

ELECTRONIC DEATH REGISTRATION SYSTEM (EDRS)

*EDRS Overview and
Coroner/Medical Examiner Module*

Purpose of EDRS

- Enable the participants of death registration to file death records with local and state registrars electronically
- On-line access for decedent fact-of-death and cause-of-death information can be registered electronically
- Multiple death registration participants can work on the same case

EDRS Features

- Available 24 hours/day, 7 days/week
- Highly secure and Internet-accessible
- User-friendly death record data entry screens
- Accommodates large and small funeral homes
- On-line help and instructions built into the system

EDRS Benefits

- Paperless filing of a death record
- Eliminates the need to physically track down physicians to obtain signatures
- Facilitates on-line collaboration among multiple death registration users
 - Funeral Homes
 - Medical Facilities: Hospitals, Nursing Homes, Hospices, etc.
 - Physicians, Medical Examiners, and Coroners
 - Local and State Registrars
- Supports the completion and filing of a death record in various formats
 - Electronic
 - Hybrid: partially an electronic record and partially a paper certificate

EDRS Benefits

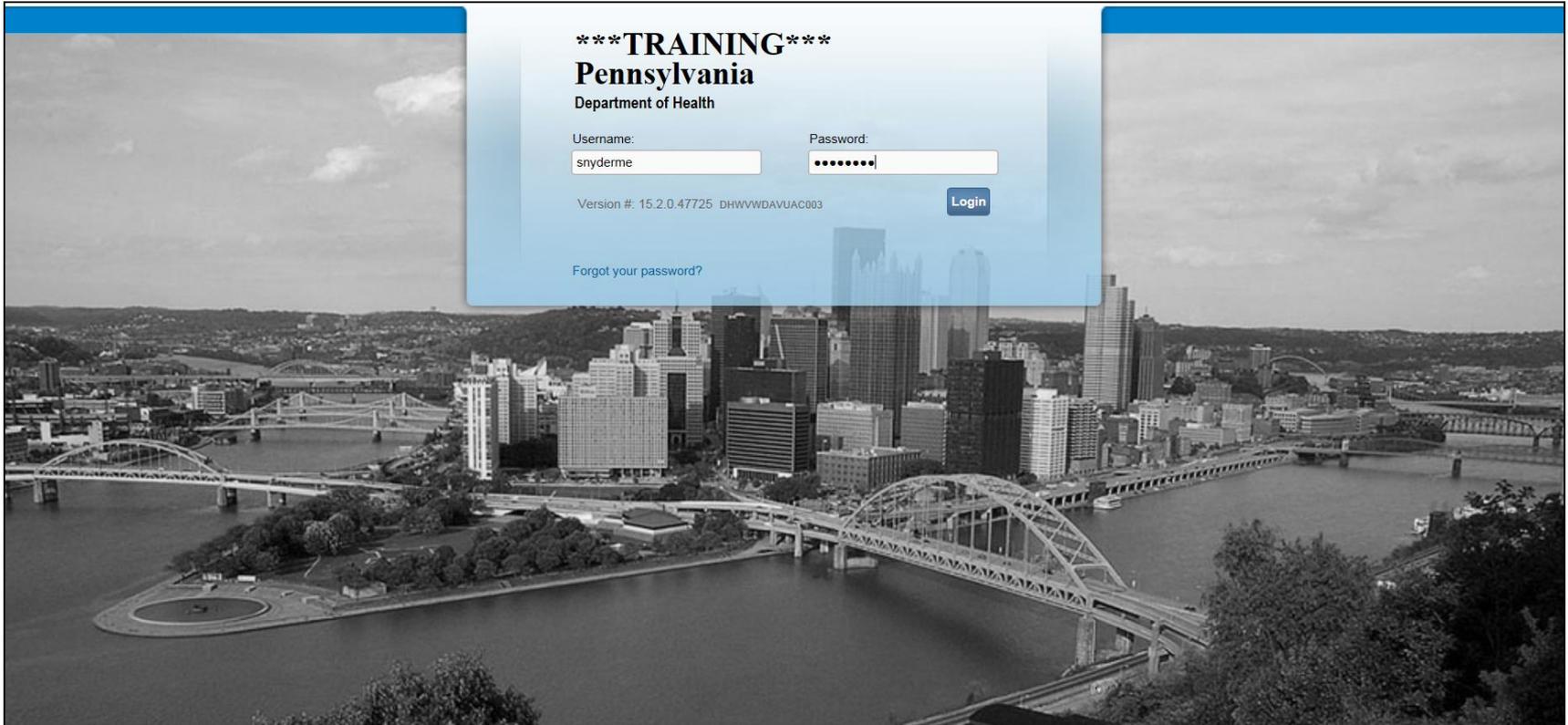
- Improves the timeliness and quality of death data
- Reduces errors by verifying the decedent's SSN by automatically matching with SSA files
- Enables faster turnaround time for obtaining certified copies for families
- Improves fraud prevention by using electronic authentication
- Allows for the printing of burial transit permit at the funeral home

SSN Verification

- Online verification of the Social Security Number (SSN)
- Decedent's SSN reported through EDRS will be transmitted to the Social Security Administration (SSA) to be electronically verified
- Funeral Directors will receive notification through EDRS about the accuracy of the decedent's SSN
- Compares SSN with the following data elements reported on the death record
 - Decedent's name, sex, and date of birth
- Benefits:
 - Reducing decedent's SSN errors on death certificates
 - Improving accuracy of the SSN reported to SSA
 - Speeding notification of fact-of-death to SSA

Coroner/Medical Examiner Module

DAVE - Login Screen



Home Screen

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TRAINING Pennsylvania Department of Health

