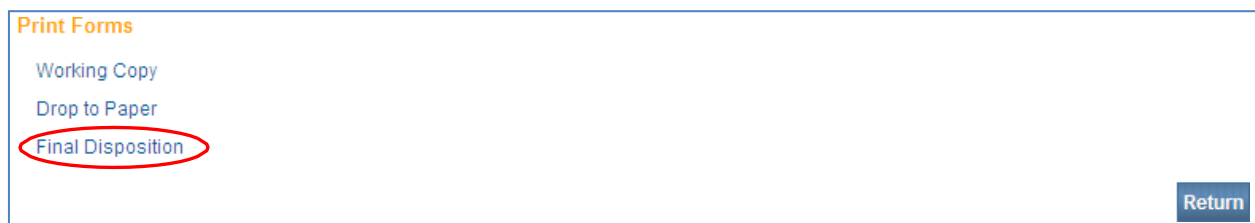
1. *Authorization for Final Disposition* is used when the Personal Information pages have been completed and the Medical Certification portion has been certified.
2. *Alternate Authorization for Final Disposition* is used when only the Personal Information pages have been completed.

 A screenshot of the 'Disposition Approval' form. At the top, it says 'Save button is disabled until an affirmation is checked and physician contacted and date contacted are populated.' There are two checkboxes: 'Authorization For Final Disposition' (unchecked) and 'Alternative Authorization for Final Disposition' (checked). A red circle with the number '1' points to the checked checkbox. Below is the 'Physician' section with a 'Lookup' field containing 'Death Excellent Test Ce' and a search icon. A red circle with the number '2' points to the search icon. Below the lookup field are three input fields for 'First' (Death), 'Middle' (Excellent Test), and 'Last' (Certifier). Below these are 'Date Contacted' (JUN-21-2013), 'Time Contacted' (2:00 PM), and 'Date of disposition' (JUN-23-2013). A red circle with the number '3' points to the 'Save' button at the bottom right.

Place a checkmark in the appropriate **Authorization for Final Disposition** check box. Use the **Lookup** tool by clicking on the magnifying glass to search for the medical certifier responsible for the medical portion of the report.

After the medical certifier is chosen, the details will appear on the **Disposition Approval** page. Enter the **Date Contacted** and **Time Contacted**. An example is shown below. Click **Save**.

Next, click the **Print Forms** link in the **Other Links** sub-menu. You will be taken to the **Print Forms** page shown below



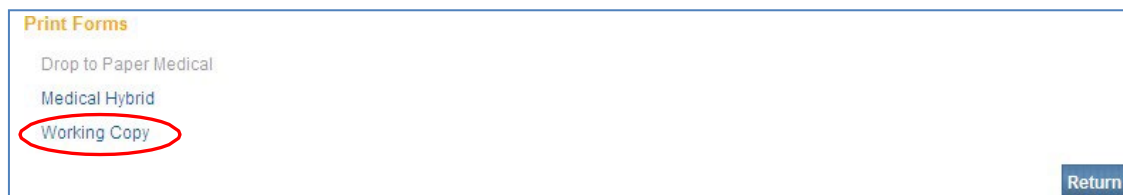
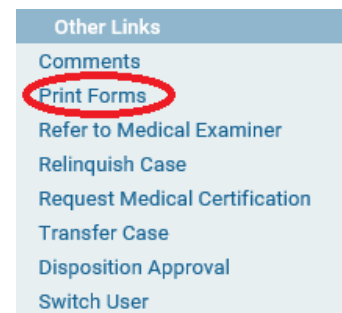
The **Final Disposition** link is now available. Click **Final Disposition** and open the document. The **Disposition Approval** permit will appear on screen, filled in with the information provided on the **Disposition Approval** page.

## Print a Working Copy

The working copy is a version of the death report that you can print to help review the information entered before signing a death report.

To print a working copy of the death report, go to the **Death Registration Menu**. Under **Other Links**, click **Print Forms**.

You will be taken to the **Print Forms** menu shown below. Click on **Working Copy**.



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

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

## Abandon a Case

On occasion, a case may get started in OVERS that was created in error. These cases will need to be removed from OVERS. Call the OVERS Help Desk for Technical Support and they will be able to abandon the case. The Help Desk number is 971-673-0279.

**DO NOT** relinquish a case if it was entered in error. Relinquishing a case is only done when another funeral home will be completing the case. See below for more information about relinquishing a case.

