

**Missouri Bureau of Vital Records**

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# **Funeral Director/Home Training Guide**



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

Missouri Department of Health & Senior Services  
930 Wildwood Drive  
Jefferson City, MO 65109

Revised: August 12, 2024

Phone: 573-751-6387

Web: [health.mo.gov/vitalrecords](http://health.mo.gov/vitalrecords)

Email: [MoEVRsupport@health.mo.gov](mailto:MoEVRsupport@health.mo.gov)

## Funeral Director/Home

Funeral directors and funeral home staff are responsible for registering accurate and complete records of death. The Missouri Electronic Vital Records (MoEVR) system, operated by the Missouri Department of Health and Senior Services – Bureau of Vital Records, exists to support the electronic registration of vital records, such as death certificates, in Missouri.

The death certificate is a permanent legal record of the fact and cause of death and funeral directors should work with medical certifiers to obtain medical certification and register these important records. Families use these permanent legal records to settle the affairs of their loved ones and to obtain insurance, veteran, and retirement benefits, among other legal or personal purposes. As a service to the decedent's family, a funeral director should prepare an accurate death record. This responsibility makes the funeral director a pivotal role in the death registration system.

### Training Resources

#### National Center for Health Statistics – Training and Instructional Materials

<https://www.cdc.gov/nchs/nvss/training-and-instructional-materials.htm>

#### Missouri Electronic Vital Records (MoEVR) Training and Support

<https://health.mo.gov/data/vitalrecords/training/index.php>

### National Vital Statistics System

In the United States, the legal authority to register deaths lies within 57 jurisdictions (50 states, 2 cities, and 5 territories). The 57 jurisdictions share death record information with the National Vital Statistics System (NVSS) at the Centers for Disease Control and Prevention (CDC). The compiled national mortality statistics inform a variety of medical and health-related research efforts. Local and state public health agencies use information from the death record to assess community health status and for disease surveillance (e.g., drug overdose deaths, influenza, and other infectious diseases).

### Why Go Electronic?

The benefits of being an electronically registered funeral director/home in MoEVR include:

- Quickly electronically start and register a death certificate anywhere, anytime
- Electronically send a death certificate to a medical certifier for certification with no travel time, personal contact, or mailing transit times
- Real-time prompts, edits, and validations ensure both personal and medical information is not missing or incomplete delaying or preventing the registration of a death certificate
- Reduced registration lag times and decreased possibility of loss, theft, and fraud

## Contact Bureau of Vital Records

The Missouri Bureau of Vital Records has field representative staff who travel the state training vital record data providers. Field staff can also arrange for telephone/web conference training calls.

If you are a vital record data provider (local county health agency, funeral home/director, hospital/licensed birthing center, county official, medical certifier, etc.) and would like to request a personalized training session or gain access to MoEVR, please **call 573-751-6387, option 4.**

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**CERTIFICATE OF DEATH**

STATE FILE NUMBER  
**124 -**

VS 300 MO 580-2211 (1-10)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | 2. SEX                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3. IF FEMALE, LAST NAME PRIOR TO FIRST MARRIAGE                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year)                                 |
| 5. SOCIAL SECURITY NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6a. AGE - Last Birthday (Years) | 6b. UNDER 1 YEAR MONTHS DAYS                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6c. UNDER 1 DAY HOUR MINUTES                                                                                                                                                                                                                | 7. DATE OF BIRTH (Month, Day, Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8. BIRTH-PLACE (City and State or Foreign Country)                                     |
| 9a. RESIDENCE (COUNTRY) (STATE, TERRITORY or PROVINCE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9b. COUNTY                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9c. CITY, TOWN, OR LOCATION                                                            |
| 9d. STREET AND NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9e. APARTMENT NO.                                                                                                                                                                                                                           | 9f. ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No       |
| 10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | 11. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown                                                                                                                                                                                                     |                                                                                                                                                                                                                                             | 12. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |
| 13. FATHER'S NAME (First, Middle, Last, Suffix)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |
| 15a. INFORMANT'S NAME (First, Middle, Last, Suffix)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | 15b. RELATIONSHIP TO DECEDENT                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                             | 15c. MAILING ADDRESS (Street and Number, City, State, ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |
| <b>16. PLACE OF DEATH (Check only one: see instructions.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |
| IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> DOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |
| 17. FACILITY NAME (If not institution, give street and number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18. CITY OR TOWN, STATE AND ZIP CODE                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 19. COUNTY OF DEATH                                                                    |
| 20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | 20b. DATE OF DISPOSITION (Month, Day, Year)                                                                                                                                                                                                                                                                                                                                                                                                                         | 21. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 22. LOCATION (City or Town, State)                                                     |
| 23. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON ACTING AS SUCH                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 25. FUNERAL ESTABLISHMENT LICENSE NUMBER                                               |
| 26. ACTUAL OR PRESUMED TIME OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 27. WAS MEDICAL EXAMINER/CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |
| <b>CAUSE OF DEATH (See instructions and examples in handbook)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |
| 28. 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. Enter only one cause on a line. Add additional lines if necessary.                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Approximate interval: Onset to Death                                                   |
| IMMEDIATE CAUSE (Final disease or condition resulting in death)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | Due to (or as a consequence of):                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | Due to (or as a consequence of):                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |
| PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 29. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |
| 31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | 32. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year                                                                                                            |                                                                                                                                                                                                                                             | 33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |
| 34. DATE OF INJURY (Month, Day, Year) (Spell Month)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | 35. TIME OF INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                             | 36. PLACE OF INJURY (e.g., decedent's home, construction site, restaurant, wooded area)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        |
| 37. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |
| 38a. LOCATION OF INJURY - STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | 38b. COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                             | 38c. CITY OR TOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |
| 38d. STREET AND NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | 38e. ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |
| 39. DESCRIBE HOW INJURY OCCURRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 40. IF TRANSPORTATION ACCIDENT (SPECIFY) <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |
| 41. CERTIFIER (CHECK ONLY ONE) <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.                                                                                                                                                                                                                                                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |
| 42. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 28)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                             | 43. TITLE OF CERTIFIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        |
| 44. CERTIFIER MO LICENSE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | 45. CERTIFIER NPI NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                             | 46. DATE CERTIFIED (Month, Day, Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                        |
| 47. REGISTRAR'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 48. FOR REGISTRAR ONLY - DATE FILED (Month, Day, Year)                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |
| 49. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD) |                                 | 50. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) |                                                                                                                                                                                                                                             | 51. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown |                                                                                        |
| 52. DECEDENT'S USUAL OCCUPATION (INDICATE TYPE OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE "RETIRED".)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 53. KIND OF BUSINESS/INDUSTRY                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |

Boxes Completed by Medical Certifier

COPY

**STATEMENT BY LICENSED EMBALMER**

EMBALMED  NOT EMBALMED

I hereby certify that the deceased named above was embalmed by me, \_\_\_\_\_ (Name and Licensee Number)

or by student \_\_\_\_\_ (Name and Licensee Number) on \_\_\_\_\_ (Date) working under my personal supervision.

\_\_\_\_\_  
City or Town State

\_\_\_\_\_  
Date Certified (Month, Day, Year)

NOTE: Failure to comply with embalming requirements constitutes grounds for revocation of license.

## Death Certificate Electronic System

**193.145.** Death certificate – electronic system – contents, filing, locale, duties of certain persons, time allowed – certificate marked presumptive, when. –

1. A certificate of death for each death which occurs in this state shall be filed with the local registrar, or as otherwise directed by the state registrar, within five days after death and shall be registered if such certificate has been completed and filed pursuant to this section. All data providers in the death registration process, including, but not limited to, the state registrar, local registrars, the state medical examiner, county medical examiners, coroners, funeral directors or persons acting as such, embalmers, sheriffs, attending physicians and resident physicians, physician assistants, assistant physicians, advanced practice registered nurses, and the chief medical officers of licensed health care facilities, and other public or private institutions providing medical care, treatment, or confinement to persons, shall be required to use and utilize any electronic death registration system required and adopted under subsection 1 of section [193.265](#) within six months of the system being certified by the director of the department of health and senior services, or the director's designee, to be operational and available to all data providers in the death registration process. However, should the person or entity that certifies the cause of death not be part of, or does not use, the electronic death registration system, the funeral director or person acting as such may enter the required personal data into the electronic death registration system and then complete the filing by presenting the signed cause of death certification to the local registrar, in which case the local registrar shall issue death certificates as set out in subsection 2 of section [193.265](#). Nothing in this section shall prevent the state registrar from adopting pilot programs or voluntary electronic death registration programs until such time as the system can be certified; however, no such pilot or voluntary electronic death registration program shall prevent the filing of a death certificate with the local registrar or the ability to obtain certified copies of death certificates under subsection 2 of section [193.265](#) until six months after such certification that the system is operational.

2. If the place of death is unknown but the dead body is found in this state, the certificate of death shall be completed and filed pursuant to the provisions of this section. The place where the body is found shall be shown as the place of death. The date of death shall be the date on which the remains were found.

3. When death occurs in a moving conveyance in the United States and the body is first removed from the conveyance in this state, the death shall be registered in this state and the place where the body is first removed shall be considered the place of death. When a death occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the body is first removed from the conveyance in this state, the death shall be registered in this state but the certificate shall show the actual place of death if such place may be determined.

4. The funeral director or person in charge of final disposition of the dead body shall file the certificate of death. The funeral director or person in charge of the final disposition of the dead body shall obtain or verify and enter into the electronic death registration system:

- (1) The personal data from the next of kin or the best qualified person or source available;
- (2) The medical certification from the person responsible for such certification if designated to do so under subsection 5 of this section; and

(3) Any other information or data that may be required to be placed on a death certificate or entered into the electronic death certificate system including, but not limited to, the name and license number of the embalmer.

5. The medical certification shall be completed, attested to its accuracy either by signature or an electronic process approved by the department, and returned to the funeral director or person in charge of final disposition within seventy-two hours after death by the physician, physician assistant, assistant physician, advanced practice registered nurse in charge of the patient's care for the illness or condition which resulted in death. In the absence of the physician, physician assistant, assistant physician, advanced practice registered nurse or with the physician's, physician assistant's, assistant physician's, or advanced practice registered nurse's approval the certificate may be completed and attested to its accuracy either by signature or an approved electronic process by the physician's associate physician, the chief medical officer of the institution in which death occurred, or the physician who performed an autopsy upon the decedent, provided such individual has access to the medical history of the case, views the deceased at or after death and death is due to natural causes. The person authorized to complete the medical certification may, in writing, designate any other person to enter the medical certification information into the electronic death registration system if the person authorized to complete the medical certificate has physically or by electronic process signed a statement stating the cause of death. Any persons completing the medical certification or entering data into the electronic death registration system shall be immune from civil liability for such certification completion, data entry, or determination of the cause of death, absent gross negligence or willful misconduct. The state registrar may approve alternate methods of obtaining and processing the medical certification and filing the death certificate. The Social Security number of any individual who has died shall be placed in the records relating to the death and recorded on the death certificate.

6. When death occurs from natural causes more than thirty-six hours after the decedent was last treated by a physician, physician assistant, assistant physician, advanced practice registered nurse, the case shall be referred to the county medical examiner or coroner or physician or local registrar for investigation to determine and certify the cause of death. If the death is determined to be of a natural cause, the medical examiner or coroner or local registrar shall refer the certificate of death to the attending physician, physician assistant, assistant physician, advanced practice registered nurse for such certification. If the attending physician, physician assistant, assistant physician, advanced practice registered nurse refuses or is otherwise unavailable, the medical examiner or coroner or local registrar shall attest to the accuracy of the certificate of death either by signature or an approved electronic process within thirty-six hours.

7. If the circumstances suggest that the death was caused by other than natural causes, the medical examiner or coroner shall determine the cause of death and shall complete and attest to the accuracy either by signature or an approved electronic process the medical certification within seventy-two hours after taking charge of the case.

8. If the cause of death cannot be determined within seventy-two hours after death, the attending medical examiner, coroner, attending physician, physician assistant, assistant physician, advanced practice registered nurse, or local registrar shall give the funeral director, or person in charge of final disposition of the dead body, notice of the reason for the delay, and final disposition of the body shall not be made until authorized by the medical examiner,



coroner, attending physician, physician assistant, assistant physician, advanced practice registered nurse, or local registrar.

9. When a death is presumed to have occurred within this state but the body cannot be located, a death certificate may be prepared by the state registrar upon receipt of an order of a court of competent jurisdiction which shall include the finding of facts required to complete the death certificate. Such a death certificate shall be marked "Presumptive", show on its face the date of registration, and identify the court and the date of decree.