Fast Links

- [Messages](#)
- [Current Activities](#)
- [Death Locate Case](#)
- [Registration Work Queue Summary](#)
- [Death Start/Edit New Case](#)

Start/Edit New Case Screens

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* **Death** Locate Case * **Pennsylvania** Department of Health

[Start/Edit New Case](#)

Fast Links

- Messages
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*****TRAINING***** **Pennsylvania** Department of Health

Death Start/Edit New Case

Decedent's Information

First: <input type="text" value="Daniel"/>	Last: <input type="text" value="Smith"/>	Date of Death: <input type="text" value="Jul-27-2016"/>
Gender: <input type="text" value="Male"/>	SSN: <input type="text" value="___-__-____"/>	Date of Birth: <input type="text" value=""/>
Case Id: <input type="text" value=""/>	ME Case Number: <input type="text" value=""/>	Medical Record Number: <input type="text" value=""/>

Place of Death Location Type: Place of Death:

[Search](#) [Clear](#)

Death Search Results Screen

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TRAINING Pennsylvania Department of Health

Death Search Results

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

[Start New Case](#) [New Search](#)

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TRAINING Pennsylvania Department of Health

Death Search Results

Case Id	Decedent's Name	Date of Death	Gender	Place of Death	Date of Birth	
2144	Rogers, Ron	Aug-04-2016	Male			Preview

Total records : 1

[Start New Case](#) [New Search](#)

Pronouncement Page

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 - Switch User

2128 :Daniel Smith Jul-27-2016
/New Event/New Event/Not Registered/Unsigned/Uncertified/NA

Pronouncement

Date of Death Jul-27-2016 Date of Death Modifier Actual Date of Death

Time of Death 06 : 45 AM Time of Death Modifier Actual Time of Death

Date Pronounced Dead Jul-27-2016 Time Pronounced Dead

Pronouncer Name

License Number

First Middle Last Suffix

Christi Snyder

Title Other Specify

ME/Coroner

Date Signed Jul-27-2016

Place of Death Page

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2128 :Daniel Sm nt of Health

[/New Event/New Event](#)

Place Of Death

Type of place of death

Facility Name

Address

Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc
<input type="text" value="100"/>	<input type="text" value="↓"/>	<input type="text" value="Wildwood"/>	<input type="text" value="Way"/>	<input type="text" value="↓"/>	<input type="text"/>
City or Town	County	State	Country	Zip Code	
<input type="text" value="Harrisburg"/>	<input type="text" value="Dauphin"/>	<input type="text" value="Pennsylvania"/>	<input type="text" value="United States"/>	<input type="text" value="17110"/>	

[Validate Page](#) [Next](#) [Clear](#) [Save](#) [Return](#)

Place of Death Page

Place Of Death

Type of place of death Other Specify

Facility Name 

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2128 :Daniel Smith Jul-27-2016
/New Event/New Event/Not Registered/Unsigned/Uncertified/NA

Place Of Death

Type of place of death Other Specify

Facility Name 

Address

Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc
<input type="text"/>	<input type="button" value="v"/>	<input type="text"/>	<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="text"/>

Lookup Place Of Death Facility

Facility Name

Facility Name	Address	City	
Harrisburg Hospital	111 S Front St	Harrisburg	<input type="button" value="select"/>
Harrisburg State Hsp	Maclay and Cameron Street	Harrisburg	<input type="button" value="select"/>

Total records : 2

Cause of Death Page

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2121 :Daniel Smith Jul-27-2016
/New Event/New Event/Not Registered/Unsigned/Uncertified/NA

Cause of Death

NCHS Recommendations for Entry of Cause of Death

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. DO NOT ENTER OLD AGE. Enter only one cause on a line. Add additional lines if necessary.

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.

Cause of Death	Approximate Interval Onset to Death
PART I Line a Heroin Overdose ABC ✓	1 hour
Immediate Cause (Final disease or condition resulting in death)	
Line b ABC ✓	
Due to or as a consequence of	
Line c ABC ✓	
Due to or as a consequence of	
Line d ABC ✓	

PART II
Other significant conditions ABC ✓

[Check Spelling](#) [Validate Page](#) [Next](#) [Clear](#) [Save](#) [Return](#)

Other Factors Page

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2121 :Daniel Smith Jul-27-2016
/New Event/New Event/Not Registered/Unsigned/Uncertified/NA

Other Factors

Autopsy Performed	Yes	▼
Autopsy findings available to complete cause of death	Yes	▼
If decedent was female, was decedent pregnant within the last year?	Not Applicable ▼	
Did tobacco use contribute to death	No	▼
Manner of Death	Accident ▼	
Was Medical Examiner or Coroner contacted?	Yes	▼
ME Case Number	6789	

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Injury Page

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2121 :Daniel Smith Jul-27-2016
/New Event/New Event/Not Registered/Unsigned/Uncertified/NA

Injury
ME Case Number 6789

Date of Injury Date of Injury Modifier
Time of Injury : Time of Injury Modifier

Injury at Work
Place of Injury Other (Specify)

Injury Location

Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc.
<input type="text" value="100"/>	<input type="button" value="v"/>	<input type="text" value="Wildwood"/>	<input type="text" value="Way"/> <input type="button" value="v"/>	<input type="button" value="v"/>	<input type="text"/>
City or Town	County	State	Country	Zip Code	
<input type="text" value="Harrisburg"/>	<input type="text" value="Dauphin"/>	<input type="text" value="Pennsylvania"/>	<input type="text" value="United States"/>	<input type="text" value="17110"/>	

Describe how injury occurred

If transportation injury Specify Other Specify

Certifier Page

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2121 :Daniel Smith Jul-27-2016
/New Event/New Event/Not Registered/Unsigned/Uncertified/NA