## Relinquish a Case

Once a Funeral Home Director has taken “ownership” of a death report, no other Funeral Home facility or office will be allowed to make changes to the record. The **Relinquish Case** link allows a Funeral Director to relinquish control of the report so that a different Funeral Home can finish the death report.

From the **Death Registration Menu**, select **Relinquish Case** from the **Other Links** section.

**Other Links**

- [Comments](#)
- [Print Forms](#)
- [Refer to Medical Examiner](#)
- [Relinquish Case](#)
- [Request Medical Certification](#)
- [Transfer Case](#)
- [Disposition Approval](#)
- [Switch User](#)

The **Relinquish Case** box shown below will appear. Click **OK**. The case will be released, and another Funeral Home facility will now be able to locate and complete the report. Any information provided on the **Disposition** page will be removed. You will not be able to view or edit the report after you relinquish the case.

**Relinquish Case**

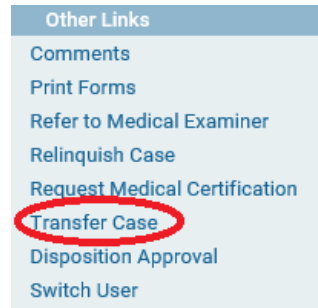
**Relinquish Case**

Once this case has been relinquished, you will no longer be able to access this case. Press OK to proceed. Cancel to retain ownership.

## Transfer a Case

It may sometimes be necessary for a medical facility such as a Funeral Home to transfer ownership of a case to another, similar, facility. In these situations, the transferring facility would use the **Transfer Case** page to transfer ownership to the appropriate facility.

From the **Death Registration Menu**, select **Transfer Case** in the **Other Links** section.



Notice that there are two options on the **Transfer Case** page: **Transfer Personal Ownership** and **Transfer Medical Ownership**. Funeral Directors can only transfer **Personal Ownership**.

To transfer ownership, place a check mark in the **Transfer Personal Ownership To** box. Next, click on the magnifying glass icon next to the facility field. Enter a **Facility Name** in the box and click **Search**. Select the correct facility.

The **Message** box is pre-filled with information about the case. You may add text at the end of the pre-filled message only. Then click **Save** to transfer the case.

 A screenshot of the "Transfer Case" web form. At the top, there is a checked checkbox for "Transfer Personal Ownership To:" followed by a search box containing "River View Cemetery Funeral Home" and a magnifying glass icon. A red circle with the number "1" points to the magnifying glass icon. Below this is an unchecked checkbox for "Transfer Medical Ownership To:" followed by an empty search box and a magnifying glass icon. A "Message" box contains the text: "The following case has been transferred to your facility: Case Id: 4254372 - Summer Smith, Date of Death: JUN-20-2013 transferred by Attrell's Sherwood Funeral Chapel." At the bottom right, there are three buttons: "Clear", "Save", and "Return". A red circle with the number "2" points to the "Save" button.

## Making Changes to a Report

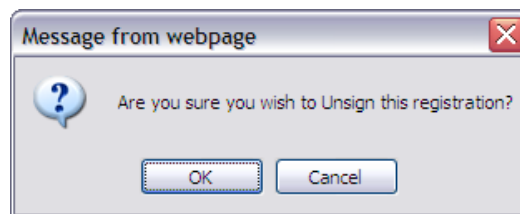
Once the report is signed you can still access and view the report for six months. However, you will not be able to edit the report without unsigned it (if it has not yet been registered at the State level) or requesting an amendment (if it has already been registered at the State level).

## Unsign

Until the report is dropped to paper or registered at the State office and assigned a State File Number (SFN), you may unsign it if you need to make edits. To do this, click on the **Sign** link. Notice that the **Affirm** button has changed to the **Unsign** button. To unsign a report so that you can edit it, click the **Unsign** button.



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



Make the necessary edits. Once you have completed edits to the death report, validate and sign the report as you would for any other death report.

## Amendments

It may sometimes be necessary to make corrections to a death certificate after it has been registered at the State and assigned a State File Number (SFN). Requesting an amendment in OVERS significantly shortens the processing time necessary to change a death record.

After a record is registered, different options will appear under the **Other Links** sub-menu. To request an amendment to a record, select **Amendments** from the **Other Links** section of the **Death Registration Menu**.



The **Amendment Page** will appear. Choose the **Type** of amendment from the dropdown list. Your only option is **Personal**. Then click **Save**.