10. (1) The department of health and senior services shall notify all physicians, physician assistants, assistant physicians, and advanced practice registered nurses licensed under [chapters 334](#) and [335](#) of the requirements regarding the use of the electronic vital records system provided for in this section.

(2) On or before August 30, 2015, the department of health and senior services, division of community and public health shall create a working group comprised of representation from the Missouri electronic vital records system users and recipients of death certificates used for professional purposes to evaluate the Missouri electronic vital records system, develop recommendations to improve the efficiency and usability of the system, and to report such findings and recommendations to the general assembly no later than January 1, 2016.

11. Notwithstanding any provision of law to the contrary, if a coroner or deputy coroner is not current with or is without the approved training under [chapter 58](#), the department of health and senior services shall prohibit such coroner from attesting to the accuracy of a certificate of death. No person elected or appointed to the office of coroner can assume such elected office until the training, as established by the coroner standards and training commission under the provisions of section [58.035](#), has been completed and a certificate of completion has been issued. In the event a coroner cannot fulfill his or her duties or is no longer qualified to attest to the accuracy of a death certificate, the sheriff of the county shall appoint a medical professional to attest death certificates until such time as the coroner can resume his or her duties or another coroner is appointed or elected to the office.

(L. 1984 S.B. 574, A.L. 1989 S.B. 389, A.L. 1997 S.B. 361, A.L. 2005 S.B. 74 & 49, A.L. 2010 H.B. 1692, et al. merged with S.B. 754, A.L. 2013 S.B. 186, A.L. 2015 H.B. 618, A.L. 2020 H.B. 2046)

## **Delayed Filing**

**193.155.** Delayed filing, registration. –

1. When a death occurring in this state has not been registered within the time period described by section 193.145, a certificate of death may be filed in accordance with department rules. Such certificate shall be registered subject to such evidentiary requirements as the department shall prescribe to substantiate the alleged facts of death.

2. Certificates of death registered one year or more after the date of death shall be marked "Delayed" and shall show on their face the date of the delayed registration.

(L. 1984 S.B. 574) Effective – 28 August 1984

## **Death to be Reported and Investigated by Coroner**

**58.451.** Death to be reported and investigated by coroner, certain counties, procedure — place of death, two counties involved, how determined — efforts to accommodate organ

donation. — 1. When any person, in any county in which a coroner is required by section 58.010, dies and there is reasonable ground to believe that such person died as a result of:

(1) Violence by homicide, suicide, or accident;

(2) Criminal abortions, including those self-induced;

(3) Some unforeseen sudden occurrence and the deceased had not been attended by a physician during the thirty-six-hour period preceding the death;

(4) In any unusual or suspicious manner;

(5) Any injury or illness while in the custody of the law or while an inmate in a public institution;

the police, sheriff, law enforcement officer or official, or any person having knowledge of such a death shall immediately notify the coroner of the known facts concerning the time, place, manner and circumstances of the death. Immediately upon receipt of notification, the coroner or deputy coroner shall take charge of the dead body and fully investigate the essential facts concerning the medical causes of death, including whether by the act of man, and the manner of death. The coroner or deputy coroner may take the names and addresses of witnesses to the death and shall file this information in the coroner's office. The coroner or deputy coroner shall take possession of all property of value found on the body, making exact inventory of such property on the report and shall direct the return of such property to the person entitled to its custody or possession. The coroner or deputy coroner shall take possession of any object or article which, in the coroner's or the deputy coroner's opinion, may be useful in establishing the cause of death, and deliver it to the prosecuting attorney of the county.

View full [statute](#) for additional guidance.

## **Child's Death Reported to Coroner**

**58.452.** Child's death under age eighteen, notice to coroner by persons having knowledge – referral to child fatality review panel, when – procedure for nonsuspicious death, form, duties – autopsy, child death pathologist, when – disagreement on need for autopsy, procedure – violation by coroner, penalty. –

1. When any person, in any county in which a coroner is required by section 58.010, dies and there is reasonable grounds to believe that such person was less than eighteen years of age, who is eligible to receive a certificate of live birth, the police, sheriff, law enforcement office or official, health practitioner or hospital or any person having knowledge of such a death shall immediately notify the coroner of the known facts concerning the time, place, manner and circumstances of the death. The coroner shall notify the division of the child's death pursuant to section 210.115. The coroner shall immediately evaluate the necessity for child fatality review and shall immediately notify the chairman of the child fatality review pane. The child fatality review panel shall be activated within twenty-four hours of such notice to review any

death which includes one or more of the suspicious circumstances described in the protocol developed by the department of social services, state technical assistance team pursuant to section 210.194.

2. If the coroner determines that the death of the person under age eighteen years, who is eligible to receive a certificate of live birth, does not include any suspicious circumstances listed in the protocol, the coroner shall complete a nonsuspicious child death form provided by the department of social services, state technical assistance team and have the form cosigned by the chairman of the child fatality review panel and forward the original to the department of social services, state technical assistance team within forty-eight hours of receiving notice of the child's death.

3. When a child under the age of eighteen years, who is eligible to receive a certificate of live birth dies, the coroner shall notify a certified child death pathologist to determine the need for an autopsy. The certified child death pathologist, in conjunction with the coroner, shall determine the need for an autopsy. If there is a disagreement concerning the need for the autopsy, the certified child death pathologist shall make the determination unless the child fatality review panel, within twelve hours, decides against the certified child death pathologist.

4. When there is a disagreement regarding the necessity for an autopsy, the certified child death pathologist shall file a report with the chairman of the child fatality review panel indicating the basis for the disagreement. The pathologist's report on the disagreement shall be included in the report to the department of social services, state technical assistance team. If an autopsy is determined necessary, the autopsy shall be performed by a certified child death pathologist within twenty-four hours of receipt of the body by the pathologist or within twenty-four hours of the agreement by the pathologist to perform the autopsy, whichever occurs later.

5. Knowing failure by a coroner to refer a suspicious death of a child under the age of eighteen years, who is eligible to receive a certificate of live birth, to a child fatality review panel or to a certified child death pathologist is a class A misdemeanor.

(L. 1991 H.B. 185, A.L. 1994 S.B. 595) Effective – 28 Aug 1994

## **Medical Examiner Investigates**

**58.720.** Medical examiner, certain counties, to investigate, when –death certificate issued, when – place of death – two counties involved, how determined – efforts to accommodate organ donation. –

1. When any person dies within a county having a medical examiner as a result of:

- (1) Violence by homicide, suicide, or accident;
- (2) Thermal, chemical, electrical, or radiation injury;
- (3) Criminal abortions, including those self-induced;
- (4) Disease thought to be of a hazardous and contagious nature or which might constitute a threat to public health; or when any person dies:
  - (a) Suddenly when in apparent good health;

(b) When unattended by a physician, chiropractor, or an accredited Christian Science practitioner, during the period of thirty-six hours immediately preceding his death;

(c) While in the custody of the law, or while an inmate in a public institution;

(d) In any unusual or suspicious manner;

the police, sheriff, law enforcement official or official, or any person having knowledge of such a death shall immediately notify the office of the medical examiner of the known facts concerning the time, place, manner and circumstances of the death. Immediately upon receipt of notification, the medical examiner or his designated assistant shall take charge of the dead body and fully investigate the essential facts concerning the medical causes of death. He may take the names and addresses of witnesses to the death and shall file this information in his office. The medical examiner or his designated assistant shall take possession of all property of value found on the body, making exact inventory thereof on his report and shall direct the return of such property to the person entitled to its custody or possession. The medical examiner or his designated assistant shall take possession of any object or article which, in his opinion, may be useful in establishing the cause of death, and deliver it to the prosecuting attorney of the county.

2. When a death occurs outside a licensed health care facility, the first licensed medical professional or law enforcement official learning of such death shall contact the county medical examiner. Immediately upon receipt of such notification, the medical examiner or the medical examiner's deputy shall make a determination if further investigation is necessary, based on information provided by the individual contacting the medical examiner, and immediately advise such individual of the medical examiner's intentions.

3. Notwithstanding the provisions of subsection 2 of this section to the contrary, when a death occurs under the care of a hospice, no investigation shall be required if the death is certified by the treating physician of the deceased or the medical director of the hospice as a natural death due to disease or diagnosed illness. The hospice shall provide written notice to the medical examiner within twenty-four hours of the death.

4. In any case of sudden, violent or suspicious death after which the body was buried without any investigation or autopsy, the medical examiner, upon being advised of such facts, may at his own discretion request that the prosecuting attorney apply for a court order requiring the body to be exhumed.

5. The medical examiner shall certify the cause of death in any case where death occurred without medical attendance or where an attending physician refuses to sign a certificate of death, and may sign a certificate of death in the case of any death.

6. When the cause of death is established by the medical examiner, he shall file a copy of his findings in his office within thirty days after notification of the death.

7. (1) When a person is being transferred from one county to another county for medical treatment and such person dies while being transferred, or dies while being treated in the emergency room of the receiving facility, the place which the person is determined to be dead shall be considered the place of death and the county coroner or the medical examiner of the county from which the person was originally being transferred shall be responsible for determining the cause and manner of death for the Missouri certificate of death.

(2) The coroner or medical examiner in the county in which the person is determined to be dead may, with authorization of the coroner or medical examiner from the transferring county, investigate and conduct postmortem examinations at the expense of the coroner or medical examiner from the transferring county. The coroner or medical examiner from the transferring county shall be responsible for investigating the circumstances of such and completing the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.

(3) Such coroner or medical examiner, or the county where a person is determined to be dead, shall immediately notify the coroner or medical examiner of the county from which the person was originally being transferred of the death of such person and shall make available information and records obtained for investigation of death.

(4) If a person does not die while being transferred and is institutionalized as a regularly admitted patient after such transfer and subsequently dies while in such institution, the coroner or medical examiner of the county in which the person is determined to be dead shall immediately notify the coroner or medical examiner of the county from which such person was originally transferred of the death of such person. In such cases, the county in which the deceased was institutionalized shall be considered the place of death. If the manner of death is by homicide, suicide, accident, criminal abortion including those that are self-induced, child fatality, or any unusual or suspicious manner, the investigation of the cause and manner of death shall revert to the county of origin, and this coroner or medical examiner shall be responsible for the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.

8. There shall not be any statute of limitations or time limits on cause of death when death is the final result or determined to be caused by homicide, suicide, accident, criminal abortion including those self-induced, child fatality, or any unusual or suspicious manner. The place of death shall be the place in which the person is determined to be dead, but the final investigation of death determining the cause and manner of death shall revert to the county of origin, and this coroner or medical examiner shall be responsible for the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.

9. Except as provided in subsection 6 of this section, if a person dies in one county and the body is subsequently transferred to another county, for burial or other reasons, the county coroner or medical examiner where the death occurred shall be responsible for the certificate of death and for investigating the cause and manner of death.

10. In performing the duties, the coroner or medical examiner shall comply with sections 58.775 to 58.785 with respect to organ donation.

(L. 1973 S.B. 122 §§ 7, 8, A.L. 1989 S.B. 389, A.L. 1990 H.B. 1416, A.L. 1996 H.B. 811, A.L. 2008 S.B. 1139, A.L. 2020 H.B. 2046)

### **Child's Death Reported to Medical Examiner**

**58.722.** Child's death under age eighteen, notice to medical examiner by persons having knowledge – referral to child fatality review panel, when – procedure for nonsuspicious death, form, duties – autopsy, child death pathologist, when – disagreement on need for autopsy, procedure – violation by medical examiner, penalty. –

1. When any person dies within a county having a medical examiner and there are reasonable grounds to believe that such person was less than eighteen years of age, who was eligible to receive a certificate of live birth, the police, sheriff, law enforcement officer or official, or any person having knowledge of such a death shall immediately notify the medical examiner of the known facts concerning the time, place, manner and circumstances of the death. The medical examiner shall notify the division of the child's death pursuant to section [210.115](#). The medical examiner shall immediately evaluate the necessity for child fatality review and shall immediately notify the chairman of the child fatality review panel. The child fatality review panel shall be activated within twenty-four hours of such notice to review any death which includes one or more of the suspicious circumstances described in the protocol developed by the department of social services, state technical assistance team pursuant to section [210.194](#).

2. If the medical examiner determines that the death of the person under age eighteen years, who is eligible to receive a certificate of live birth, does not include any suspicious circumstances listed in the protocol, the medical examiner shall complete a nonsuspicious child death form provided by the department of social services, state technical assistance team, have the form cosigned by the chairman of the child fatality review panel and forward the original to the department of social services, state technical assistance team within forty-eight hours of receiving notice of the child's death.