Certifier

Certifier Type Copy Pronouncer to Certifier

Certifier Name

License Number

First Middle Last Suffix

Title Other Specify

Certifier Address

Edit Certifier Address

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

City or Town State Country Zip Code

Date Signed

Validation Rules

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Other Links

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- Request Medical Certification
- Transfer Case
- Switch User

Certifier

Certifier Type: Copy Pronouncer to Certifier

Certifier Name

License Number:

First: Middle: Last: Suffix:

Title: Other Specify:

Certifier Address

Edit Certifier Address

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

City or Town: State: Country: Zip Code:

Date Signed:

[Validate Page](#) [Clear](#) [Save](#) [Return](#)

Validation Results [List All Errors](#) [Save Overrides](#) [Hide](#)

Error Message [Override](#) [Goto Field](#) [Popup](#)

DR_6233: Certifiers License Number cannot be left blank.
Enter a valid license number for the certifier. The certifiers license number cannot be blank.

[fix](#) [fix](#)

Certify Link

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2121 : Daniel Smith Jul-27-2016

/Personal Invalid/Medical Valid With Exceptions/Not Registered/Unsigned/Uncertified/NA/FIPS Coding Required/ICD Coding Required/Personal Pending/Certification Required

Certifier

Certifier Type: Copy Pronouncer to Certifier

Certifier Name

License Number:

First: Middle: Last: Suffix:

Title: Other Specify:

Certifier Address

Edit Certifier Address

Street Number	Pre Directional	Street Name, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc.
<input type="text" value="1271"/>	<input type="text" value="S"/>	<input type="text" value="28th"/>	<input type="text" value="Street"/>	<input type="text"/>	<input type="text"/>
City or Town	State	Country	Zip Code		
<input type="text" value="Harrisburg"/>	<input type="text" value="Pennsylvania"/>	<input type="text" value="United States"/>	<input type="text" value="17111"/>		

Date Signed:

[Validate Page](#) [Clear](#) [Save](#) [Return](#)

Validation Results [List All Errors](#) [Save Overrides](#) [Hide](#)

Error Message [Override](#) [Goto Field](#) [Popup](#)

DR_6233: Certifiers License Number cannot be left blank.
Enter a valid license number for the certifier. The certifiers license number cannot be blank.

[fix](#) [fix](#)

Certifying the Record

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 - Switch User

2121 :Daniel Smith Jul-27-2016
/Personal Invalid/Medical Valid With Exceptions/Not Registered/Unsigned/Uncertified/NA/FIPS Coding Required/ICD Coding Required/Personal Pending/Certification Required

Affirmations

Affirm the following:

I certify that the information submitted in this entry is, to the best of my knowledge, true and correct information regarding this decedent. I further understand that false statements made knowingly and willfully are punishable by fine and/or imprisonment under the provisions of 16 U.S.C. § 1857 and 18 U.S.C. § 1001.

[Affirm](#) [Clear](#) [Return](#)

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2121 :Daniel Smith Jul-27-2016
/Personal Invalid/Medical Valid With Exceptions/Not Registered/Unsigned/Certified/NA/FIPS Coding Required/ICD Coding Required/Personal Pending

Affirmations

Authentication successful.

[Clear](#) [Return](#)

Uncertify

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Death Registration Menu **2123 :Daniel Smith Jul-26-2016**
/Personal Invalid/Medical Valid With Exceptions/Not Registered/Unsigned/Certified/NA/Personal Pending/ICD Coding Required/FIPS Coding Required

Personal Information

Decedent

Medical Certification

Pronouncement
Place of Death
Cause of Death
Other Factors
Certifier

✓ Certify

Other Links
Assign Status
Comments
ME Review Case
Print Forms
Relinquish Case
Transfer Case
Switch User

Affirmations

This registration is currently certified.

[Uncertify](#) [Clear](#) [Return](#)

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TRAINING Pennsylvania Department of Health

Death Registration Menu **2123 :Daniel Smith Jul-26-2016**
/Personal Invalid/Medical Valid With Exceptions/Not Registered/Unsigned/Certified/NA/Personal Pending/ICD Coding Required/FIPS Coding Required

Personal Information

Decedent

Medical Certification

Pronouncement
Place of Death
Cause of Death
Other Factors
Certifier

✓ Certify

Other Links
Assign Status
Comments
ME Review Case
Print Forms
Relinquish Case
Transfer Case
Switch User

Affirmations

This registration is currently certified.

Message from webpage

Are you sure you wish to Uncertify this registration?

[OK](#) [Cancel](#)

[Uncertify](#) [Clear](#) [Return](#)

Print Forms Page

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- ✓ Certify
- Other Links
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2121 :Daniel Smith Jul-27-2016

/Personal Invalid/Medical Valid With Exceptions/Not Registered/Unsigned/Certified/NA/FIPS Coding Required/ICD Coding Required/Personal Pending

Print Forms

Disposition Permit Cannot be printed if case does not have a 'registered' status or if case has been dropped to paper.

Drop to Paper

Working Copy

[Return](#)

Print Forms – Working Copy

Dauphin County Coroner

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Death Registration Menu

Personal Information

Decedent

Medical Certification

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- ▶ Cause of Death
- ▶ Other Factors
- ▶ Certifier
- ✓ Certify

Other Links

- Assign Status
- Comments
- ME Review Case
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2147 :Donald Duck Aug-08-2016

/Personal Invalid/Medical Valid With Exceptions/Not Registered/Dropped To Paper/Certified/NA/FIPS Coding Required/ICD Coding Required/Personal Pending

Print Forms

Disposition Permit Cannot be printed if case does not have a 'registered' status or if case has been dropped to paper.