**Amendment Page**

Type  Amendment Date

Year  Amendment Number

Order Number  Description

Amendment Status

The page will refresh and automatically show an **Amendment Date**, **Amendment Number**, **Year** and **Amendment Status**. In addition, a new dropdown list appears for **Page to Amend**. Choose the page that contains the information you need to change.

**Amendment Page**

Type  Amendment Date

Year  Amendment Number

Order Number  Description

Amendment Status

Page to Amend

Item In Error	Item as it Appears	Item as it Should be	Edit	Delete
Family Members-Mother's First Name	Rhonda	Samantha	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

The page will refresh to show the **Page to Amend** on the **Amendment Page**. Make the necessary changes, then click **Save**.

The page will refresh and show the information that you will change. In this case, the decedent's mother's name has been changed from *Rhonda* to *Samantha*. If the changes are correct, click **Save**.

**Amendment Page**

Type  Amendment Date

Year  Amendment Number

Order Number  Description

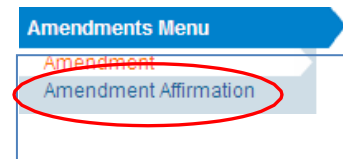
Amendment Status

Page to Amend

Item In Error	Item as it Appears	Item as it Should be	Edit	Delete
Family Members-Mother's First Name	Rhonda	Samantha	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>



While you are working on an amendment, a new menu appears above the **Death Registration Menu**, called the **Amendments Menu**. To complete the amendment, click **Amendment Affirmation** in the **Amendments Menu**.



You will be taken to the **Affirmations** page. As with signing a death record, read the affirmation statement and check the box to affirm the statement on the screen. Click **Affirm** to complete the amendment. The amendment request will be sent to the State office for review. The amendment is not complete until it is approved by the State office. You will receive an automated e-mail from OVERS when the amendment is approved by the State office.

### Searching for the Amendment Status

Once an amendment is started, it appears in the **Amendment List**. From the **Death Registration Menu**, select **Amendment List** under the **Registrar** sub-menu to find the status of amendment requests.



In the example shown below, three personal amendment requests were submitted to the State office.

- The first request was completed by the Funeral Director and is pending review at the State office.
- The second amendment request was completed by the Funeral Director and completed, or approved, by the State office.
- The third request has been Keyed, or typed into OVERS, but Requires Affirmation by the Funeral Director.

To view, edit or affirm an amendment request, click on the **Amendment Id** number to the left.

**Amendment List**

Amendment Id	Processing History	Amendment Type	Date Received	Date Completed / Rejected	Amendment Status	Order #
352430	History	Personal	JUN-26-2013		Pending	
352431	History	Personal	JUN-26-2013	7/19/2013 8:56:35 AM	Complete	
352438	History	Personal	JUL-18-2013		Keyed (Requires Affirmation)	

[New Amendment](#)
[Return](#)

# A

## ***Appendices***

### **Appendix A – Quick Reference Guide for Funeral Directors**

The Quick Start Guide can be found on the Center for Health Statistics website at:

<https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/REGISTERVITALRECORDS/OVERS/Documents/QuickStartFuneral.pdf>

## Appendix B – OVERS Navigation

### Add a site to my favorites in Microsoft Edge

1. Open the Edge app then navigate to the desired website.
2. Select the Star icon. (located on the address bar in the upper-right).
3. From the Favorites tab (located at the top), edit the Name and Save location (if desired) then select Add.

### How to add bookmarks in Google Chrome on desktop

1. Open Google Chrome on your Mac or PC and navigate to the web page you want to bookmark.
2. Click the star on the right edge of the address bar. A bookmark will be automatically created. ...
3. A pop-up box will appear where you can customize the bookmark.

### Create website shortcut on desktop using Chrome, Edge, Firefox

1. Launch your browser.
2. Open the web page whose shortcut you want to create.
3. Click and hold the icon just before the URL in the address bar.
4. Drag the icon to your desktop.
5. The web shortcut will be created.

## Appendix C – Vital Records Law

**The Oregon Revised Statutes are cited only for your reference and are not quoted in their entirety nor verbatim.**

### **432.005 Definitions.**

(1) "Dead body" means a human body or such parts of such human body from the condition of which it reasonably may be concluded that death occurred.

**IMPORTANT** – If an infant breathes or shows any other evidence of life after completed delivery, even though it may be only momentary, then dies, both a birth certificate and a death certificate must be filed – DO NOT file a fetal death report.