3. When a child under the age of eighteen years, who is eligible to receive a certificate of live birth, dies, the medical examiner shall notify a certified child death pathologist to determine the need for an autopsy. The certified child death pathologist, in conjunction with the medical examiner, shall determine the need for an autopsy. If there is disagreement concerning the need for the autopsy, the certified child death pathologist shall make the determination unless the child fatality review panel, within twelve hours, decides against the certified child death pathologist.

4. When there is a disagreement regarding the necessity for an autopsy, the certified child death pathologist shall file a report with the chairman of the child fatality review panel indicating the basis for the disagreement. The pathologist's report on the disagreement shall be included in the report to the department of social services, state technical assistance team. If an autopsy is determined necessary, the autopsy shall be performed by a certified child death pathologist within twenty-four hours of receipt of the body by the pathologist or within twenty-four hours of the agreement by the pathologist to perform the autopsy, whichever occurs later.

5. Knowing failure by a medical examiner to refer a suspicious death of a child under the age of eighteen years, who is eligible to receive a certificate of live birth, to a child fatality review panel or to a certified child death pathologist is a class A misdemeanor.

(L. 1991 H.B. 185, A.L. 1994 S.B. 595) Effective – 28 August 1994

## **Fetal Death Reports**

**193.165.** Spontaneous fetal death report – release of reports – application for certificate of birth resulting in stillbirth, procedure. –

1. Each spontaneous fetal death of twenty completed weeks gestation or more, calculated from the date the last normal menstrual period began to the date of delivery, or a weight of

three hundred fifty grams or more, which occurs in this state shall be reported within seven days after delivery to the local registrar or as otherwise directed by the state registrar.

2. When a dead fetus is delivered in an institution, the person in charge of the institution or his or her designated representative shall prepare and file the report.
3. When a dead fetus is delivered outside an institution, the physician in attendance at or immediately after delivery shall prepare and file the report.
4. When a spontaneous fetal death required to be reported by this section occurs without medical attendance at or immediately after the delivery or when inquiry is required by the medical examiner or coroner, the medical examiner or coroner shall investigate the cause of spontaneous fetal death and shall prepare and file the report within seven days.
5. When a spontaneous fetal death occurs in a moving conveyance and the fetus is first removed from the conveyance in this state or when a dead fetus is found in this state and the place of the spontaneous fetal death is unknown, the spontaneous fetal death shall be reported in this state. The place where the fetus was first removed from the conveyance or the dead fetus was found shall be considered the place of the spontaneous fetal death.
6. Notwithstanding any provision of the law to the contrary, individuals with direct and tangible interest, as defined by the department of health and senior services, may receive the spontaneous fetal death report.
7. In the event of a spontaneous fetal death, regardless of whether such death occurs before or after August 28, 2004, either parent, or if both parents are deceased, a sibling of the stillborn child, shall have the right to file an application with the state registrar and other custodians of vital records requesting a certificate of birth resulting in stillbirth. The certificate shall be based upon the information available from the spontaneous fetal death report filed pursuant to this section.

(L. 1984 S.B. 574, A.L. 1999 S.B. 25, A.L. 2004 H.B. 1136) Effective – 28 August 2004

## **Notification of Death & Cremation Requirements**

**193.175.** Person in charge of final disposition of dead body to file notification of death – cremation, requirements – tag affixed with identifying information, requirements. –

1. The funeral director or person acting as such in charge of final disposition of a dead body shall file a completed notification of death with the local registrar where the death occurred. Such notification of death shall be on a form or in a format prescribed and furnished by the state registrar and shall be filed or postmarked prior to the date of final disposition of the body. Such notification of death shall authorize final disposition except as otherwise stated in this section or in section [193.145](#). If the body is to be cremated, a completed death certificate shall be filed with the local registrar prior to cremation and shall authorize cremation except as stated in section [193.145](#).
2. The funeral director or person in charge of final disposition of a dead body shall, prior to the interment of such dead body, affix on the ankle or wrist of the deceased and/or in a capsule placed in the casket or, if the dead body is cremated, on the inside of the vessel containing the

remains, a tag encased in durable and long-lasting material containing the name of the deceased, the date of birth, date of death and Social Security number of the deceased.

(L. 1984 S.B. 574, A.L. 1994 S.B. 553) Effective – 28 Aug 2004

### **Preserving Records/Certified Copies**

**193.225.** Methods of preserving records, requirements – certified reproductions accepted as originals – death record originals transferred to state archives. – To preserve vital records, the state registrar is authorized to prepare typewritten, photographic, electronic, or other reproductions of vital statistics certificates or reports. Such reproducing material shall be of durable material and the device used to reproduce the records shall be as to accurately reproduce and perpetuate the original records in all details ensuring their proper retention and integrity in accordance with standards established by the state records commission. Such reproductions when certified by the state registrar shall be accepted as the original records. Death records over fifty years old from which permanent reproductions have been made and verified shall be transferred to the Missouri state archives.

(L. 19984 S.B. 574, A.L. 2004 H.B. 1634) Effective – 28 Aug 2004

### **Cannot Make Copies for Use by Others**

**193.245.** Inspection and copying of records, disclosure of information, unlawful unless authorized – authority. – It shall be unlawful for any person to permit inspection of, or to disclose information contained in, vital records or to copy or issue a copy of all or part of any such record except as authorized by this law and by regulation or by order of a court of competent jurisdiction or in the following situations:

- (1) A listing of persons who are born or who die on a particular date may be disclosed upon request, but no information from the record other than the name and the date of such birth or death shall be disclosed;
- (2) The department may authorize the disclosure of information contained in vital records for legitimate research purposes;
- (3) To a qualified applicant as provided in section 193.255;
- (4) Copies of death records over fifty years old may be disclosed upon request.

(L. 1984 S.B. 574, A.L. 1992 H.B. 894, A.L. 2004 H.B. 1634) Effective – 28 Aug 2004

### **Fees for Certificates**

**193.265.** Fees for certification and other services – distribution – services free, when. –

1. For the issuance of a certification or copy of a death record, the applicant shall pay a fee of fourteen dollars for the first certification or copy and a fee of eleven dollars for each additional



copy ordered at that time. For the issuance of a certification or copy of a birth, marriage, divorce, or fetal death record, the applicant shall pay a fee of fifteen dollars. No fee shall be required or collected for a certification of birth, death, or marriage if the request for certification is made by the children's division, the division of youth services, a guardian ad litem, or a juvenile officer on behalf of a child or person under twenty-one years of age who has come under the jurisdiction of the juvenile court under section [211.031](#). All fees collected under this subsection shall be deposited to the state department of revenue. Beginning August 28, 2004, for each vital records fee collected, the director of revenue shall credit four dollars to the general revenue fund, five dollars to the children's trust fund, one dollar shall be credited to the endowed care cemetery audit fund, one dollar for each certification or copy of death records to the Missouri state coroners' training fund established in section [58.208](#), and three dollars for the first copy of death records and five dollars for birth, marriage, divorce, and fetal death records shall be credited to the Missouri public health services fund\* established in section [192.900](#). Money in the endowed care cemetery audit fund shall be available by appropriation to the division of professional registration to pay its expenses in administering sections [214.270 to 214.410](#). All interest earned on money deposited in the endowed care cemetery audit fund shall be credited to the endowed care cemetery fund. Notwithstanding the provisions of section [33.080](#) to the contrary, money placed in the endowed care cemetery audit fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds three times the amount of the appropriation from the endowed care cemetery audit fund for the preceding fiscal year. The money deposited in the public health services fund under this section shall be deposited in a separate account in the fund, and moneys in such account, upon appropriation, shall be used to automate and improve the state vital records system, and develop and maintain an electronic birth and death registration system. For any search of the files and records, when no record is found, the state shall be entitled to a fee equal to the amount for a certification of a vital record for a five-year search to be paid by the applicant. For the processing of each legitimation, adoption, court order or recording after the registrant's twelfth birthday, the state shall be entitled to a fee equal to the amount for a certification of a vital record. Except whenever a certified copy or copies of a vital record is required to perfect any claim of any person on relief, or any dependent of any person who was on relief for any claim upon the government of the state or United States, the state registrar shall, upon request, furnish a certified copy or so many certified copies as are necessary, without any fee or compensation therefor.

2. For the issuance of a certification of a death record by the local registrar, the applicant shall pay a fee of fourteen dollars for the first certification or copy and a fee of eleven dollars for each additional copy ordered at that time. For each fee collected under this subsection, one dollar shall be deposited to the state department of revenue and the remainder shall be deposited to the official city or county health agency. The director of revenue shall credit all fees deposited to the state department of revenue under this subsection to the Missouri state coroners' training fund established in section [58.208](#).

3. For the issuance of a certification or copy of a birth, marriage, divorce, or fetal death record, the applicant shall pay a fee of fifteen dollars; except that, in any county with a charter form of government and with more than six hundred thousand but fewer than seven hundred thousand

inhabitants, a donation of one dollar may be collected by the local registrar over and above any fees required by law when a certification or copy of any marriage license or birth certificate is provided, with such donations collected to be forwarded monthly by the local registrar to the county treasurer of such county and the donations so forwarded to be deposited by the county treasurer into the housing resource commission fund to assist homeless families and provide financial assistance to organizations addressing homelessness in such county. The local registrar shall include a check-off box on the application form for such copies. All fees collected under this subsection, other than the donations collected in any county with a charter form of government and with more than six hundred thousand but fewer than seven hundred thousand inhabitants for marriage licenses and birth certificates, shall be deposited to the official city or county health agency.

4. A certified copy of a death record by the local registrar can only be issued within twenty-four hours of receipt of the record by the local registrar. Computer-generated certifications of death records may be issued by the local registrar after twenty-four hours of receipt of the records. The fees paid to the official county health agency shall be retained by the local agency for local public health purposes.

5. No fee under this section shall be required or collected from a parent or guardian of a homeless child or homeless youth, as defined in subsection 1 of section [167.020](#), or an unaccompanied youth, as defined in 42 U.S.C. Section 11434a(6), for the issuance of a certification, or copy of such certification, of birth of such child or youth. An unaccompanied youth shall be eligible to receive a certification or copy of his or her own birth record without the consent or signature of his or her parent or guardian; provided, that only one certificate under this provision shall be provided without cost to the unaccompanied or homeless youth. For the issuance of any additional certificates, the statutory fee shall be paid.

(L. 1984 S.B. 574, A.L. 1985 S.B. 263, A.L. 1990 H.B. 1079, A.L. 1992 H.B. 894, A.L. 1999 H.B. 343, A.L. 2004 H.B. 795, et al., A.L. 2010 H.B. 1643 merged with H.B. 1692, et al. merged with S.B. 754, A.L. 2018 S.B. 819, A.L. 2020 H.B. 1414 merged with H.B. 2046)

## **Mother's Right to Determine**

**194.378.** Final disposition of fetal remains, mother has right to determine. – In every instance of fetal death, the mother has the right to determine the final disposition of the remains of the fetus, regardless of the duration of the pregnancy. The mother may choose any means of final disposition authorized by law or by the director of the department of health and senior services.

(L. 2004 H.B. 1136) Effective – 28 Aug 2004

## **Protected Mother's Rights**

**194.384.** Written standards required for protection of mother's right to determine final disposition. – Every hospital, outpatient birthing clinic, and any other health care facility licensed to operate in this state shall adopt written standards for the final disposition of the

remains of a human fetus as provided in sections [194.375 to 194.390](#) for protection of a mother's right pursuant to section [194.378](#) and for notice as required in section [194.387](#).

(L. 2004 H.B. 1136) Effective – 28 Aug 2004

## **Miscarriage and Mother's Rights**

**194.387.** Miscarriage – mother's right to determine final disposition of remains – counseling made available, when. –

1. Within twenty-four hours after a miscarriage occurs spontaneously or accidentally at a hospital, outpatient birthing clinic, or any other health care facility, the facility shall disclose to the mother of the miscarried fetus, both orally and in writing, the mother's right to determine the final disposition of the remains of the fetus. The facility's disclosure shall include giving the mother a copy of the facility's written standards adopted pursuant to section [194.384](#).

2. The facility shall make counseling concerning the death of the fetus available to the mother. The facility may provide the counseling or refer the mother to another provider of appropriate counseling services.

