

Missouri Electronic Vital Records (MoEVR)

A screen-by-screen guide on how to complete and certify to the cause and manner of death.

Physician/Medical Examiner/Coroner either confirms or completes information on:

Tab 7 – TIME/AUTOPSY

Tab 8 – CAUSE OF DEATH

Tab 9 – DETAILS/MANNER/INJURY, down to #33 – Manner of Death, injury date is only used by coroners or MEs

Tab 10 – CERTIFIER, is populated based on login and is the electronic signature. As a physician, only review the information for accuracy the first time you login; as a ME/coroner, choose your name from the ME/coroner field.


Tab 11 – CASE ACTIONS, is where you certify to medical information by checking two boxes: “Medical information ready to be certified” and “Certify medical information”

“Finish” checks the record for blank fields and lists what still needs to be done to the record to register.

“Save (as Pending)” is when the record is actually saved.

IMPORTANT NOTE: By statute, funeral homes have five days from the date of death to file the death certificate. By statute, medical certifiers (physicians, medical examiners and coroners) have 72 hours from the date they receive the certificate to complete the cause and manner of death unless further investigation is required.

Logged in as:
LEVI PHYSICIAN3
at LEVI PHYSICIAN3, DO
Unit: LEVI PHYSICIAN3, DO



Version: RLS-3-17
12/24/2012 02:30 PM
[Logout](#) [Help](#) | Accent Characters

Main
Death | System

Pending MI Overdue (3)

Description	Event Date	Details	Action
DECLINE ONE	10/23/2012	Details	Process
ONE RECORD	11/13/2012	Details	Process
JETSON ASTRO	12/02/2010	Details	Process

News Message

[FAQ - Death Instructions](#) Helpful hints on how to use the EDR system

[MO Certifier User Guide](#) Helpful hints for using EDR system

When you login to MoEVR, this is an example of how your screen will look. You may have more than one queue.

You may see the following queues:

- “Pending MI” (MI means Medical Information) records are within the five days the funeral home has to file the record.
- “Ready to certify” means all information has been completed except check ‘CERTIFY MEDICAL INFORMATION’ on Tab 11.
- “Pending PI” (PI means Personal Information) may also be another queue for physicians who start the record. Physicians do not typically start the record. If it is the policy of your facility to start the record, please contact this office for training. (MoEVR Help Desk, 573-751-7149)

In this example, Pending MI Overdue (3) means there are three records that are outside the five days that the funeral home has to file the record. If possible, complete overdue records first. **(By statute 193.145.5 RSMo the medical certifier should complete certification within 72 hours of receiving the record unless further investigation is required.)**

To open the record, click PROCESS under the Action column.

When you are ready to close the MoEVR application, click LOGOUT in the upper right of the page.

Note: If MoEVR is open and not active for 20 minutes it will time out and you must login again.

Death First: **RECORD** Last: **ONE** Date of death (MMDDYYYY): 11/13/2012

[1 Decedent](#) | [2 Decedent Info](#) | [3 Informant/Place](#) | [4 Disposition/Funeral Home](#) | [5 Embalmer/Funeral Director](#) | [6 Decedent History](#) | [7 Time/Autopsy](#) | [8 Cause of Death](#) | [9 Details/Manner/Injury](#) | [10 Certifier](#)

1. Decedent's Legal Name

First: RECORD
 Middle:
 Last: ONE
 Suffix:

Decedent has AKAs

2. Decedent's Sex

Sex: MALE
 Accept sex/cause of death inconsistency

3. Last Name Before First Marriage

Same as current last name
 Last name before first marriage:

Date and Time of Death

Date of death (MMDDYYYY): 11/13/2012
 Time of death: 04:00
 Time indicator: AM

5. Decedent's Social Security Number

SSN: 999-99-9999
 Verification status:

6. Decedent's Age

Age measure: Years
 Age on last birthday - years: 48
 Verification required:
 Age if under 1 year - months:
 Age if under 1 year - days:
 Age if under 1 day - hours:
 Age if under 1 day - minutes:

7. Decedent's Date of Birth

Date of birth (MMDDYYYY): 10/28/1964

When you click **Process** it will always open on **Tab 1-Decedent**. (The tab that is open will be highlighted.) Review the information on this page to determine if this record belongs to you.