Drop to Paper Already dropped to paper.

Working Copy

Return

Do you want to open or save WorkingCopy.pdf from dohdave.training.pa.gov?

Open

Save

Cancel

×



pennsylvania
DEPARTMENT OF HEALTH

Print Forms – Working Copy

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH Data File Number

1. Decedent's Name (First, Middle, Last, Suffix)
Daniel Smith

2. Sex
Male

3. Social Security Number
Unrecorded

4. Date of Death (Month, Day, Year)
July 27, 2016

5a. Age at Birth (Yrs) **5b. Under 1 Year** **5c. Under 1 Day**
Unrecorded

6. Date of Birth (Mo/Da/Yr) (Spell Month)
Unrecorded

7a. Birthplace (City and State or Foreign Country)
Unrecorded

7b. Birthplace (County)
Unrecorded

8a. Residence (State or Foreign Country)
Pennsylvania

8b. Residence (Street and Number - Include Apt No.)
Unrecorded

8c. Did Decedent Live in a Township?
Unrecorded

8d. Decedent lived in
Unrecorded

9. Marital Status at Time of Death
Unrecorded

10. Resident (Zip Code)
Unrecorded

11. No. decedent lived within limits of
city/town

12. Father / Parent's Name (First, Middle, Last, Suffix)
Information Not Recorded

13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix)
Information Not Recorded

14a. Informant's Name
Information Not Recorded

14b. Relationship to Decedent
Information Not Recorded

14c. Informant's Mailing Address (Street and Number, City, State, Zip Code)
Information Not Recorded

14d. Place of Death (Check only one)
 Death Occurred Somewhere Other Than a Hospital
 Hospice Facility
 Decedent's Home
 Emergency Room/Outpatient
 Dead on Arrival
 Nursing Home/Long-Term Care Facility
 Other Specify: **Willowood Park**

15a. Facility Name (If not institution, give street and number)
100 Willowood Way

15b. City or Town, State, and Zip Code
Harrisburg, Pennsylvania 17110

15c. County of Death
Dauphin

15d. Date of Disposition
Information Not Recorded

15e. Place of Disposition (Name of cemetery, crematory, or other place)
Information Not Recorded

16a. Method of Disposition
 Removal from State
 Other Specify: _____

16b. Date of Disposition
Information Not Recorded

16c. License Number
Information Not Recorded

17a. Signature of Funeral Service Licensee or Person in Charge of Interment
Information Not Recorded

17b. License Number
Information Not Recorded

17c. Name and Complete Address of Funeral Facility
Information Not Recorded

18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death.
 8th grade or less
 No diploma, 9th - 12th grade
 High school graduate or GED completed
 Some college credit, but no degree
 Associate degree (e.g., AA, AS)
 Bachelor's degree (e.g., BA, AB, BS)
 Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
 Doctorate (e.g., MD, DDS) or professional degree (e.g., MD, DDS, DVM, LL.S., JD)

19. Decedent's Race - Check the box that best describes the decedent in Spanish/Hispanic/Latino. Check the "Yes" box if decedent is not Spanish/Hispanic/Latino.
 No, not Spanish/Hispanic/Latino
 Yes, Mexican, Mexican American, Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, other Spanish/Hispanic/Latino (Specify) _____

20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be.
 White
 Black or African American
 American Indian or Alaska Native
 Asian Indian
 Chinese
 Japanese
 Korean
 Vietnamese
 Other Asian
 Other Pacific Islander
 Don't Know/Not Sure
 Refused
 Other (Specify) _____

21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be.
 White
 Black or African American
 American Indian or Alaska Native
 Asian Indian
 Chinese
 Japanese
 Korean
 Vietnamese
 Other Asian
 Other Pacific Islander
 Don't Know/Not Sure
 Refused
 Other (Specify) _____

22a. Decedent's Usual Occupation - Indicate type of work classification of working life. DO NOT USE RETIRED.
Information Not Recorded

22b. Kind of Business/Industry
Information Not Recorded

23a. Date Pronounced Dead (Mo/Da/Yr)
July 27, 2016

23b. Signature of Person Pronouncing Death (Only when applicable)
Christi Snyder ME/Coroner

23c. License Number
Information Not Recorded

24. Date Signed (Mo/Da/Yr)
July 27, 2016

24a. Time of Death
08:45 AM

25. Yes Medical Examined or Coroner Contacted?
 Yes No

CAUSE OF DEATH

26. 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.

IMMEDIATE CAUSE → a. **Heroin Overdose** Approximate Interval: 1 hour

27. Were autopsy performed?
 Yes No

28. Were autopsy findings available to complete the cause of death?
 Yes No

29. Part II. Enter other pertinent conditions contributing to death but not resulting in the underlying cause given in Part I.

Cardiac Arrest

30. Did Tobacco Use Contribute to Death?
 Not present within past year
 Present at time of death
 Not present, but present within 42 days of death
 Not present, but present 43 days to 1 year before death
 Unknown **if present within the past year**

31. Manner of Death
 Natural
 Accident
 Suicide
 Homicide
 Pending Investigation
 Could not be determined

32. Date of Injury (Mo/Da/Yr) (Spell Month)
July 27, 2016

33. Time of Injury
08:45 AM

34. Place of injury (e.g., home; construction site; farm; school)
Public Recreation Area

35. Location of Injury (Street and Number, City, County, State, Zip Code)
100 Willowood Way Harrisburg, PA 17110

36. Injury at Work
 Yes
 No

37. If Transportation Injury, Specify:
 Driver/Operator
 Passenger
 Pedestrian
 Other (Specify) _____

38. Describe How Injury Occurred:
Decedent overdosed on Heroin

39a. Certifier - physician, certified nurse practitioner, medical examiner/coroner (Check only one):
 Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
 Investigating & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
 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 of certifier: Christi Snyder **(Electronically Signed)** **Date of certifier:** ME/CORONER **License Number:** _____