(L. 2004 H.B. 1136) Effective – 28 Aug 2004

## **Transfer of Body**

**198.071.** Death of a resident, persons to contact prior to transfer of deceased. — The staff of a residential care facility, an assisted living facility, an intermediate care facility, or a skilled nursing facility shall attempt to contact the resident's immediate family or a resident's responsible party, and shall contact the attending physician and notify the local coroner or medical examiner immediately upon the death of any resident of the facility prior to transferring the deceased resident to a funeral home.

(L. 2003 S.B. 556 & 311) Effective – 28 Aug 2003

## Cause of Death Instructions – Completing a Certificate of Death

Accurate cause of death information is important:

- to the public health community in evaluating and improving the health of all citizens, and
- often to the family, now and in the future, and to the person settling the decedent's estate.

The cause-of-death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the immediate cause of death (the final disease, injury, or complication directly causing death) on line a and the underlying cause of death (the disease or injury that initiated the chain of events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in Part I. The cause-of-death information should be YOUR best medical OPINION. A condition can be listed as "probable" even if it has not been definitively diagnose

### Part I (Chain of events leading directly to death)

- Only one cause should be entered on each line. Line (a) MUST ALWAYS have an entry. DO NOT leave blank. Additional lines may be added if necessary.
- If the condition on Line (a) resulted from an underlying condition, put the underlying condition on Line (b), and so on, until the full sequence is reported. ALWAYS enter the underlying cause of death on the lowest used line in Part I.
- For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. DO NOT leave blank.
- The terminal event (for example, cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for line (a), then you must always list its cause(s) on the line(s) below it (for example, cardiac arrest due to coronary artery atherosclerosis or cardiac arrest due to blunt impact to chest).
- If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (for example, renal failure due to Type I diabetes mellitus).
- When indicating neoplasms as a cause of death, include the following: 1) primary site or that the primary site is unknown, 2) benign or malignant, 3) cell type or that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (For example, a primary well-differentiated squamous cell carcinoma, lung, left upper lobe.)

- Always report the fatal injury (for example, stab wound of chest), the trauma (for example, transection of subclavian vein), and impairment of function (for example, air embolism).

## **PART II (Other significant conditions)**

- Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the underlying cause of death. Z
- If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

## **MANNER OF DEATH**

- Always check Manner of Death, which is important: 1) in determining accurate causes of death; 2) in processing insurance claims; and 3) in statistical studies of injuries and death.
- Indicate “Pending investigation” if the manner of death cannot be determined whether due to an accident, suicide, or homicide within the statutory time limit for filing the death certificate. This should be changed later to one of the other term.

## **ACCIDENT OR INJURY** – to be filled out in all cases of deaths due to injury or poisoning.

- Remember, the date of injury may differ from the date of death. Estimates may be provided with “Approx.” placed before the date.
- Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. DO NOT enter firm or organization names. (For example, enter “factory”, not “Standard Manufacturing, Inc.”)
- Complete if anything other than natural disease is mentioned in Part I or Part II of the medical certification, including homicides, suicides, and accidents. This includes all motor vehicle deaths.
- Injury at work must be completed for decedents ages 14 years or over and may be completed for those less than 14 years of age if warranted. Enter “Yes” if the injury occurred at work. Otherwise enter “No”. An injury may occur at work regardless of whether the injury occurred in the course of the decedent’s “usual” occupation. Examples of injury at work and injury not at work follow:

### **Injury at work**

- Injury while working or in vocational training on job premises
- Injury while on break or at lunch or in parking lot on job premises

- Injury while working for pay or compensation, including at home
- Injury while working as a volunteer law enforcement official etc.
- Injury while traveling on business, including to/from business contacts

**Injury not at work**

- Injury while engaged in personal recreational activity on job premise
  - Injury while a visitor (not on official work business) to job premises
  - Homemaker working at homemaking activities
  - Student in school
  - Working for self for no profit (mowing yard, repairing own roof, hobby)
  - Commuting to or from work
- 
- Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. Specify type of gun or type of vehicle (e.g., car, bulldozer, train, etc.) when relevant to circumstances. Indicate if more than one vehicle involved; specify type of vehicle decedent was in.
  - Specify role of decedent (e.g. driver, passenger). Driver/operator and passenger should be designated for modes other than motor vehicles such as bicycles. Other applies to watercraft, aircraft, animal, or people attached to outside of vehicles (e.g. surfers).

## National Examples of Properly Completed Medical Certifications

| CAUSE OF DEATH (See instructions and examples)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                              | Approximate interval:<br>Onset to death |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <p>32. <b>PART I.</b> Enter the <u>chain of events</u>—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition -----&gt; resulting in death) a. <u>Rupture of myocardium</u><br/>Due to (or as a consequence of): _____</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the <b>UNDERLYING CAUSE</b> (disease or injury that initiated the events resulting in death) <b>LAST</b> b. <u>Acute myocardial infarction</u><br/>Due to (or as a consequence of): _____</p> <p>c. <u>Coronary artery thrombosis</u><br/>Due to (or as a consequence of): _____</p> <p>d. <u>Atherosclerotic coronary artery disease</u></p> | <p style="text-align: center;"><u>Minutes</u></p> <p style="text-align: center;"><u>6 days</u></p> <p style="text-align: center;"><u>5 years</u></p> <p style="text-align: center;"><u>7 years</u></p>                                                       |                                         |
| <p><b>PART II.</b> Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I</p> <p style="text-align: center;">Diabetes, Chronic obstructive pulmonary disease, smoking</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>33. WAS AN AUTOPSY PERFORMED?<br/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |                                         |

| CAUSE OF DEATH (See instructions and examples)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                   | Approximate interval:<br>Onset to death |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <p>32. <b>PART I.</b> Enter the <u>chain of events</u>—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition -----&gt; resulting in death) a. <u>Acute respiratory acidosis</u><br/>Due to (or as a consequence of): _____</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the <b>UNDERLYING CAUSE</b> (disease or injury that initiated the events resulting in death) <b>LAST</b> b. <u>COVID-19</u><br/>Due to (or as a consequence of): _____</p> <p>c. _____<br/>Due to (or as a consequence of): _____</p> <p>d. _____</p> | <p style="text-align: center;"><u>3 days</u></p> <p style="text-align: center;"><u>1 week</u></p>                                                                                                                                                 |                                         |
| <p><b>PART II.</b> Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I</p> <p style="text-align: center;">Chronic obstructive pulmonary disease, hypertension</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>33. WAS AN AUTOPSY PERFORMED?<br/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |                                         |

### Common Problems in Death Certification

An **elderly decedent** should have a clear and distinct etiological sequence for cause of death, if possible. Terms such as senescence, infirmity, old age, and advanced age have little value for public health or medical research. Age is recorded elsewhere on the certificate. When a number of conditions resulted in death, the physician should choose the single sequence that, in his or her opinion, best describes the process leading to death, and place any other pertinent conditions in Part II. If after careful consideration the physician cannot determine a sequence that ends in death, then the medical examiner or coroner should be consulted about conducting an investigation or providing assistance in completing the cause of death.

An **infant decedent** should have a clear and distinct etiological sequence for cause of death, if possible. “Prematurity” should not be entered without explaining the etiology of prematurity. Maternal conditions may have initiated or affected the sequence that resulted in infant death, and such maternal causes should be reported in addition to the infant causes on the infant’s death certificate (e.g., Hyaline membrane disease due to prematurity, 28 weeks due to placental abruption due to blunt trauma to mother’s abdomen).

When **Sudden Infant Death Syndrome (SIDS)** is suspected, a complete investigation should be conducted, typically by a medical examiner or coroner. If the infant is under 1 year of age, no cause of death is determined after scene investigation, clinical history is reviewed, and a complete autopsy is performed, then the death can be reported as Sudden Infant Death Syndrome.

## **Causes of Death Reported to Medical Examiner/Coroner**

Any death suspected of being caused by injury must be reported to the coroner, even if the injury occurred days, weeks, months, or years before the death. Even if an injury only contributes to an otherwise natural death, the death should still be reported. Reportable injuries include:

1. Falls
2. Blunt force of crushing injuries
3. Sharp force (cutting, stabbing, or chopping) injuries
4. Injuries from firearms (handguns, rifles, shotguns, or other)
5. Explosion
6. Electrocutions and lightning strikes
7. Asphyxia (suffocation, strangulation, hanging, exclusion of oxygen, poisoning by gases [carbon monoxide, poisoning by cyanide, or other])
8. Vehicular accidents (automobile, bus, railroad, motorcycle, bicycle, boat, aircraft, or other craft) including deaths of drivers, passengers, pedestrians, or non-occupants involved in the accidents
9. Drowning
10. Weather-related injuries (lightning, heat or cold exposure, tornado, or other)
11. Drug use, prescription or illicit
12. Poisoning or chemical ingestions
13. Burns (chemical, thermal, radiation, electrical, etc.)
14. Criminal abortions, including those self-induced (these include maternal or fetal deaths that may be caused from illegal interference with the pregnancy or from criminal activity)
15. Disease thought to be of a hazardous and contagious nature or which might constitute a threat to public health. (These include deaths caused by acute rapidly fatal illnesses, such as fulminant meningitis. Any death caused by highly infectious agents capable of causing an epidemic should be reported.) **Note:** Deaths due to Acquired Immunodeficiency Syndrome (AIDS) are usually not reportable.
16. Deaths that occur during employment or that are related to employment or deaths that occur in public places, such as buildings, streets, parks, or other similar areas must be reported.
17. When any person dies suddenly:
  - a. When in apparent good health. These deaths include:
    - i. Sudden and unexpected deaths
    - ii. Deaths for which the attending physicians cannot supply adequate or reasonable explanations
    - iii. Person found dead without obvious causes of death



- b. When unattended by a physician, chiropractor, or an accredited Christian Science Practitioner, during the thirty-six hours that immediately precedes the death. **Note: Missouri Vital Records rules and statutes do not include a twenty-four hour time period in relation to reporting deaths due to trauma, unusual, sudden, or suspicious manner.** A death occurring less than twenty-four hours after hospital admission is not necessarily reportable, such as hospice or terminally ill cases.
- c. While in the custody of the law, or while an inmate in a public institution.
  - i. All deaths occurring in correctional institutions, reformatories, or other incarceration or detention areas are reportable.
  - ii. Deaths of persons under police custody or police hold, regardless of the probable cause and manner are also reportable.
- d. Deaths occurring in any unusual or suspicious manner. The following are also reportable:
  - i. Deaths while under anesthesia, during the post-anesthetic period, or during induction of anesthesia, regardless of the interval between the original incident and the death.
  - ii. Deaths during or following diagnostic or therapeutic procedures, if the deaths might be related to the procedures or the complications resulting from the procedures.
  - iii. Deaths occurring under unknown circumstances, when there are no witnesses, or where there is little or no information concerning previous medical histories.
  - iv. Deaths in which the treating physicians are unavailable or are unwilling to certify the cause of death.
  - v. Whenever anatomic material suspected of being a part of a human body is found, such as bones, human organs, fetal parts, placentas, etc.

## **B. Who reports the death?**

“The police, sheriff, law enforcement officer or official, or any person having knowledge of such a death shall immediately notify the office of the coroner of the known facts concerning the time, place, manner, and circumstances of the death. Immediately upon receipt of notification, the coroner or his designated assistant shall take charge of the dead body and fully investigate the essential facts concerning the medical cause of death.”

## **C. What about child deaths?**

“When any person dies within a county and there are reasonable grounds to believe that such person was less than eighteen years of age, who was eligible to receive a certificate of live birth, the police, sheriff, law enforcement office or official or any person having knowledge of such death shall immediately notify the coroner of known facts concerning the time, place, manner and circumstances of the death. Under Missouri law, all child deaths, involving individuals below the age of eighteen years, must be reported.”

## **D. Who signs the death certificate?**

The coroner or his deputy signs the death certificates in all cases where he/she has assumed jurisdiction. A private physician should sign the death certificate of his patient only if the patient has been under the care of this physician and the patient has died of natural causes. After receiving notification of a death and performing an initial investigation, the coroner or his deputy may elect to decline jurisdiction of the death if manner of death is determined to be natural. In that situation, the private physician may sign the death certificate.

### III Defined/Insufficient Terms for Cause of Death

Although records may be registered with the following terms as cause of death, they are in themselves insufficient and considered ill-defined unless etiology is also listed. **Additional information about the etiology should also be reported.**

If **etiology is unable to be determined**, state below the term on the certificate: unknown, undetermined, probable, presumed, or unspecified etiology so it is clear that a distinct etiology was not inadvertently or carelessly omitted.