To start the medical certification, click on **Tab 7-Time/Autopsy**.

1 Decedent | 2 Decedent Info | 3 Informant/Place | 4 Disposition/Funeral Home | 5 Embalmer/Funeral Director | 6 Decedent History | **7 Time/Autopsy** | 8 Cause of Death | Details/Manner/Injury | 10 Certifier | 11 Case Actions

Case Information

Decedent's first name: RECORD
 Decedent's last name: ONE
 Decedent's date of birth: 10/28/1964
 Decedent's sex: MALE

4. Actual or Presumed Date of Death

Date of death (mm/dd/yyyy): 11/13/2012
 Date found:

26. Actual or Presumed Time of Death

Actual or presumed time of death: 04:00
 Time indicator: AM
 Time found:

27/29.30. Autopsy

Was ME/coroner contacted? Yes
 Was an autopsy performed? No
 Were autopsy findings available to complete the cause of death? Select

Previous | **Next** | Finish | Cancel

Tab 7, Time/Autopsy

Throughout the record, yellow or grey boxes are either prefilled or do not require entry at this time.

Case Information boxes are auto populated from Tab 1.

#4– Actual or Presumed Date of Death – is auto-populated from Tab 1. However changes can be made by physician or ME/coroner, who is certifying to the TIME, DATE, PLACE AND CAUSE AND MANNER OF DEATH.

#26 – Actual or Presumed Time of Death may or may not be populated from Tab 1, but is the responsibility of the medical certifier to complete. *(If not populated, this information may be obtained from the decedent’s medical records from the nursing home, hospice care, or hospital. Funeral Home may also have this information.)* If the time of death is populated, the medical certifier may change or correct.

#27/29.30. – Was ME/coroner contacted may be answered by the funeral home, but is the responsibility of the medical certifier to answer if not provided by the funeral home.

Was an autopsy performed? must be answered. If it is ‘yes’ the next field will open.

Click on **Tab 8 Cause of Death** or Next, to move to the next screen to enter the cause of death.

Death -- First: *RECORD* Last: *ONE* Date of death (MMDDYYYY): 11/13/2012

1 Decedent | 2 Decedent Info | 3 Informant/Place | 4 Disposition/Funeral Home | 5 Embalmer/Funeral Director | 6 Decedent History | 7 Time/Autopsy | **8 Cause of Death** | 9 Details/Manner/Injury | 10 Certifier

11 Case Actions

PART I.
PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events, such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

26. Cause of Death - Use a semicolon to separate multiple causes in same textbox

Immediate cause (final disease or condition resulting in death) A	<input type="text"/>	ABC	Approximate interval: onset to death	<input type="text"/>
Underlying cause B	<input type="text"/>	ABC	Approximate interval: onset to death	<input type="text"/>
Underlying cause C	<input type="text"/>	ABC	Approximate interval: onset to death	<input type="text"/>
Underlying cause D	<input type="text"/>	ABC	Approximate interval: onset to death	<input type="text"/>

PART II.
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

26. Other Significant Conditions - Use a semicolon to separate multiple causes in the same textbox

Other significant conditions contributing to death but not resulting in the underlying cause given in part I

Previous Next Finish Cancel

TAB 8, Cause of Death

What you enter as the Cause of Death appears on the death certificate.

Immediate Cause of Death is entered in textbox A, then use your tab key to move to the Approximate Interval.

Approximate Interval should be entered as minutes, hours, days, months, years. If a date is entered use the mm/dd/yyyy format.

Spell check is available for Cause of Death by clicking on the 'ABC' with a check mark at the end of the text box or spell check will trigger when moving to the next screen.

If information is entered in **#26, Other Significant Conditions**, use a semicolon (;) to separate significant conditions; do not use commas or extra spaces. This may be left blank.

PART I.

PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events, such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

26. Cause of Death - Use a semicolon to separate multiple causes in same textbox

Immediate cause (final disease or condition resulting in death) A	<input type="text" value="MYOCARDIAL INFARCTION"/>		Approximate interval: onset to death	<input type="text" value="MINUTES"/>
Underlying cause B	<input type="text"/>		Approximate interval: onset to death	<input type="text"/>
Underlying cause C	<input type="text"/>		Approximate interval: onset to death	<input type="text"/>
Underlying cause D	<input type="text"/>		Approximate interval: onset to death	<input type="text"/>

PART II.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

26. Other Significant Conditions - Use a semicolon to separate multiple causes in the same textbox

Other significant conditions contributing to death but not resulting in the underlying cause given in part I

TAB 8 – Cause of Death, continued

This is an example of Cause of Death and Interval entered.

If fall, fracture or other trauma cause will be entered, decline the record so it may be referred to the Medical Examiner or Coroner for investigation.

(Decline the record on TAB 11 – Case Actions)

When complete, click on **Tab 9 Details/Manner/Injury** or Next to advance to Tab 9.

Death -- First: **RECORD** Last: **ONE** Date of death (MMDDYYYY): 11/13/2012

[1 Decedent](#) | [2 Decedent Info](#) | [3 Informant/Place](#) | [4 Disposition/Funeral Home](#) | [5 Embalmer/Funeral Director](#) | [6 Decedent History](#) | [7 Time/Autopsy](#) | [8 Cause of Death](#) | **[9 Details/Manner/Injury](#)** | [10 Certifier](#) | [11 Case Actions](#)

31. Tobacco Use
 Did tobacco use contribute to death? Yes

32 If Female
 If female, select one from list
 Verification required

33. Manner of Death
 Manner of death Natural

34. Injury - Date
 Date of injury (mm/dd/yyyy)
 Found

35. Injury - Time
 Time of injury
 Time indicator
 Found

36. Injury - Place
 Place of injury (e.g. decedent's home, construction site, restaurant, wooded area)
 Injury at work?

37-38. Injury - Where
 Country
 State/Province
 County
 City list
 City or town
 Street and number
 Apartment number
 Zip code

39. Injury - How
 Describe how injury occurred

40. Transportation Accident
 If transportation accident
 Specify other

TAB 9 Details/Manner/Injury

#31 **Tobacco Use** and #32 **If Female** are only open for a certain age range and must be answered if open (boxes will be white).

#33 **Manner of Death** should only be Natural if being completed by a physician. If other than natural will be entered, this record should be declined by the physician so the funeral home can assign to the office of the Coroner or Medical Examiner.

#34 **Injury Date** is used by Coroners and Medical Examiners to open the injury fields. When the manner of death is Natural, do not enter date.

For physicians, only click on Tab 10 or Next the first time you login to review the electronic signature page. The medical examiner or coroner will always go to Tab 10 to choose their name.

Death -- First: *RECORD* Last: *ONE* Date of death (MMDDYYYY): 11/13/2012

[1 Decedent](#) | [2 Decedent Info](#) | [3 Informant/Place](#) | [4 Disposition/Funeral Home](#) | [5 Embalmer/Funeral Director](#) | [6 Decedent History](#) | [7 Time/Autopsy](#) | [8 Cause of Death](#) | [9 Details/Manner/Injury](#) | **10 Certifier**

[11 Case Actions](#)

41. Person Completing Cause of Death (i.e. Certifier)

Certifier designation: CERTIFYING PHYSICIAN

Specify other:

42. Certifier's Name

Physicians:

ME/coroners: (circled in red)

First name: LEVI

Middle name:

Last name: PHYSICIAN3

Suffix:

Case access: ELECTRONIC

Signed by:

42. Certifier's Address

Address: 101 S NEW FLORENCE

Apartment number:

Country: UNITED STATES

State/province: MISSOURI

City or town: JEFFERSON CITY

Zip code: 65111

43. Certifier's Title

Title: DO

Other title - specify: DO

44-45. Certifier's Numbers

MO medical license number: D201000002

NPI number:

46. Certification Date

Date signed by certifier - MMDDYYYY:

TAB 10 - CERTIFIER

Tab 10 is the electronic signature page. If a physician, this information is pre-populated based on your login. This information is obtained from your user request form. Review Tab 10 the first time you login for correct name spelling, address and medical license number. **Nothing can be changed or entered on this page.** If changes need to be made, please contact the MoEVR Help at 573-751-7149.