39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 28)
Christi Snyder
1271 S 28th Street Harrisburg, Pennsylvania 17111

39c. Date Signed (Mo/Da/Yr)
July 27, 2016

40. Registrar's District Number
Information Not Recorded

41. Registrar's Signature
Information Not Recorded

42. Registrar's Date (Mo/Da/Yr)
Information Not Recorded

43. Amendments

State Use Only

Disposition Permit No. _____

H305-543
REV 06/2003

Print Forms – Drop to Paper

Dauphin County Coroner Welcome back: snyderme [Logout](#)

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TRAINING Pennsylvania Department of Health

Death Registration Menu

- Personal Information
- ▶ Decedent
- Medical Certification
 - ▶ Pronouncement
 - ▶ Place of Death
 - ▶ Cause of Death
 - ▶ Other Factors
 - ▶ Injury
 - ▶ Certifier
 - ✓ Certify
- Other Links
 - Assign Status
 - Comments
 - ME Review Case
 - Print Forms
 - Relinquish Case
 - Transfer Case
 - Switch User

2121 :Daniel Smith Jul-27-2016
/Personal Invalid/Medical Valid With Exceptions/Not Registered/Unsigned/Certified/NA/FIPS Coding Required/ICD Coding Required/Personal Pending

Print Forms

Disposition Permit Cannot be printed if case does not have a 'registered' status or if case has been dropped to paper.

Drop to Paper

Working Copy

Message from webpage

Once this case has been 'Dropped to Paper', you will no longer be able to update this case.

To print a draft copy, select the Work Copy option.

Press OK to proceed or Cancel to abort printing.

Print Forms – Drop to Paper

Dauphin County Coroner

Welcome back: snyderme

Logout

Main Life Events Queues Forms Help

TRAINING Pennsylvania Department of Health

Death Registration Menu

Personal Information

▶ Decedent

Medical Certification

▶ Pronouncement

▶ Place of Death

▶ Cause of Death

▶ Other Factors

▶ Certifier

✓ Certify

Other Links

Assign Status

Comments

ME Review Case

Print Forms

Switch User

2147 :Donald Duck Aug-08-2016

/Personal Invalid/Medical Valid With Exceptions/Not Registered/Dropped To Paper/Certified/NA/FIPS Coding Required/ICD Coding Required/Personal Pending

Print Forms

Disposition Permit Cannot be printed if case does not have a 'registered' status or if case has been dropped to paper.

Drop to Paper Already dropped to paper.

Working Copy

Return

Do you want to open or save DroptoPaper.pdf from dohdave.training.pa.gov?

Open

Save

Cancel

×



pennsylvania
DEPARTMENT OF HEALTH

Print Forms – Drop to Paper

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH State File Number: **July 27, 2016**

1. Decedent's Full Name (First, Middle, Last, Suffix) _____ 2. Sex _____ 3. Social Security Number _____ 4. Date of Death (Month, day, year) **July 27, 2016**

5a. Age at Birth (Yr) _____ 5b. Under 3 Year _____ 5c. Under 2 Day _____ 6. Date of Birth (Mo/Da/Yr) (Spell Month) _____ 7a. Birthplace (City and State or Foreign Country) _____ 7b. Birthplace (County) _____

8a. Residence (State or Foreign Country) _____ 8b. Residence (Street and Number - Include Apt No.) _____ 8c. Did Decedent Live in a Township? Yes, decedent lived in _____, Twp. No, decedent lived within limits of _____, City/Town.

8d. Residence (County) _____ 8e. Residence (Zip Code) _____

9. Ever in US Armed Forces? Yes No Unknown 10. Marital Status at Time of Death Married Widowed Never Married Unknown 11. Surviving Spouse's Name (If wife, give name prior to first marriage) _____

12. Father / Parent's Name (First, Middle, Last, Suffix) _____ 13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix) _____

14a. Informant's Name _____ 14b. Relationship to Decedent _____ 14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) _____

14d. Place of Death (Check only one)
 Death Occurred in a Hospital Deceased on Arrival Death Occurred Somewhere Other Than a Hospital Hospice Facility Decedent's Home
 Emergency Room/Outpatient Nursing Home/Long Term Care Facility Other (Specify) **WIDWOOD PARK**

15a. Facility Name (If not institution, give street and number) **100 WIDWOOD WAY** 15b. City or Town, State, and Zip Code **Harrisburg, Pennsylvania 17110** 15c. County of Death **Dauphin**

16a. Method of Disposition Burial Cremation Removal from State Other (Specify) _____ 16b. Date of Disposition _____ 16c. Place of Disposition (Name of cemetery, crematory, or other place) _____

17a. Signature of Funeral Service Licensee or Person in Charge of Interment _____ 17b. License Number _____

17c. Name and Complete Address of Funeral Facility _____

18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death.
 8th grade or less
 No diploma, 9th - 12th grade
 High school graduate or GED completed
 Some college credits, but no degree
 Associate degree (e.g. AA, AS)
 Bachelor's degree (e.g. BA, BS)
 Master's degree (e.g. MA, MS, MEd, MEd, MEd, MEd, MEd)
 Doctorate (e.g. PhD, EdD) or professional degree (e.g. MD, DDS, DVM, LL.B., JD)

19. Decedent's Single Race Self-Determination. Check ONLY ONE to indicate what the decedent considered himself or herself to be.
 White Japanese American Indian or Alaska Native Korean Other Pacific Islander Asian Indian Vietnamese Other Asian Chinese Native Hawaiian Filipino Hawaiian or Chamorro Samoan or Chamorro