The Bureau of Vital Records will attempt to collect additional information for ill-defined causes of death. Once a record is registered, this information can only be added or changed by the medical certifier through the Correction Affidavit process.

|                                     |                                 |                                          |
|-------------------------------------|---------------------------------|------------------------------------------|
| Abscess                             | Brain injury                    | Convulsions                              |
| Abdominal hemorrhage                | Brain stem herniation           | Decubiti                                 |
| Adhesions                           | Carcinogenesis                  | Dehydration                              |
| Adult respiratory distress syndrome | Carcinomatosis                  | Dementia (when not otherwise specified)  |
| Acute myocardial infarction         | Cardiac arrest                  | Diarrhea                                 |
| Altered mental status               | Cardiac dysrhythmia             | Disseminated intra vascular coagulopathy |
| Anemia                              | Cardiomyopathy                  | Dysrhythmia                              |
| Anoxia                              | Cardiopulmonary arrest          | End-stage liver disease                  |
| Anoxic encephalopathy               | Cellulitis                      | End-stage renal disease                  |
| Arrhythmia                          | Cerebral edema                  | Epidural hematoma                        |
| Ascites                             | Cerebrovascular accident        | Exsanguination                           |
| Aspiration                          | Cerebellar tonsillar herniation | Failure to thrive                        |
| Atrial fibrillation                 | Chronic bedridden state         | Fracture                                 |
| Bacteremia                          | Cirrhosis                       | Gangrene                                 |
| Bedridden                           | Coagulopathy                    | Gastrointestinal hemorrhage              |
| Biliary obstruction                 | Compression fracture            | Heart failure                            |
| Bowel obstruction                   | Congestive heart failure        |                                          |

|                                  |                                   |                          |
|----------------------------------|-----------------------------------|--------------------------|
| Hemothorax                       | Myocardial infarction             | Seizures                 |
| Hepatic failure                  | Necrotizing soft-tissue infection | Sepsis                   |
| Hepatitis                        | Old age                           | Septic shock             |
| Hepatorenal syndrome             | Open (or closed) head injury      | Shock                    |
| Hyperglycemia                    | Paralysis                         | Starvation               |
| Hyperkalemia                     | Pancytopenia                      | Subdural hematoma        |
| Hypovolemic shock                | Perforated gallbladder            | Subarachnoid hemorrhage  |
| Hyponatremia                     | Peritonitis                       | Sudden death             |
| Hypotension                      | Pleural effusions                 | Thrombocytopenia         |
| Immunosuppression                | Pneumonia                         | Uncal herniation         |
| Increased intra cranial pressure | Pulmonary arrest                  | Urinary tract infection  |
| Intra cranial hemorrhage         | Pulmonary edema                   | Ventricular fibrillation |
| Malnutrition                     | Pulmonary embolism                | Ventricular tachycardia  |
| Metabolic encephalopathy         | Pulmonary insufficiency           | Volume depletion         |
| Multi-organ failure              | Renal failure                     |                          |
| Multi-system organ failure       | Respiratory arrest                |                          |

## **Vital Records Frequently Asked Questions (FAQs)**

A list of answers to the most commonly asked vital records questions can be found at:

<https://health.mo.gov/data/vitalrecords/faqs.php>

If you have additional questions, feel free to reach out to the Bureau of Vital Records via email at [VitalRecordsInfo@health.mo.gov](mailto:VitalRecordsInfo@health.mo.gov) or call 573-751-6387.

### **Funeral Director Authorization Letters**

The Department of Health & Senior Services (DHSS) has a policy regarding funeral director authorization letters to aid in the correction of items on the Certificate of Death when the original funeral director who completed the certificate is no longer available to make any necessary corrections. In these instances, a different funeral director from the same funeral home listed on the original certificate may submit corrections to the record if an authorization letter is submitted with a notarized correction affidavit.

The letter should be on the funeral home's letterhead and list the funeral director(s) on whose behalf you are authorized to assist in the correction affidavit process. Each funeral director listed should sign the letter. These letters would not have to be decedent-specific and shall be acceptable for one (1) year from the date on the signed letter. After one (1) year has elapsed, a new letter will need to be drafted if the need still exists for you to submit corrections on behalf of the funeral director(s) listed on the original letter. Electronically printed copies are acceptable. The original is not necessary. However, the bureau is not able to keep the letter on file. Therefore, a copy of the letter shall be included with each notarized affidavit and any other supporting documentation as would normally be necessary.

### **Online Verification System (OVS)**

The Department of Health & Senior Services (DHSS) partners with the Social Security Administration (SSA) to send fact-of-death data when a death record is started or registered in the Missouri Electronic Vital Records (MoEVR) system.

Upon starting a death record and running the online verification system (OVS) check in MoEVR, if the necessary data elements (such as name and SSN, etc.) match the SSA database, an electronic notification of the death is sent immediately to SSA and serves as an official notification of fact-of-death. This will occur even if the death record has not yet been medically certified or registered.

*Therefore, do not attempt to test OVS with incorrect or sample data and always ensure data entry is correct and accurate as possible, especially relating to the year of death prior to performing an OVS check.*

## Instructions for Correcting a Birth, Death, or Fetal Death Certificate by an Affidavit for Correction

**PRINT** or **TYPE** all information identifying the certificate and the item(s) to be corrected. The original and fully completed affidavit (not a copy) must be submitted and be free of erasures, write-overs, and/or white-out. Some items are related and correcting one item may require the correction of other related items.

The following information is general guidance for completing an Affidavit for Correction (correction affidavit). **For additional instructions**, see [19 CSR 10-10](#) or contact the Bureau of Vital Records at 573-751-6387.

### **Fees**

There is no fee to process a correction affidavit. Processing a court order requires a \$15.00 fee. For any new copies of the revised certificate, the standard \$15.00 fee per birth certificate or fetal death/still birth and \$14.00 fee (\$11 additional copies) per death certificate will apply.

### **Notary**

All affidavits must always be signed in the presence of a notary public by an individual legally authorized, per [19 CSR 10-10](#), to make the correction.

### **Who Can Amend a Vital Record**

To amend a **birth certificate**, depending on what is being corrected, application may be made by one (1) of the parents, the legal guardian, the registrant, if of legal age, or the individual responsible for the filing of the certificate. The mother's first, middle, and maiden name on a birth record can be corrected by a notarized affidavit from the hospital's medical records department if the hospital prepared the original record in error. If the error was not made by the hospital, then one (1) of the recorded parents or the registrant, if of legal age, shall furnish a notarized affidavit requesting correction and a certified copy of the mother's birth record or a certified copy of the parent's marriage license or a certified statement of marriage from the recorder of deeds' office. The **medical information** on a birth certificate can be changed **only** by the medical certifier or personnel of the institution responsible for filing the certificate. For additional birth correction information, see [19 CSR 10-10](#).

To amend a **death certificate** by affidavit, application may be made by the informant or the funeral director or person acting for the funeral director on the following items: decedent's first name, decedent's middle name, decedent's sex, decedent's date of death (affidavit of funeral home representative or certifier only), decedent's Social Security number, decedent's age, decedent's month of birth, decedent's day of birth, was decedent ever in United States armed forces?, place of death, marital status, surviving spouse's name (see [19 CSR 10-10.110](#), paragraph (2)(A)8), decedent's usual occupation and kind of business or industry, decedent's residence, decedent's origin and race, decedent's education, father's first name, father's middle name, mother's first name, mother's middle name. Informant's name, informant's mailing address, disposition information, name and address of funeral home and funeral establishment license number can be amended only by affidavit of funeral home representative. The **medical information** on a death certificate can be changed **only** by the medical certifier, coroner, or medical examiner who certified the cause of death. A funeral director or other person acting as such cannot change medical information.

To amend a **fetal death/still birth certificate**, application may be made by informant, coroner, medical examiner, or personnel from the hospital, clinic, or funeral home who prepared the certificate. Except for medical information, the amendment process is the same as for a birth or death certificate. The **medical information** can be changed **only** by the medical certifier, coroner, medical examiner, or personnel of the institution responsible for filing the certificate. **Cause of death information** can be changed **only** by the medical certifier, coroner, or medical examiner. To correct all other items on a fetal death certificate, documentary evidence considered necessary to preserve the integrity of the certificate shall be required.

### **Documentary Evidence**

To correct an item(s) on a certificate, documentary evidence necessary to preserve the integrity of the certificate shall be required. Depending on the number of items to be corrected, more than one (1) document may be required. Generally, original documents are not required and copies/photocopies are acceptable. However, some changes require a certified copy of the documentation.

The burden of submitting proof is on the applicant. The state registrar shall determine whether the document submitted satisfactorily supports the correction requested. When the applicant cannot submit proper documentation, the applicant shall be notified of the deficiencies and given appeal rights to a court of competent jurisdiction.

Documentary evidence which supports the alleged facts shall be a filed document which shows, as a minimum, the correct full name and correct age or date of birth, and shall have been filed at least **five (5) years** prior to the date of application for the amendment.

A filed document is defined as a record which is **permanently maintained** by an agency, organization, or business and is accessible for verification at a later date. The burden of submitting proof is on the applicant. The state registrar shall determine whether the document submitted satisfactorily supports the correction requested. When the applicant cannot submit proper documentation, the applicant shall be notified of the deficiencies and given appeal rights to a court of competent jurisdiction.

### **Suggested Documents**

The following list of suggested documents are possible examples. Other similar documents may also be acceptable. Not all suggested documents may be acceptable for all types of corrections.

- Church Record/Baptismal Record
- Prenatal Records
- School Enrollment Record
- U.S. Passport
- U.S. Census Record
- Physician/Hospital Record
- Social Security Card and/or Numident Form
- State and/or Federal Tax Return
- Driver's License
- Insurance Policy
- W-2, I-9, or Similar Employment Record
- Military Record
- Voter ID Registration Card
- Certified Copy of Parent's Birth Certificate
- Certified Copy of Marriage Certificate or Statement
- Bank Statements
- Mother's Worksheet
- Facility Worksheet

### **Court Orders**

Major deficiencies on individual vital records shall be corrected or amended by court order. The Bureau of Vital Records shall be furnished with a certified copy of an order from a court of competent

jurisdiction indicating the desired change(s). The order shall identify the record(s) as presently filed and indicate the items to be corrected or amended.

Major deficiencies specifically requiring a court order are those that:

1. Change year of birth on a birth record;
2. Change any birth, death, or fetal death record created or previously amended or corrected by court order, adoption, or legitimation;
3. Change an item previously amended or corrected by affidavit, except when the cause or manner of death on a death record is being corrected from pending investigation;
4. Change on a birth record the registrant's first name, middle name, last name, or suffix when different from the mother's birth certificate worksheet used to originally register the birth certificate (not including if first and middle names not yet chosen);
5. Completely change the mother's name on a birth record. The mother's first, middle, and maiden name can be corrected by a notarized affidavit from the hospital's medical records department if the hospital prepared the original record in error. If the error was not made by the hospital, then one (1) of the recorded parents or the registrant, if of legal age, shall furnish a notarized affidavit requesting correction and a certified copy of the mother's birth record or a certified copy of the parent's marriage certificate from the recorder of deeds' office or a certified statement of marriage;
6. Completely change, on the birth record, the name of the natural parent or add the name of a parent when deceased;
7. Change, on the birth record, the surname of the registrant, last name of the mother, or the last name of the father by changing three (3) or more letters, or by changing one (1) or two (2) letters which results in a different pronunciation of the last name;
8. Change, on the death record, the last name of the deceased by changing three (3) or more letters or by changing one (1) or two (2) letters which results in a different pronunciation of the last name;
9. Change both the sex and registrant's name when the name appears to be that typically used for the opposite sex;
10. Change a written signature (new signature will be typed);
11. Delete father's name on a birth record.
  - To delete the father's name from a birth certificate, the court order shall find that he is not the natural father and then direct the Bureau of Vital Records to delete his name from the birth record. If the court also finds the natural father and the mother have been legally married, the birth certificate can be legitimated by the same court order. The order shall give the date and place of marriage. The order also shall give the natural father's full name, date of birth, state of birth, race, Social Security number, and the natural mother's date of birth and Social Security number to establish a new birth certificate by legitimation. If the child's name is to be changed, the order also shall indicate the name change.

### **Processing a Correction**

The original certificate/office working copy of the birth, death, or fetal death shall have the correction entered on its face by interlineation with a line drawn through the incorrect entries. It shall be marked

amended. The date of amendment and a summary description of the evidence submitted in support of the amendment shall be endorsed on or made part of the record.