If a physician, you do not need to open this tab again after the first review.

If the medical certifier is a coroner or medical examiner, you must choose your name from the drop-down box on #42 **ME/coroners** field to populate this information.

41. Person Completing Cause of Death (i.e. Certifier) Certifier designation: CERTIFYING PHYSICIAN Specify other: <input type="text"/>	42. Certifier's Address Address: 101 S NEW FLORENCE Apartment number: <input type="text"/> Country: UNITED STATES State/province: MISSOURI City or town: JEFFERSON CITY Zip code: 65111
42. Certifier's Name Physicians: Select ME/coroners: Select First name: LEVI Middle name: <input type="text"/> Last name: PHYSICIAN3 Suffix: Select Case access: ELECTRONIC Signed by: <input type="text"/>	43. Certifier's Title Title: DO Other title - specify: DO
	44.45. Certifier's Numbers MO medical license number: D201000002 NPI number: <input type="text"/>
	46. Certification Date Date signed by certifier - MMDDYYYY: <input type="text"/>

Previous Next **Finish** Cancel

TAB 10 – **CERTIFIER**, continued

#46, **Certification Date** cannot be entered on this screen. It is auto-populated when the medical certification boxes on Tab 11 – CASE ACTIONS are checked.

After you complete tabs 7, 8, and 9, (and Tab 10 if you are coroner of medical examiner), to save your entry and open the certify boxes on Tab 11, click **FINISH**.



Main

Death | System

Missouri Analyst Warning

The record you are trying to save is UNFINISHED. All of the following fields are required for a FINISHED record.

The following information must be entered to complete the medical information section. Fix following:

[Ready to be certified](#)

Field Group Description: Medical information ready to be certified must be checked

Required to register: If dropped to paper, the State office must complete the information and register the record. Fix all the following:

[Medical Information](#)

Field Group Description: Medical information must be entered

[Medical Information Status](#)

Field Group Description: Must be certified or dropped to paper

[Date certified](#)

Field Group Description: Date certified must be entered by the state if not electronically certified.

[Personal Information Status](#)

Field Group Description: Must be released or dropped to paper

The following information must be entered to complete the personal information section. Fix following:

[Ready for approval](#)

Field Group Description: Ready for approval must be checked

[Save \(as Pending\)](#)

When you click FINISH, it will always go to the Missouri Analyst Warning page alerting you the record is unfinished. The top grey outlined box explains what needs to be done to complete the medical information section. (*The next two grey outline boxes relates to what the state office must do and what the funeral home must do to complete the record.*) When you only see **Ready to be certified** in the medical information section, you have a complete record. If there is any information other than **Ready to be certified** in the medical information section, click on the words to go to that screen and answer the field, then click FINISH. FINISH will always take you the Missouri Analyst Warning page. The record, and any action done to that record, is not saved until you click **SAVE (as Pending)**...



Main


Death | System

Successful Transaction

Your transaction has been saved successfully.

Print Confirmation

Your actions have triggered the following documents to be printed.
Please select all documents you wish to print.

Print Office Copy: 

Print

Other Options

Following options are available:

Return to Record

Main Menu

Repeat Task

After you click **SAVE(as Pending)**, the **Successful Transaction** page informs you that the record has been successfully saved. This action will open the certify boxes on Tab 11.

From this page you click on **Return to Record** to certify to the cause and manner of death.

1. Decedent's Legal Name

First

Middle

Last

Suffix

Decedent has AKAs

2. Decedent's Sex

Sex

Accept sex/cause of death inconsistency

3. Last Name Before First Marriage

Same as current last name

Last name before first marriage

Date and Time of Death

Date of death (MMDDYYYY)

Time of death

Time indicator

5. Decedent's Social Security Number

SSN

Verification status

6. Decedent's Age

Age measure

Age on last birthday - years

Verification required

Age if under 1 year - months

Age if under 1 year - days

Age if under 1 day - hours

Age if under 1 day - minutes

7. Decedent's Date of Birth

Date of birth (MMDDYYYY)

Previous

Next

Finish

Cancel

When you return to the record, it will always open to Tab 1 – **Decedent**. To certify the record, click on Tab 11 **Case Actions**.