20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be.
 White Black or African American American Indian or Alaska Native Asian Indian Chinese Filipino Hawaiian or Chamorro Japanese Korean Other Pacific Islander Don't Know/Not Sure Refused Other (Specify) _____

21. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. _____

22. Kind of Business/Industry _____

ITEMS 23a - 24 MUST BE COMPLETED BY PERSON WHO PROMOUNCES OR CERTIFIES DEATH

23a. Date Pronounced Dead (Mo/Da/Yr) **July 27, 2016** 23b. Signature of Person Pronouncing Death (Only when applicable) **Christi Snyder ME/Coroner** 23c. License Number Yes No

23d. Date Signed (Mo/Da/Yr) **July 27, 2016** 23e. Time of Death **06:45 AM** 23f. Was Medical Examiner or Coroner Contacted? Yes No

CAUSE OF DEATH

24. Part I. Enter the chain of events—disease, 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 resulting in death.

IMMEDIATE CAUSE → **Heroin Overdose** 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): _____

24. Part II. Enter other pertinent conditions contributing to death but not resulting in the underlying cause given in Part I. _____

27. Was an autopsy performed? Yes No

28. Were autopsy findings available to complete the cause of death? Yes No

Cardiac Arrest

29. If Female: Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

30. Did Tobacco Use Contribute to Death? Yes Probably No Unknown

31. Manner of Death Natural Homicide Accident Pending Investigation Suicide Could not be determined

32. Date of Injury (Mo/Da/Yr) (Spell Month) **July 27, 2016** 33. Time of Injury **06:45 AM**

34. Place of Injury (e.g. home, construction site; farm; school) **Public Recreation Area** 35. Location of Injury (Street and Number, City, County, State, Zip Code) **100 Witwood Way Harrisburg, PA 17110**

36. Injury at work? Yes No If transportation injury, Specify: Driver/Operator Pedestrian Passenger Other (Specify) _____

37. Decedent overdosed on Heroin

38. Certifier - physician, certified nurse practitioner, medical examiner/coroner (Check only one):
 Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
 Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
 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 of certifier: **Christi Snyder (Electronically Signed)** Title of certifier: **ME/Coroner** License Number: _____

39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 38) **Christ Snyder** 39c. Date Signed (Mo/Da/Yr) **July 27, 2016**

39a. Name, Address and Zip Code of Person Completing Cause of Death (Item 38) **1271 S 29th Street Harrisburg, Pennsylvania 17111**

40. Registrar's District Number _____ 41. Registrar's Signature _____ 42. Registrar File Date (Mo/Da/Yr) _____

43. Amendments _____

State Use Only

Case ID: 2121 Disposition Permit No. _____ HHS-243 REV 06/2015

Other Important Links & Information in DAVE

Locate Case

Dauphin County Coroner Welcome back: snyderme [Logout](#)

Main **Life Events** Queues Forms Help

* **Death** **Locate Case** * Pennsylvania Department of Health
Start/Edit New Case

Fast Links

- Messages
- Current Activities
- Death Locate Case**
- Death Start/Edit New Case
- Registration Work Queue Summary

Dauphin County Coroner Welcome back: snyderme [Logout](#)

Main **Life Events** Queues Forms Help

TRAINING Pennsylvania Department of Health

Death Locate Case

Decedent's Information

First:	<input type="text" value="Daniel"/>	Last:	<input type="text" value="Smith"/>	Date of Death:	<input type="text" value="Jul-27-2016"/>
Gender:	<input type="text" value="Male"/>	SSN:	<input type="text" value="-- --"/>	Date of Birth:	<input type="text"/>
Case Id:	<input type="text"/>	ME Case Number:	<input type="text"/>	Medical Record Number:	<input type="text"/>
Place of Death Location Type:	<input type="text" value="County"/>	Place of Death:	<input type="text"/>		

Amendment Page

Dauphin County Coroner Welcome back: snyderme [Logout](#)

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TRAINING Pennsylvania Department of Health

Amendments Menu 2125 :Peter McDonald Jul-20-2016
/Personal Valid With Exceptions/Medical Valid With Exceptions/Registered/Signed/Certified/NA/Cause of Death Pending/ICD Coding
Required/Birth Death L

Amendment Page

Type	<input type="text" value="Medical"/> Personal Replacement Medical	Amendment Date	<input type="text"/>
Year	<input type="text"/>	Amendment Number	<input type="text"/>
Order Number	<input type="text"/>	Description	<input type="text" value="Pending to Final"/>
Amendment Status	<input type="text"/>		

Amendments Screen

Amendments Menu 2125 -Peter McDonald Jul-20-2016
Personal Valid With Exceptions/Medical Valid With Exceptions/Registered/Signed/Certified/NA/Cause of Death Pending/ICD Coding Required/Both Death Linkage Required Over 1 Year

Amendment
Processing History

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Medical Certification
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Place of Death
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Injury
Certifier
Registrar
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Assign Status
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ME Review Case
Print Forms
Switch User

Amendment Page

Type Replacement Medical Amendment Date Jul-28-2016
Year 2016 Amendment Number 1021
Order Number Description Pending to Final
Amendment Status Keyed

Pronouncement

Date of Death Jul-20-2016 Date of Death Modifier Date Found
Time of Death 09:09 Unknown Time of Death Modifier Unknown Time of Death
Date Pronounced Dead Time Pronounced Dead
Pronouncer Name
License Number
First Middle Last Suffix
Title Other Specify
Date Signed

Place Of Death

Type of place of death Other (specify) Other Specify Abandoned Building
Facility Name
Address
Street Number Pre Directional Street Name or PO Box, Rural Route, etc. Street Designator Post Directional Suite #, etc.
23 E Cameron Street 17101
City or Town County State Country Zip Code
Harrisburg Dauphin Pennsylvania United States 17101

Cause of Death

NCHS Recommendations for Entry of Cause of Death
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. DO NOT ENTER OLD AGE. Enter only one cause on a line. Add additional lines if necessary.
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.