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF VITAL RECORDS  
**AFFIDAVIT FOR CORRECTION OF A BIRTH, DEATH,  
OR FETAL DEATH RECORD**

**Save** **Print** **Reset**

STATE FILE NUMBER  
**Completed by State**

**STEP 1 - REVIEW INSTRUCTIONS**

**PRINT or TYPE** all information identifying the certificate and the item(s) to be corrected. Once an item is amended, it cannot be amended again unless by a certified court order. **This form must be:**

1. The **original and fully completed affidavit** (not a copy) and free of erasures, write-overs, and/or white-out;
2. Accompanied by **documentary evidence** that supports the indicated correction(s);
3. **Signed in the presence of a notary public** by an individual legally authorized under 19 CSR 10-10, to make the correction;
4. Mailed to: **DHSS - Bureau of Vital Records, 321 West Main Street, Jefferson City, Missouri 65101**.

Some requirements will be required. Some items are related to other items. Some items may require the correction of other related items. Items identified as major deficiencies, per 19 CSR 10-10, and cannot be corrected by an Affidavit for Correction. Such deficiencies must be corrected by the registrant. To correct a vital record, see reverse for instructions, visit <http://www.health.mo.gov/vitalrecords>, or call 573-751-6387.

**SAMPLE**

Provide information on the current vital record

**STEP 2 - IDENTIFYING VITAL RECORD TO CORRECT**

|                                                                                                                                    |                                      |               |               |                                                        |                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------|---------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| SELECT ONE:<br><input type="checkbox"/> BIRTH<br><input checked="" type="checkbox"/> DEATH<br><input type="checkbox"/> FETAL DEATH | FULL NAME ON RECORD<br>FIRST<br>JOHN | MIDDLE<br>DOE | LAST<br>SMITH | DATE OF BIRTH OR DEATH<br>MONTH DAY YEAR<br>01 01 2021 | SELECT ONE:<br><input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE <input type="checkbox"/> UNKNOWN |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------|---------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

**STEP 3 - ITEM(S) TO CORRECT (IF ITEM IS/SHOULD BE BLANK, PRINT/TYPE "BLANK")**

|                                                      |                                                                    |                                                                     |                                                                             |
|------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------|
| ITEM NO. OR ITEM NAME<br>#33                         | INSTEAD OF<br>PENDING INVESTIGATION                                | SHOULD READ<br>NATURAL                                              | <b>Method 1 – For shorter correction<br/>(Completed on one line)</b>        |
| ITEM NO. OR ITEM NAME                                | INSTEAD OF                                                         | SHOULD READ                                                         |                                                                             |
| ITEM NO. OR ITEM NAME<br>CERTIFIER'S MAILING ADDRESS | INSTEAD OF<br>123 WEST MAIN STREET, JEFFERSON CITY, MISSOURI 65101 | SHOULD READ<br>321 WEST MAIN STREET, JEFFERSON CITY, MISSOURI 65101 | <b>Method 2 – For longer correction<br/>(Completed on two lines)</b>        |
| ITEM NO. OR ITEM NAME                                | INSTEAD OF                                                         | SHOULD READ                                                         |                                                                             |
| ITEM NO. OR ITEM NAME<br>#28A.<br>#28B.              | INSTEAD OF<br>MYOCARDIAL INFARCTION<br>BLANK                       | SHOULD READ<br>ACUTE RESPIRATORY DISTRESS SYNDROME<br>PNEUMONIA     | <b>Method 3 – For several corrections<br/>(Two corrections in each box)</b> |
| ITEM NO. OR ITEM NAME<br>#28C.<br>#28 PART II        | INSTEAD OF<br>BLANK<br>BLANK                                       | SHOULD READ<br>COVID-19<br>ISCHEMIC STROKE                          |                                                                             |

**STEP 4 - AFFIANT INFORMATION (SIGNED IN PRESENCE OF NOTARY)**

|                                                                                                                                                                                                                                                                                                  |                        |                   |                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------|------------------------------------------------|
| AFFIANT'S FULL NAME<br>FIRST<br>SUSAN                                                                                                                                                                                                                                                            | MIDDLE<br>ANN          | LAST<br>SMITH     | RELATIONSHIP TO REGISTRANT<br>MEDICAL EXAMINER |
| AFFIANT'S MAILING ADDRESS<br>NUMBER AND STREET AND/OR P.O. BOX<br>321 WEST MAIN STREET                                                                                                                                                                                                           | CITY<br>JEFFERSON CITY | STATE<br>MISSOURI | ZIP<br>65101                                   |
| SUBJECT TO THE PENALTY OF PERJURY, I DO SOLEMNLY DECLARE AND AFFIRM THAT I AM ELIGIBLE, PURSUANT TO CHAPTER 193, RSMO AND 19 CSR 10-10, TO CORRECT THE VITAL RECORD IDENTIFIED ABOVE, AND THAT THE INFORMATION IN THIS AFFIDAVIT FOR CORRECTION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. |                        |                   | AFFIANT'S PHONE NUMBER<br>(573) 751-6387       |
| AFFIANT'S SIGNATURE (MUST BE SIGNED IN THE PRESENCE OF NOTARY)                                                                                                                                                                                                                                   |                        |                   | DATE (MM/DD/YYYY)<br>01/15/2021                |

Dates must match

Must be signed in the presence of a notary

|                                                                 |                   |                                      |
|-----------------------------------------------------------------|-------------------|--------------------------------------|
| NOTARY PUBLIC BOSSER SEAL                                       | STATE<br>MISSOURI | COUNTY<br>COLE                       |
| SUBSCRIBED AND SWORN BEFORE ME, THIS<br>15 DAY OF JANUARY 20 21 |                   | USE RUBBER STAMP IN CLEAR AREA BELOW |
| NOTARY PUBLIC SIGNATURE                                         | MY COMMISSION     |                                      |
| NOTARY PUBLIC NAME<br>JANE SMITH                                |                   |                                      |

Completed by Notary

**FOR STATE USE ONLY**

|                                                              |                                                                        |                                   |
|--------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------|
| DATE PROCESSED                                               | <input type="checkbox"/> APPROVED<br><input type="checkbox"/> REJECTED | IF APPROVED, DOCUMENT(S) PROVIDED |
| IF REJECTED, REASON(S) FOR REJECTION/INSTRUCTIONS TO RESOLVE | PROCESSED BY                                                           |                                   |
| DATE PROCESSED                                               | <input type="checkbox"/> APPROVED<br><input type="checkbox"/> REJECTED | <b>Completed by State</b>         |
| IF REJECTED, REASON(S) FOR REJECTION/INSTRUCTIONS TO RESOLVE | PROCESSED BY                                                           |                                   |



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF VITAL RECORDS  
**AFFIDAVIT FOR CORRECTION OF A BIRTH, DEATH,  
 OR FETAL DEATH RECORD**

**Save** **Print** **Reset**

STATE FILE NUMBER

**STEP 1 - REVIEW INSTRUCTIONS**

**PRINT** or **TYPE** all information identifying the certificate and the item(s) to be corrected. Once an item is amended, it cannot be amended again unless by a certified court order. **This form must be:**

1. The **original and fully completed affidavit** (not a copy) and free of erasures, write-overs, and/or white-out;
2. Accompanied by **documentary evidence** that supports the indicated correction(s);
3. **Signed** in the presence of a **notary public** by an individual legally authorized, per 19 CSR 10-10, to make the correction;
4. Mailed to: **DHSS - Bureau of Vital Records, 930 Wildwood Dr., Jefferson City, MO 65109**

Affidavits that do not meet these requirements will be **rejected**. Some items are related and correcting one item may require the correction of other related items. Some corrections are classified as major deficiencies, per 19 CSR 10-10, and cannot be corrected by an Affidavit for Correction. Such deficiencies require a certified court order to correct.

**For more information** on how to correct a vital record, see reverse for instructions, visit: <http://www.health.mo.gov/vitalrecords>, or call 573-751-6387.

**STEP 2 - IDENTIFYING VITAL RECORD TO CORRECT**

|                                                                                                                         |                                          |                                          |                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| SELECT ONE:<br><input type="checkbox"/> BIRTH<br><input type="checkbox"/> DEATH<br><input type="checkbox"/> FETAL DEATH | FULL NAME ON RECORD<br>FIRST MIDDLE LAST | DATE OF BIRTH OR DEATH<br>MONTH DAY YEAR | SELECT ONE:<br><input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> UNKNOWN |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------|

**STEP 3 - ITEM(S) TO CORRECT (IF ITEM IS/SHOULD BE BLANK, PRINT/TYPE "BLANK")**

|                       |            |             |
|-----------------------|------------|-------------|
| ITEM NO. OR ITEM NAME | INSTEAD OF | SHOULD READ |
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| ITEM NO. OR ITEM NAME | INSTEAD OF | SHOULD READ |
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| ITEM NO. OR ITEM NAME | INSTEAD OF | SHOULD READ |
|                       |            |             |
| ITEM NO. OR ITEM NAME | INSTEAD OF | SHOULD READ |
|                       |            |             |

**STEP 4 - AFFIANT INFORMATION (SIGNED IN PRESENCE OF NOTARY)**

|                                                                                                                                                                                                                                                                                                 |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| AFFIANT'S FULL NAME<br>FIRST MIDDLE LAST                                                                                                                                                                                                                                                        | RELATIONSHIP TO REGISTRANT |
| AFFIANT'S MAILING ADDRESS<br>NUMBER AND STREET AND/OR P.O. BOX CITY STATE ZIP                                                                                                                                                                                                                   | AFFIANT'S PHONE NUMBER     |
| SUBJECT TO THE PENALTY OF PERJURY, I DO SOLEMNLY DECLARE AND AFFIRM THAT I AM ELIGIBLE, PURSUANT TO CHAPTER 193, RSMO AND 19 CSR 10-10, TO CORRECT THE VITAL RECORD IDENTIFIED ABOVE AND THAT THE INFORMATION IN THIS AFFIDAVIT FOR CORRECTION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. |                            |
| AFFIANT'S SIGNATURE (MUST BE SIGNED IN THE PRESENCE OF NOTARY)                                                                                                                                                                                                                                  | DATE (MM/DD/YYYY)          |

|                                                   |                       |                                             |
|---------------------------------------------------|-----------------------|---------------------------------------------|
| NOTARY PUBLIC EMBOSSEER SEAL                      | STATE                 | COUNTY                                      |
| SUBSCRIBED AND SWORN BEFORE ME, THIS<br>DAY OF 20 |                       | <b>USE RUBBER STAMP IN CLEAR AREA BELOW</b> |
| NOTARY PUBLIC SIGNATURE                           | MY COMMISSION EXPIRES |                                             |
| NOTARY PUBLIC NAME (TYPED OR PRINTED)             |                       |                                             |

**FOR STATE USE ONLY**

|                                                              |                                                                        |                                   |
|--------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------|
| DATE PROCESSED                                               | <input type="checkbox"/> APPROVED<br><input type="checkbox"/> REJECTED | IF APPROVED, DOCUMENT(S) PROVIDED |
| IF REJECTED, REASON(S) FOR REJECTION/INSTRUCTIONS TO RESOLVE |                                                                        | PROCESSED BY                      |
| DATE PROCESSED                                               | <input type="checkbox"/> APPROVED<br><input type="checkbox"/> REJECTED | IF APPROVED, DOCUMENT(S) PROVIDED |
| IF REJECTED, REASON(S) FOR REJECTION/INSTRUCTIONS TO RESOLVE |                                                                        | PROCESSED BY                      |

**AUTHORIZATION TO CREMATE TEMPLATE  
PUT ON FUNERAL HOME LETTERHEAD**

Date: \_\_\_\_\_

Due to the family's decision for cremation of \_\_\_\_\_, Missouri Revised Statutes (RSMo), Section 193.175.1 indicates, "...if the body is to be cremated, a completed death certificate shall be filed with the local registrar prior to cremation..."

Additionally, the Missouri Code of State Regulations indicates, "...if a completed death certificate cannot be filed because the cause of death has not been determined, a body shall not be cremated until written authorization from the...medical certifier is received by the funeral director..."

We would appreciate it if you would please sign the statement below that would authorize cremation until the official certificate of death is completed. Please fax it back to us at (\_\_\_\_) \_\_\_\_\_.

The statement will allow us to cremate in a timely manner according to the wishes of the family.

I, \_\_\_\_\_, do certify that I am the medical certifier of record and will  
PRINT NAME

Complete the cause of death and sign the official *Certificate of Death* for \_\_\_\_\_.  
NAME OF DECEASED This statement is to allow the family to proceed with the cremation and service plans.

