

Missouri Electronic Vital Records (MoEVR)

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

Medical Certifier (MD, DO, AP, PA, APRN)/Coroner/Medical Examiner (ME) either confirms or completes information on:

Tab 7 – TIME/AUTOPSY

Tab 8 – CAUSE OF DEATH

Tab 9 – DETAILS/MANNER/INJURY: Medical certifiers will complete items 31-33; items 34-40 pertain to non-natural manners of death that can only be completed by a coroner/ME. Coroners/MEs will complete items 31-33 on all records and complete 34-40 as necessary.

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

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 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 60 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:

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):

When you click PROCESS it will always open on TAB 1-DECEDENT. 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	9 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

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 the medical certifier or coroner/ME, 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 or coroner/ME 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, 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"/>		Approximate interval: onset to death	<input type="text"/>
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

- 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 Condition, use a semicolon (;) to separate significant conditions; do not use commas or extra spaces.

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

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 Coroner or Medical Examiner for investigation.

(Decline the record on TAB 11 – CASE ACTIONS)

[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

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 medical certifier. If other than natural, this record should be declined by the medical certifier so the funeral home can assign to the office of the Coroner or Medical Examiner.

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

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:

Previous | Next | Finish | Cancel

TAB 10 - CERTIFIER

Tab 10 is the electronic signature page. If a medical certifier, 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 made, please contact the MoEVR Help at 573-751-6387, option 4.

If 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:
42. Certifier's Name
Physicians: Select
ME/coroners: Select
First name: LEVI
Middle name:
Last name: PHYSICIAN3
Suffix: Select
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:

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, to open the certify boxes on Tab 11, click FINISH.



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 good record. If there is any other information 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)...



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 saved to the Bureau of Vital Records server. This action will open the certify boxes on Tab 11.

From this page you can print a copy to review or 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 RECORD, it will always open to Tab 1 – **Decedent**. To certify the record, click on Tab 11 Case Actions screen.

11 Case Actions

Comments Among Users About Case

Comments

Assign to Physician or ME/Coroner County

Select physician

Physician not in list

County of occurrence

Select ME/coroner county

Case access

Click when assignment is complete

Declined by Certifier

Decline to certify

Assign/Transfer to Funeral Home

Select funeral home

Funeral home not in list

Person acting as such

Case access

Click when assignment or transfer is complete

Declined by Funeral Home

Return to certifier

Medical Certification Information

Medical information ready to be certified

Certify medical information

Case Information

Ready for approval

Release to state

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

Accept record

Case History

11/13/2012 User ID: 504 Case Started -- 11/13/2012 11:05:15

User ID: 504 assigned case to LEVI PHYSICIAN3

D2010000002

Previous Next **Finish** Cancel

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**. 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’s 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. 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 573-751-6387, option 4.