Line	Cause of Death	Approximate Interval Onset to Death
PART I Line a	Pending Investigation	
Line b	Immediate Cause (Final disease or condition resulting in death)	
Line c		
Line d		

Other Factors

Autopsy Performed Yes
Autopsy findings available to complete cause of death Unknown
If decedent was female, was decedent pregnant within the last year? Not Applicable
Did tobacco use contribute to death No
Manner of Death Pending Investigation
Was Medical Examiner or Coroner contacted? Yes ME Case Number

Injury

ME Case Number
Date of Injury Date of Injury Modifier
Time of Injury Time of Injury Modifier
Injury at Work
Place of Injury Other (Specify)

Injury Location

Street Number Pre Directional Street Name or PO Box, Rural Route, etc. Street Designator Post Directional Suite #, etc.
City or Town County State Country Zip Code
Harrisburg Dauphin Pennsylvania United States 17101
Describe how injury occurred
If transportation injury Specify Other Specify

Certifier

Certifier Type Medical Examiner/Coroner
Certifier Name
License Number
First Middle Last Suffix
Title Other Specify
ME/Coroner
Certifier Address
Street Number Pre Directional Street Name, Rural Route, etc. Street Designator Post Directional Suite #, etc.
1271 S 28th Street 17111
City or Town State Country Zip Code
Harrisburg Pennsylvania United States 17111
Date Signed Jul-28-2016

Cancel Amendment Validate Amendment Save Clear Return

Amendment – Pending to Final

Cause of Death

NCHS Recommendations for Entry of Cause of Death

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. DO NOT ENTER OLD AGE. Enter only one cause on a line. Add additional lines if necessary.

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.

Cause of Death

Approximate Interval Onset to Death

PART I Line a	<input type="text" value="Pending Investigation"/>	<input type="text"/>
	<small>Immediate Cause (Final disease or condition resulting in death)</small>	
Line b	<input type="text"/>	<input type="text"/>
Line c	<input type="text"/>	<input type="text"/>
Line d	<input type="text"/>	<input type="text"/>
PART II Other significant conditions	<input type="text"/>	

Other Factors

Autopsy Performed	<input type="text" value="Yes"/>
Autopsy findings available to complete cause of death	<input type="text" value="Unknown"/>
If decedent was female, was decedent pregnant within the last year?	<input type="text" value="Not Applicable"/>
Did tobacco use contribute to death	<input type="text" value="No"/>
Manner of Death	<input type="text" value="Pending Investigation"/>
Was Medical Examiner or Coroner contacted?	<input type="text" value="Yes"/>
ME Case Number	<input type="text"/>

Amendment

Amendments Menu	
Amendment	
Processing History	

Death Registration Menu	
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Decedent	
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Place of Death	
Cause of Death	
Other Factors	
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Amendments	
Assign Status	
Comments	
ME Review Case	
Print Forms	
Switch User	

Cause of Death

NCHS Recommendations for Entry of Cause of Death

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. DO NOT ENTER OLD AGE. Enter only one cause on a line. Add additional lines if necessary.

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.

Cause of Death	Approximate Interval Onset to Death
PART I Line a Heroin Overdose	2 hours
Line b	
Line c	
Line d	

Immediate Cause (Final disease or condition resulting in death)

PART II
Other significant conditions

Other Factors

Autopsy Performed Yes

Autopsy findings available to complete cause of death Unknown

If decedent was female, was decedent pregnant within the last year? Not Applicable

Did tobacco use contribute to death No

Manner of Death Accident

Was Medical Examiner or Coroner contacted? Yes ME Case Number

Amendment

Dauphin County Coroner Welcome back: snyderme [Logout](#)

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TRAINING Pennsylvania Department of Health

Amendments Menu

- Amendment
- Processing History

Death Registration Menu

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- Medical Certification
- Pronouncement
- Place of Death
- Cause of Death
- Other Factors
- Injury
- Certifier
- Registrar
- Amendment List
- Other Links

Amendments

- Assign Status
- Comments
- ME Review Case
- Print Forms
- Switch User

Injury

ME Case Number

Date of Injury Date of Injury Modifier

Time of Injury : Time of Injury Modifier

Injury at Work

Place of Injury Other (Specify)

Injury Location

Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc.
<input type="text"/>	<input type="button" value="v"/>	<input type="text"/>	<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="text"/>
City or Town	County	State	Country	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Describe how the injury occurred

If transported

Certifier

Certifier Type

Certifier Name

License Number

First	Middle	Last	Suffix
<input type="text" value="Christi"/>	<input type="text"/>	<input type="text" value="Snyder"/>	<input type="text"/>

Title Other Specify

Message from webpage

Press OK to submit this amendment or Cancel to return to amendment

Amendment – Status Bar

Dauphin County Coroner Welcome back: snyderme [Logout](#)

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TRAINING Pennsylvania Department of Health

Death Registration Menu 2125 :Peter McDonald Jul-20-2016
/Personal Valid With Exceptions/Medical Valid With Exceptions/Registered/Signed/Certified/NA/Cause of Death Pending/ICD Coding Required/Birth Death Linkage Required Over 1 Year

[Personal Information](#)

[Decedent](#) **Decedent**

Statistical Registries Welcome back: chrsnyder [Logout](#)

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TRAINING Pennsylvania Department of Health