### **432.133 Mandatory submission and registration of reports of death; persons required to report.**

(1)(a) A report of death for each death that occurs in this state must be submitted to the county registrar of the county in which the death occurred or to the Center for Health Statistics, or as otherwise directed by the State Registrar of the Center for Health Statistics, within five calendar days after death or the finding of a dead body and before final disposition, and must be registered if it has been completed and submitted in accordance with this section.

(b) If the place of death is unknown, but the dead body is found in this state, the report of death must be completed and submitted in accordance with this section. The place where the body is found must be noted as the place of death except, if in an emergency the decedent is moved by conveyance to another county and is dead on arrival, the death shall be considered to have occurred in the county from where the body was originally moved.

(c) When death occurs in a moving conveyance within or outside the United States and the body is first removed from the conveyance in this state, the death must be registered in this state and the place where the body is first removed shall be deemed the place of death. The report of death may note the actual location of death insofar as it can be determined.

(d) In all other cases, the place where death is pronounced shall be considered the place where death occurred.

(e) If the date of death is unknown, the medical certifier shall determine the date by approximation. If the date cannot be determined by approximation, the date that the body was found shall be entered on the report of death.

(2)(a) The funeral service practitioner or person acting as a funeral service practitioner who first assumes custody of the dead body shall submit the report of death to the county registrar of the county in which the death occurred or to the Center for Health Statistics. In cases where there is no funeral service practitioner or person acting as a funeral service practitioner, the medical examiner shall submit the report of death.

(b) The funeral service practitioner or person acting as the funeral service practitioner shall obtain the personal data from the next of kin or the best qualified person or source available and shall obtain the medical certification from the person responsible for the medical certification.

(c) The funeral service practitioner or person acting as the funeral service practitioner shall provide sufficient information to identify the decedent to the medical certifier within 48 hours after death unless the medical certification has already been submitted.

(3) A medical certification shall be completed within 48 hours after having access to the report of death by the decedent's primary or attending medical certifier who was in charge of the care of the patient for the illness or condition that resulted in death, except when inquiry is required under ORS chapter 146. In the absence or inability of the medical certifier, or with the medical certifier's approval, the report of death may be completed by an associate of the medical certifier, the chief medical officer of the institution where death occurred or the physician who performed an autopsy upon the decedent, provided that the associate, chief medical officer or physician has access to the medical history of the case and death is due to natural causes. The person completing the cause of death shall attest to its accuracy either by signature or by electronic signature.

(4) When inquiry is required under ORS chapter 146, the medical examiner in the jurisdiction where death occurred or the body was found shall determine the cause and manner of death and shall complete and sign the medical certification within 48 hours after taking charge of the case. If the cause or manner of death is unknown or pending investigation, the cause or manner of death shall be noted as such on the report of death.

(5) When the death occurs in a hospital where more than 10 deaths occurred during the previous calendar year, the person in charge of the hospital shall require the medical certification to be reported through the state electronic reporting system and the report of death to include the electronic signature of the medical certifier.

(6)(a) When a death occurs in a hospital described in subsection (5) of this section and the death is not under the jurisdiction of a medical examiner, the person in charge of the hospital or the designated representative of the person in charge of the hospital shall enter the following information on the report of death within 48 hours of death:

(A) If the report of death does not exist in the state electronic reporting system, the name of the decedent, the date of the decedent's birth, the date of the decedent's death and the county in which the decedent died; and

(B) The medical certification of death, accompanied by the signature or electronic signature of the person completing the cause of death as described in subsection (3) of this section.

(b) The partially completed report of death prepared under this subsection shall be made available to the funeral service practitioner or person acting as a funeral service practitioner within 48 hours of death.

(7) Upon receipt of autopsy results or other information that would change the information related to the cause or manner of death, a medical certifier or medical examiner shall submit an amendment to the record of death within five calendar days to the Center for Health Statistics.

(8) When a death that is not the subject of a presumptive death proceeding in a court in this state or another state is presumed to have occurred in this state as the result of a known event in this state, but no remains of the presumed deceased can be located, a report of

death may be prepared by the Chief Medical Examiner upon receiving an order from a court of competent jurisdiction that contains findings of fact necessary to complete the report of death. A report of death prepared under this subsection shall be marked or flagged “Presumptive” and must show on its face the date of death as determined by the court, the date of registration, the identity of the court and the date of the order.