\_\_\_\_\_  
Medical Certifier Signature

\_\_\_\_\_  
License Number (if applicable)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES - BUREAU OF VITAL RECORDS

**OUT-OF-STATE DISPOSITION NOTIFICATION/AUTHORIZATION**

**This notification is to be used only when deemed necessary by Funeral Home Licensee.**

The State of Missouri no longer requires the acquisition of a permit prior to disposition of a dead body, effective August 13, 1984. Authorization for disposition is acquired through notification of death to the Local Registrar in the county which the death occurred.

**I HEREBY CERTIFY THAT NOTIFICATION OF DEATH FOR**

|                                    |                        |                                                  |
|------------------------------------|------------------------|--------------------------------------------------|
| DECEDENT                           |                        | WAS FILED WITH THE LOCAL REGISTRAR OF            |
| COUNTY                             | , MISSOURI ON          | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) |
| CEMETERY OR<br>CREMATORY -<br>NAME | LOCATION (CITY, STATE) | DATE (MONTH, DAY, YEAR)                          |
| SIGNATURE (FUNERAL HOME LICENSEE)  |                        | MO. LICENSE NUMBER                               |

MO 580-0727 (9-03) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER - services provided on a nondiscriminatory basis VS-302 (9-03)

## Letter for Local Registrars to Issue Out of Country Disposition

*Statement should be placed on Department/Office Letterhead*

*This letter is to be used by a local registrar upon request when final disposition is occurring out of the country and the receiving country requests an “out of country” disposition letter. The letter must be notarized. A certified copy of the death certificate should accompany this letter, which may be ordered from a local public health agency. Authentication by the Secretary of State’s office may be required. Visit: <https://s1.sos.mo.gov/Business/Notary/notary/certify> for more details on certifications and authentications.*

Information has been reviewed from the death certificate of (name of deceased) who expired on (date of death) in (give city/county), Missouri. The cause of death was determined to be (give cause) by (give medical examiner/coroner, physician’s name) of (give name of city/county).

It has also been determined by the certifier that (name of deceased) is free of communicable disease and has been released by (medical examiner/coroner, physician) for proper disposition by (give funeral home/service) of (give location of funeral home/service including city and state).

The body is to be removed from (give name of city/county), Missouri to (give state/country of burial).

Local Registrar’s Name: \_\_\_\_\_

County: \_\_\_\_\_

Local Registrar’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

|                              |                                                                                   |                                             |
|------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------|
| NOTARY PUBLIC EMBOSSEER SEAL | STATE                                                                             | COUNTY                                      |
|                              | SUBSCRIBED, DECLARED AND AFFIRMED BEFORE ME,<br>THIS _____ DAY OF _____, 20 _____ | <b>USE RUBBER STAMP IN CLEAR AREA BELOW</b> |
|                              | NOTARY PUBLIC SIGNATURE                                                           | MY COMMISSION EXPIRES                       |
|                              | NOTARY PUBLIC NAME (TYPED OR PRINTED)                                             |                                             |

## **Courier Service as an Alternate to Mailing Death Certificates**

As an alternative to mailing death certificates through the United States Postal Service to the Bureau of Vital Records, you may choose to send them to the bureau using the State Public Health Laboratory courier service. Information about the courier service including drop off locations and pickup time can be found at <https://health.mo.gov/lab/courierservices.php>.

Please direct any questions about using the courier service for death certificates to the Bureau of Vital Records at 573-751-6387, Option 3. Again, using the courier is an option. You may also continue to mail death certificates using the postal service.

### **Where to Find Forms**

All vital records applications and forms can be found at <https://health.mo.gov/IVrecords/>

## **Importance of Death Certificates**

### **Families**

- Handle final disposition of the body
- Closing out business affairs of the decedent
- Terminate benefits before an overpayment is made
- Gain access to bank accounts
- Utilize life insurance policies
- Transfer property ownership
- Provide closure

### **Public Health**

- Leading cause of death
- Life expectancy
- Plan/evaluate programs

### **Medical Field**

- Determine where future research funding should be allocated
- Measure progress of medical interventions
- Measure health outcomes
- Monitor prevalence of disease

### **Why We Do What We Do:**

<https://health.mo.gov/data/vitalrecords/pdf/whywedowhatwedo.pdf>

## Who Can Obtain a Vital Record and Tangible Interest Examples

In the State of Missouri, vital records are not open to the general public. Copies of vital records are provided to specifically defined individuals or entities. This helps protect identities, prevent fraud, and preserve the integrity of vital records. State law only allows a certified copy of a vital record to be issued to a person with a direct and tangible interest in the record.

Pursuant to [19 CSR 10-10](#), the registrant, a member of his/her family, his/her guardian, or one of their official representatives shall be considered to have a direct and tangible interest and may be issued a certified copy of a vital record such as a birth or death certificate. Applicants requesting records shall furnish adequate identifying information contained on the record to ensure the correct record is being released.

The information and examples below outline entitlement requirements to obtain a vital record. All [additional requirements](#), such as an application and statutorily required search fee, are also still required to obtain a vital record.

- **Immediate family members** are qualified to receive copies of **birth certificates**. Immediate family members shall include those family members and in-laws in the direct line of descent up to, but **not** including, cousins or any “great” relationships. This qualification of entitlement also applies to **Statements of Marriage, Divorce, and Single Status**.

*\*Applicant must identify at least one (1) parent on the record.*

- **All family members**, genealogist representing a family member, and professionally recognized genealogists are eligible to receive copies of **death certificates**. All family members includes **in-laws and cousins** and **great and step relationships** for the following: brother, sister, mother, father, son, daughter, grandmother, grandfather, aunt, or uncle. Family members outside of these relationships (ex: great, great) will need to produce additional documentation or information to demonstrate the applicant’s link to the requested record. Alternatively, direct and tangible interest documents may be used to prove entitlement. Note: death records over fifty (50) years old may be searched for using the [Secretary of State’s Missouri Digital Heritage](#) website.

*\*Applicant must identify at least one (1) parent on the record. Death records over fifty (50) years old are exempt from this requirement.*

- **Official representatives** shall include an **attorney, physician, funeral director**, or other authorized agent acting in behalf of the registrant or his/her family. Official representatives shall demonstrate a link between themselves and the registrant on the vital record or qualified family member. Funeral directors may act as an official representative to obtain copies of death records only.

*Example:* an attorney that has signed contractual documentation/retainer demonstrating they represent the immediate family member.

*Example:* a funeral home director listed on the death record that shows identification that matches the funeral director name on the death record or an officially signed letter by the funeral director on record authorizing another funeral home representative to request the record.

- **An other authorized agent** shall produce a signed statement by the registrant or a member of his/her qualified family authorizing the release of a record.

*Example:* a mother may write a signed notarized statement authorizing a neighbor to request and receive a record for her child if the mother is unable to make the request for herself.

- Others may demonstrate a direct and tangible interest when information is needed for **determination or protection of personal or property rights.**

*Example:* Direct and tangible interest would be present if a car title needed to be changed over to a person buying the car and the owner is deceased. The buyer would be qualified to receive a copy of the owner's death certificate.

*Example:* An ex-wife (divorced from decedent) needs a death certificate of a former husband to obtain benefits from the time period they were married. The ex-wife is no longer a family member but would be qualified to receive a copy of the ex-husband's death certificate by providing documentation showing her eligibility to receive benefits.

- A **parent or legal guardian** on behalf of a **minor (under 18) applicant.**

*Example:* a mother (not married to the father of her child, and, therefore not automatically entitled to the record by her relationship to the father) needs a death certificate of the father of her minor child for the child to receive benefits from the deceased father. The mother would need to demonstrate the relationship between the minor child, herself, and the father prior to her being authorized to request the record on behalf of the minor child. This may be accomplished by presenting a copy of the minor child's birth certificate at the time of the request.

- A **guardian** may receive a copy of the birth certificate of a child who is under his/her care and custody by showing guardianship papers.
- **Foster parents** may receive a copy of a birth certificate of a child who is under their care and custody upon furnishing a copy of their custody papers.
- A **stepparent** may receive a copy of a certificate of a legitimate birth by stating relationship.
- A **father** may receive a copy of a birth record if he is shown as the father on that child's birth record. An **alleged father** that has legal proof of custody or guardianship (court



documentation, custody or guardianship papers referencing father's status as the legal father, or a notarized or certified power of attorney document from the mother or her legal representative that states he may receive copies on behalf of the mother) would be qualified to receive copies of that child's birth record. Family members of an alleged father may not receive copies a child's birth certificate unless he is shown on that child's birth certificate. In which case, they must be a member of the registrant's immediate family and may be required to demonstrate a link to the alleged father.

- The state registrar, as outlined in section 193.255.4, RSMo, and prescribed in 19 CSR 10-10.090, may authorize vital records access to **entities not normally entitled**—when deemed in the public interest and not for purposes of commercial solicitation or private gain. Specifically, copies of records or data from records are allowed for **public agencies** administering **health, welfare, safety, law enforcement, education or public assistance programs**, and to private agencies approved by the state registrar. Access, in these instances, shall be for statistical or administrative purposes upon such terms or conditions as may be prescribed by regulation, provided that such copies or data shall not be used for purposes other than those for which they were requested unless so authorized by the state registrar.

*Example: a local, state, or federal law enforcement agency could submit a signed letter on letterhead outlining the need for a vital record to complete a special investigation.*

[See example letter.](#)

For additional information regarding vital records access, see the [Missouri Code of State Regulations](#) or contact the Bureau of Vital Records at 573-751-6387.

## Documents Required to Obtain Certified Copies of Vital Records

### Requesting certified copies in person

- Signed [application](#)
- One issued identity document that displays a name and photograph OR two alternate forms of identification. At least two alternate forms of identification documents must be used if applicant does not have a picture identification card. **See Acceptable Documentation for Identification** below.\*
- If applicable, [tangible interest documents or signed notarized statement authorizing release.](#)\*
- If a family member is requesting a record for another family member, additional documentation or information may be required if the applicant's link to the requested record cannot be established.

*\*See "Vital Records Best Practices Check List" for additional details.*

### Requesting certified copies by mail

- Signed [application](#) which **must be notarized by a notary public.**
- If applicable, [tangible interest documents or signed notarized statement authorizing release.](#)
- If a family member is requesting a record for another family member, additional documentation or information may be required if the applicant's link to the requested record cannot be established.

### Requesting certified copies online/by phone

The Bureau of Vital Records contracts with [VitalChek](#) to process vital records requests online or over the phone. VitalChek can verify an identity electronically online through public record data powered by LexisNexis.

### Acceptable Documentation for Identification

Primary Documents (One document is required. Documents should be current/valid.)

- A state issued driver's license that includes a photograph and date of birth
- A state issued identification card that includes a photograph and date of birth
- A U.S. military identification card that includes a photograph

- A U.S. passport with current photograph
- A school identification card/document showing applicant's name, photograph, and date of school year
- Work identification card that includes the applicant's name, photograph, and company name

**Alternate forms of Identification Documents** *(At least two alternate forms of identification documents must be used if applicant does not have a picture identification card when applying in person) Alternate documents must display name of applicant, may display date of birth, date of issuance (or year), must display institution, company or organization/agency name.*

- Letter from government or social agencies
- School yearbook
- A W-2 form issued within last year in addition to a signed Social Security card (social security numbers must match)
- Social Security card or Social Security numident printout (print out of an applicant's Social Security account of activities)
- Court certified adoption papers that includes adopted parent(s) name
- Official certified deeds or title to property
- Certificate of vehicle title or registration documents
- Proof of auto insurance
- Insurance policy (health, home, life, etc.)
- Medicaid/Medicare document or identification card
- A payroll stub that includes a Social Security number of applicant (cannot be handwritten stubs)
- Military discharge document (DD-214)
- Cancelled duplicate check (must show name, address, signature, and name of institution)
- Utility bills which shows name and address of applicant (water, gas, electric, telephone)

Shelter name band (including name of shelter)

## Training & Resources

Website for MoEVR Login: <https://moevr.dhss.mo.gov/>

Links & Information on this document can be found at:  
<https://health.mo.gov/data/vitalrecords/training/index.php>

The purpose of the Missouri Electronic Vital Records (MoEVR) system is to support the registration of Missouri vital events for the Missouri Department of Health and Senior Services and other users such as funeral directors, attending physicians, medical examiners, and birthing facilities.

Therefore, **before utilizing MoEVR**, complete the following training modules.