Death Registration Menu 2125 300200-2016 :Peter McDonald Jul-20-2016 **Amendment Exists**
/Personal Valid With Exceptions/Medical Valid With Exceptions/Registered/Signed/Certified/NA/Cause of Death Pending/ICD Coding Required/Birth Death Linkage Required Over 1 Year **ME Review Complete**

[Personal Information](#)

[Decedent](#)

[Resident Address](#) **Decedent**

ME Review Case - Message

Dauphin County Coroner Welcome back: snyderme [Logout](#)

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TRAINING Pennsylvania Department of Health

Messages [Send Message](#) [Remove from List](#)

From	Message Text	Date Sent	<input type="checkbox"/>
Doctor Snyder	Please review Case Id: 2122 - Kathleen Hoover, Date of Death: Jul-27-2016 referred by Harrisburg Hospital Hoover,	7/27/2016 10:39:33 AM	<input type="checkbox"/>

Total records : 1

ME Review Case

Dauphin County Coroner Welcome back: snyderme [Logout](#)

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*****TRAINING***** Pennsylvania Department of Health

Death Registration Menu **2122 :Kathleen Hoover Jul-27-2016**

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/Referred to ME/FIPS Coding Required/ME Review Required/Personal Pending/Medical Pending

ME Review Case

Personal Information

Decedent

Medical Certification

Pronouncement

Place of Death

Cause of Death

Other Factors

Injury

Certifier

Other Links

Assign Status

Comments

ME Review Case

Print Forms

Request Medical Certification

Transfer Case

Switch User

Referral Action Accept Referral
ME Case Number Decline Referral

Message

Assign Status

Dauphin County Coroner Welcome back: snyderme [Logout](#)

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*****TRAINING*** Pennsylvania Department of Health**

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 - ✓ Certify
- Other Links
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 - Comments
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 - Transfer Case
 - Switch User

2121 :Daniel Smith Jul-27-2016
/Personal Invalid/Medical Valid With Exceptions/Not Registered/Unsigned/Certified/NA/FIPS Coding Required/ICD Coding Required/Personal Pending

Decedent

Will Coroner/Medical Examiner be responsible for final disposition? No

Decedent's Legal Name

First Middle Other Middle Last Suffix

Aliases
Add/Edit Alias Names

Assign Special Status x

Special Status

Ever in US Armed Forces?

Coroner/ME – Final Disposition

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*****TRAINING*** Pennsylvania Department of Health**

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 - Transfer Case
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2126 :Charles Campbell Jul-27-2016
_New Event/New Event/Not Registered/Unsigned/Uncertified/NA

Decedent

Will Coroner/Medical Examiner be responsible for final disposition? **Yes**

Decedent's Legal Name

First: Middle: Other Middle: Last: Suffix:

Aliases

Add/Edit Alias Names

Gender: Social Security:

Date of Birth:

Decedent's Birth Place

City or Town: County: State: Country:

Ever in US Armed Forces?

Verification Status: UNREGISTERED (0)

Message from webpage

The Case you have selected is an un-owned case. Press OK to become the owner of this case.

Switch User

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TRAINING Pennsylvania Department of Health

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 - Injury
 - Certifier
 - ✓ Certify
- Other Links
 - Assign Status
 - Comments
 - ME Review Case
 - Print Forms
 - Relinquish Case
 - Transfer Case
 - Switch User

2121 :Daniel Smith Jul-27-2016
/Personal Invalid/Medical Valid With Exceptions/Not Registered/Unsigned/Certified/NA/FIPS Coding Required/ICD Coding Required/Personal Pending

Decedent

Will Coroner/Medical Examiner be responsible for final disposition?

Decedent's Legal Name

First	Middle	Other Middle	Last	Suffix
Daniel			Smith	

Switch User

User Name:

Password:

Ever in US Armed Forces?

Queues

Dauphin County Coroner Welcome back: snyderme [Logout](#)

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TRAINING Pennsylvania Department of Health

Search by Registration Work Queue

Queue:	<input type="text"/>	Search Type:	<input type="text"/>	Value:	<input type="text"/>
Display	<ul style="list-style-type: none">Cause of Death Pending - DeathCertification Required - DeathME Review Required - DeathMedical Pending - DeathSignature Required - Death	Filter:	<input type="text"/>	<input type="button" value="Search"/>	<input type="button" value="Show All Rows"/> <input type="button" value="Clear"/>

Queues - Example

Dauphin County Coroner

Welcome back: snyderme

Logout

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TRAINING Pennsylvania Department of Health

Search by Registration Work Queue

Queue: ME Review Required - Death

Search Type:

Value:

Display 100 rows per page.

Filter:

[Search](#) [Show All Rows](#) [Clear](#)

All	Case Id	File Number	Registrant	Date of Event ↑	Data Provider
<input checked="" type="checkbox"/>	2122		Hoover, Kathleen	Jul-27-2016	
<input type="checkbox"/>	2120		Smith, James	Jul-27-2016	
<input type="checkbox"/>	1008		Sam, Yosemite	Apr-17-2016	Hoover Funeral Homes & Crematory Inc (Harrisburg)

Total records : 3

Actions

[Abandon Case](#)

[Request Medical Certification](#)

Add

[Comments](#)

[Print](#)

Medical Examiner User Guide

Dauphin County Coroner

Welcome back: snyderme

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TRAINING

Department of Health

Biometric Setup Files

Biometric Tester

Medical Examiner User Guide

Show Tooltips

Fast Links



Messages



Current Activities



Death Locate Case



Death Start/Edit
New Case



Registration Work
Queue Summary

Bureau of Health
Statistics and Registers



EDRS Death Registration User Guide

Medical Certifier

Document version:

V3.4

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