(9) When a death of a missing person domiciled in this state, and that is not the subject of a presumptive death proceeding in a court of this state or another state, has been determined by a court of competent jurisdiction to have presumptively occurred in another state, a report of death may be prepared by the Chief Medical Examiner upon receiving an order from the court that contains findings of fact necessary to complete the report of death. A report of death prepared under this subsection shall be marked or flagged “Presumptive” and must show on its face the date of death as determined by the court, the date of registration, the identity of the court and the date of the order.

(10) When a death occurring in this state has not been registered as prescribed by this section, a report of death may be submitted to the state registrar as described in this section provided that the medical certifier or medical examiner and the funeral service practitioner or person acting as a funeral service practitioner are available to complete the report of death. If the report of death is submitted more than one year after the date of death or the date on which the body was found, the medical certifier or medical examiner and funeral service practitioner or person acting as a funeral service practitioner shall state in accompanying notarized statements that the information submitted is based on records kept in the files of the medical certifier or medical examiner and funeral service practitioner or person acting as a funeral service practitioner. If the medical certifier or medical examiner and funeral service practitioner or person acting as a funeral service practitioner are unavailable to complete the report of death, or decline to complete the report death, then the death shall not be registered except upon the receipt of an order from a court of competent jurisdiction.

(11) A report of death required to be submitted under this section must contain the Social Security number of the decedent when the Social Security number is reasonably available from other records related to the decedent or can be obtained from the person in charge of the final disposition of the decedent.

(12) If a decedent’s death was caused by suicide, the person who submits the report of death to the county registrar or to the Center for Health Statistics, or as otherwise directed by the state registrar, shall make reasonable efforts to ascertain whether the decedent was a veteran and, if the decedent was a veteran, whether the decedent served in combat and, if so, where the decedent served. Information acquired under this subsection must be reported to the Center for Health Statistics through the state electronic reporting system. [Formerly 432.307; 2017 c.151 §25]

**432.158 Disposition of remains; rules.**

- (1) Human remains shall be disposed of in accordance with ORS chapter 97.
- (2) The funeral service practitioner or person acting as a funeral service practitioner who first assumes possession of a dead body or fetus shall submit written notice to the county registrar in the county in which death occurred or in which the dead body or fetus was found within 24 hours of taking possession of the dead body or fetus. The notice must be on a form prescribed and furnished by the State Registrar of the Center for Health Statistics.
- (3) Before the final disposition of a dead body, the funeral service practitioner or person acting as a funeral service practitioner who first assumes custody of the dead body shall obtain written authorization, on a form prescribed and furnished by the state registrar, for final disposition of the dead body from the medical certifier or medical examiner who certifies the cause of death as described in ORS 432.133. If the funeral service practitioner or person acting as a funeral service practitioner is unable to obtain written authorization before the final disposition of the dead body, the funeral service practitioner or person acting as a funeral service practitioner may authorize, with the oral consent of the medical certifier or medical examiner who is responsible for certifying the cause of death, the final disposition of the dead body on a form prescribed and furnished by the state registrar.
- (4) Upon request of a parent or the parent's authorized representative, a disposition permit may be issued for a fetus that is not reportable as a fetal death.
- (5) A permit authorizing final disposition issued under the law of another state that accompanies human remains brought into this state shall have the same force and effect as a permit authorizing final disposition issued by the state registrar.
- (6) A person in charge of a place where interment or other disposition of human remains is made may not inter or allow interment or other disposition of human remains unless the human remains are accompanied by a permit authorizing disposition.
- (7) A person in charge of a place where interment or other disposition of human remains is made shall indicate on the permit authorizing disposition the date of disposition and return the completed permit to the county registrar of the county where death occurred. If there is no such person, the funeral service practitioner or person acting as the funeral service practitioner shall complete the permit and return it to the county registrar of the county where death occurred.
- (8) Except as provided in ORS 97.223, disinterment of human remains requires authorization for disinterment and reinterment. The state registrar may issue authorization for disinterment and reinterment to a funeral service practitioner or person acting as a funeral service practitioner upon application, as required by the state registrar by rule.

(9) Prior to removing a dead body or fetus from this state under ORS 692.270, a funeral service practitioner or a person acting as a funeral service practitioner shall submit a written notice of removal to the country registrar in the county in which death occurred or in which the dead body or fetus was found. The notice shall be on a form prescribed and furnished by the state registrar. A copy of a written notice of removal serves as a permit for transporting the remains of a decedent named on the notice. [Formerly 432.317; 2019 c.241 §4]

Burial/Cremation Tags must be assigned for all deaths that occur in Oregon.