11 Case Actions

Comments Among Users About Case Comments <input type="text"/>	Medical Certification Information <input checked="" type="checkbox"/> Medical information ready to be certified <input checked="" type="checkbox"/> Certify medical information
Assign to Physician or ME/Coroner County Select physician: <input type="text" value="Select"/> <input type="checkbox"/> Physician not in list County of occurrence: <input type="text" value="CLARK"/> Select ME/coroner county: <input type="text" value="Select"/> Case access: <input type="text"/> <input type="checkbox"/> Click when assignment is complete	Case Information <input type="checkbox"/> Ready for approval <input type="checkbox"/> Release to state
Declined by Certifier <input type="checkbox"/> Decline to certify	Case Status Information Personal information status: Case pending PI exceptions exist: N Medical information status: Ready to be certified MI exceptions exist: N Registration status: Not submitted Facility unlisted: N Group that started case: FH Delayed release: N <input type="checkbox"/> Accept record
Assign/Transfer to Funeral Home Select funeral home: <input type="text" value="Select"/> <input type="checkbox"/> Funeral home not in list <input type="checkbox"/> Person acting as such Case access: <input type="text"/> <input type="checkbox"/> Click when assignment or transfer is complete	Case History <input type="text" value="11/13/2012 User ID: 504 Case Started -- 11/13/2012 11:05:15
User ID: 504 assigned case to LEVI PHYSICIAN3
D2010000002"/>
Declined by Funeral Home <input type="checkbox"/> Return to certifier	

Use your TAB key to move your cursor out of the comments box and open the Medical Certification Information boxes on the upper right of the screen. Check both boxes, **Medical information ready to be certified** and **Certify medical information**. If there is support staff, nursing staff or medical records staff that will enter information, they will only be able to click **Medical information ready to be certified**. It requires the medical certifier login to click **Certify medical information** as this applies the electronic signature. To save this action, click Finish.

Note: When the **Medical Certification Information** boxes are checked, this is the medical certifier's electronic signature, the same as signing the paper death certificate. Once the medical certification boxes have been checked, changes cannot be made in the system. Changes to the certificate after it has been certified require a notarized correction affidavit.



Main

Death | System

Missouri Analyst Warning

The record you are trying to save is UNFINISHED. All of the following fields are required for a FINISHED record.

Required to register: If dropped to paper, the State office must complete the information and register the record. Fix following:

[Personal Information Status](#)

Field Group Description: Must be released or dropped to paper

The following information must be entered to complete the personal information section. Fix following:

[Ready for approval](#)

Field Group Description: Ready for approval must be checked

Save (as Pending)

Clicking **Finish** will always take you to the Missouri Analyst Warning page. To complete and save the certification action, click on **Save (as Pending)**.

Note: Now that the medical certify boxes have been checked, the Missouri Analyst Warning page only pertains to what the funeral home must do to complete the record and what the state's Bureau of Vital Records must do to complete and register the record.



Main

Death | System

Successful Transaction

Your transaction has been saved successfully.

Print Confirmation

Your actions have triggered the following documents to be printed.
Please select all documents you wish to print.

Print Office Copy:

Print

Other Options

Following options are available:

Return to Record

Main Menu

Repeat Task

Clicking **Save (as Pending)** will always take you to the Successful Transaction page. The record has successfully been certified. You can print a completed copy of the death certificate for your records or click on **Main Menu**.



Main

Death | System

[Pending PI Overdue \(1\)](#) | [Pending MI Overdue \(3\)](#)

Description	Event Date	Details	ACTION
ONE FIRST	01/09/2013	Details	Process
DECLINE ONE	10/23/2012	Details	Process
JETSON ASTRO	12/02/2010	Details	Process

News Message
MoEVR Help — Call 573-751-7149
[MO Certifier User Guide](#) [Helpful hints for using EDR system](#)

When you return to Main Menu, you will see the decedent, Record One, date of death 11/13/2012, is out of your queue. You can work on your next record by clicking on **Process**, or click the **Logout** option to close MoEVR.

If you have questions or need assistance completing a record, please call the MoEVR Help Desk at 573-751-7149