[Module 1: Medical Certifier Rules and Regulations Training](#)  
[Module 2: MoEVR Login & Password Reset](#)  
[Module 3: MoEVR Medical Certification Process](#)  
[Module 4: Death Certificate Affidavit of Correction and Query Letters](#)  
[Module 5: MoEVR Knowledge Check](#)



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

The Missouri Bureau of Vital Records has field representative staff who travel the state training vital record stakeholders. Field staff can also arrange for telephone/web conference training calls. If you are a vital record stakeholder (local county health agency, funeral home/director, hospital/licensed birthing center, county official, medical certifier, medical examiner/coroner, etc.) and would like to request personalized training or a private training session from the Missouri Bureau of Vital Records, **call 573-751-6387, option 4.**



According to the National Center for Health Statistics (NCHS), birth and death information is an important source of statistical data for identifying public health problems, monitoring progress in public health, informing the allocation of research and prevention funds, and conducting scientific research. For these reasons, complete, accurate, and standardized reporting of vital events is critical.

Therefore, **before completing vital event data in Missouri**, review the [comprehensive training and instructional materials](#) made available by the National Center for Health Statistics.



## Bureau of Vital Records Contact List

**930 WILDWOOD DRIVE, JEFFERSON CITY, MO 65109** [www.health.mo.gov/vitalrecords](http://www.health.mo.gov/vitalrecords)

| TEAM MEMBER                                                   | TITLE/SERVICE AREA                                 | PHONE                                                                                                                | EMAIL                                                                                    |
|---------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Dylan R. Bryant,<br>MPA                                       | State Registrar & Chief                            | 573-751-6458<br>573-526-1511                                                                                         | <a href="mailto:dylan.bryant@health.mo.gov">dylan.bryant@health.mo.gov</a>               |
| Lani De La Garza                                              | Deputy Chief                                       | 573-526-4717                                                                                                         | <a href="mailto:lani.delagarza@health.mo.gov">lani.delagarza@health.mo.gov</a>           |
| Sebastian Starrett                                            | Public Health Program<br>Specialist - North Region | 573-751-6375                                                                                                         | <a href="mailto:sebastian.starrett@health.mo.gov">sebastian.starrett@health.mo.gov</a>   |
| Lori Keeney                                                   | Public Health Program<br>Specialist - East Region  | 573-522-9118                                                                                                         | <a href="mailto:lori.keeney@health.mo.gov">lori.keeney@health.mo.gov</a>                 |
| Cherie Snellen                                                | Public Health Program<br>Specialist - South Region | 573-751-6376                                                                                                         | <a href="mailto:cherie.snellen@health.mo.gov">cherie.snellen@health.mo.gov</a>           |
| Kimberly (Kim)<br>Cisneros                                    | Public Health Program<br>Specialist - West Region  | 573-526-2786                                                                                                         | <a href="mailto:kimberly.cisneros@health.mo.gov">kimberly.cisneros@health.mo.gov</a>     |
| <b>Bureau of Vital Records Main Line</b>                      |                                                    | 573-751-6387                                                                                                         | <a href="mailto:VitalRecordsInfo@health.mo.gov">VitalRecordsInfo@health.mo.gov</a>       |
| Certification Unit                                            | Issues Vital Records                               | 573-751-6387, Opt 1                                                                                                  | <a href="mailto:VitalRecordsInfo@health.mo.gov">VitalRecordsInfo@health.mo.gov</a>       |
| Amendment Unit                                                | Corrects Vital Records                             | 573-751-6387, Opt 2                                                                                                  | <a href="mailto:VitalRecordsInfo@health.mo.gov">VitalRecordsInfo@health.mo.gov</a>       |
| Central Processing<br>Unit                                    | Registers Vital Records                            | 573-751-6387, Opt 3                                                                                                  | <a href="mailto:VitalRecordsInfo@health.mo.gov">VitalRecordsInfo@health.mo.gov</a>       |
| Public Health<br>Program Specialists                          | MoEVR/Stakeholder<br>Support                       | 573-751-6387, Opt 4                                                                                                  | <a href="mailto:MoEVRsupport@health.mo.gov">MoEVRsupport@health.mo.gov</a>               |
| LPHA/County Dedicated Email Support (15 minute response time) |                                                    |                                                                                                                      | <a href="mailto:VitalRecordsSupport@health.mo.gov">VitalRecordsSupport@health.mo.gov</a> |
| <b>ITSD</b>                                                   | PROD/TN 3270 Help<br>Desk                          | 573-751-6388                                                                                                         |                                                                                          |
| <b>To Order Supplies:</b>                                     | Fax request on agency<br>letterhead or email       | FAX: 573-526-3846<br>Email: <a href="mailto:VitalRecordsSupport@health.mo.gov">VitalRecordsSupport@health.mo.gov</a> |                                                                                          |



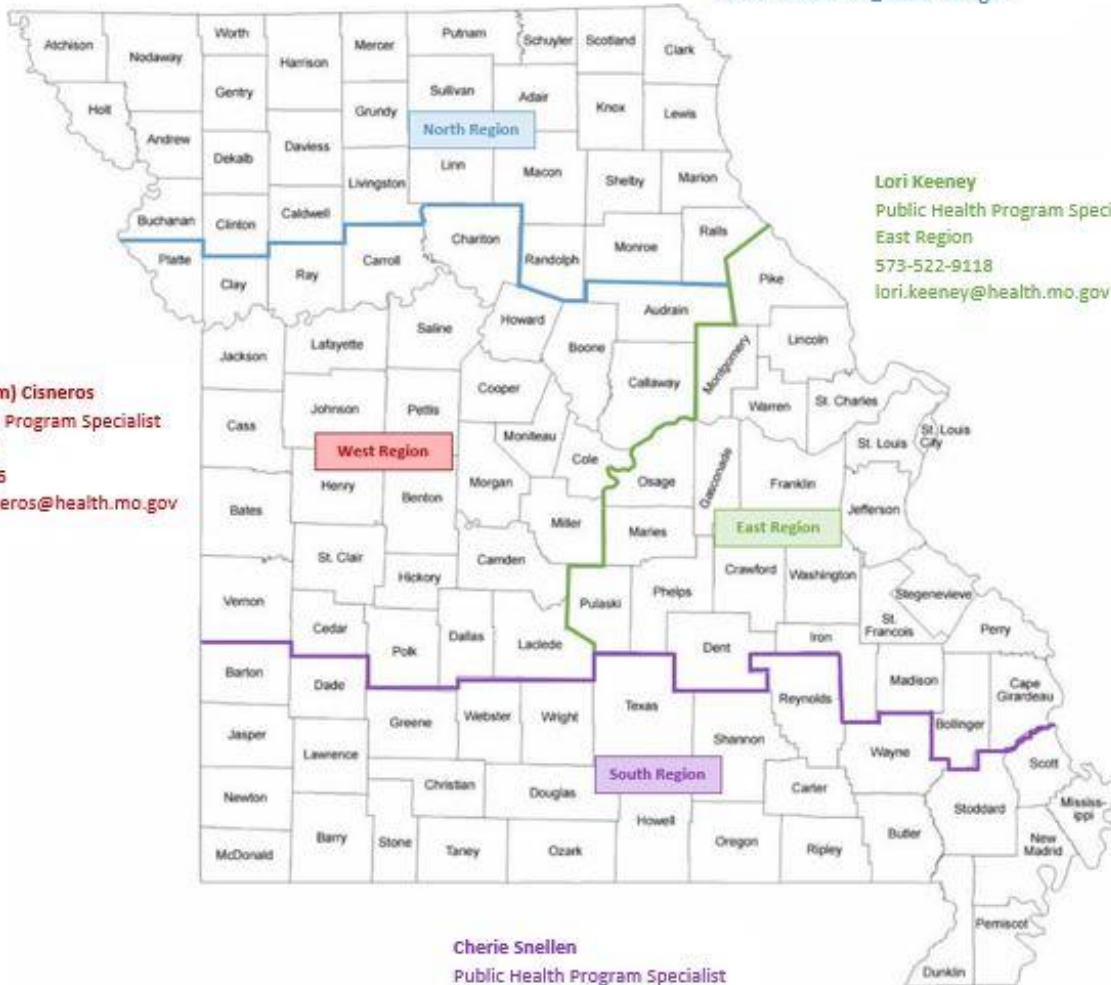
## Public Health Program Specialists Region Map

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| NORTH REGION       |     | EAST REGION    |     | SOUTH REGION   |     | WEST REGION             |     |
|--------------------|-----|----------------|-----|----------------|-----|-------------------------|-----|
| Sebastian Starrett |     | Lori Keeney    |     | Cherie Snellen |     | Kimberly (Kim) Cisneros |     |
| 573-751-6375       |     | 573-522-9118   |     | 573-751-6376   |     | 573-526-2786            |     |
| ADAIR              | 1   | BOLLINGER      | 17  | BARRY          | 9   | AUDRAIN                 | 7   |
| ANDREW             | 3   | CAPE GIRARDEAU | 31  | BARTON         | 11  | BATES                   | 13  |
| ATCHISON           | 5   | CRAWFORD       | 55  | BUTLER         | 23  | BENTON                  | 15  |
| BUCHANAN           | 21  | DENT           | 65  | CARTER         | 35  | BOONE                   | 19  |
| CALDWELL           | 25  | FRANKLIN       | 71  | CHRISTIAN      | 43  | CALLAWAY                | 27  |
| CLARK              | 45  | GASCONADE      | 73  | DADE           | 57  | CAMDEN                  | 29  |
| CLINTON            | 49  | IRON           | 93  | DOUGLAS        | 67  | CARROLL                 | 33  |
| DAVISS             | 61  | JEFFERSON      | 99  | DUNKLIN        | 69  | CASS                    | 37  |
| DEKALB             | 63  | LINCOLN        | 113 | GREENE         | 77  | CEDAR                   | 39  |
| GENTRY             | 75  | MADISON        | 123 | HOWELL         | 91  | CHARITON                | 41  |
| GRUNDY             | 79  | MARIES         | 125 | JASPER         | 97  | CLAY                    | 47  |
| HARRISON           | 81  | MONTGOMERY     | 139 | JOPLIN CITY    |     | COLE                    | 51  |
| HOLT               | 87  | OSAGE          | 151 | LAWRENCE       | 109 | COOPER                  | 53  |
| KNOX               | 103 | PERRY          | 157 | MCDONALD       | 119 | DALLAS                  | 59  |
| LEWIS              | 111 | PHELPS         | 161 | MISSISSIPPI    | 133 | HENRY                   | 83  |
| LINN               | 115 | PIKE           | 163 | NEW MADRID     | 143 | HICKORY                 | 85  |
| LIVINGSTON         | 117 | PULASKI        | 169 | NEWTON         | 145 | HOWARD                  | 89  |
| MACON              | 121 | ST CHARLES     | 183 | OREGON         | 149 | JACKSON                 | 95  |
| MARION             | 127 | ST FRANCOIS    | 187 | OZARK          | 153 | JOHNSON                 | 101 |
| MERCER             | 129 | ST LOUIS       | 189 | PEMISCOT       | 155 | KANSAS CITY             |     |
| MONROE             | 137 | ST LOUIS CITY  | 510 | REYNOLDS       | 179 | LACLEDE                 | 105 |
| NODAWAY            | 147 | STE GENEVIEVE  | 193 | RIPLEY         | 181 | LAFAYETTE               | 107 |
| PUTNAM             | 171 | WARREN         | 219 | SCOTT          | 201 | MILLER                  | 131 |
| RALLS              | 173 | WASHINGTON     | 221 | SHANNON        | 203 | MONITEAU                | 135 |
| RANDOLPH           | 175 |                |     | STODDARD       | 207 | MORGAN                  | 141 |
| SCHUYLER           | 197 |                |     | STONE          | 209 | PETTIS                  | 159 |
| SCOTLAND           | 199 |                |     | TANEY          | 213 | PLATTE                  | 165 |
| SHELBY             | 205 |                |     | TEXAS          | 215 | POLK                    | 167 |
| SULLIVAN           | 211 |                |     | WAYNE          | 223 | RAY                     | 177 |
| WORTH              | 227 |                |     | WEBSTER        | 225 | ST CLAIR                | 185 |
|                    |     |                |     | WRIGHT         | 229 | SALINE                  | 195 |
|                    |     |                |     |                |     | VERNON                  | 217 |

# Bureau of Vital Records Training Evaluation

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1. Please rate the training you received today:

Excellent   Above Average   Average   Below Average   Poor

2. Do you feel the training was helpful in educating you and/or your staff in relation to what was asked of the field representative to provide? Please provide comments so we understand where we can make changes in the training.

Yes                      Somewhat                      No

Comments:

3. Were your questions answered in this training? Please provide comments so we understand where we can make changes in the training.

Yes                      Somewhat                      No

Comments:

4. How can we improve this training to better suit your needs?

5. How can the Bureau of Vital Records better serve you?