

# ELECTRONIC DEATH REGISTRATION SYSTEM (EDRS)

*EDRS Overview and  
Funeral Director 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

# Funeral Director Module

# Overview of Funeral Director Documents

- DAVE EDRS Contact Information
- EDRS Cover Letter
- Fax Cover Sheet to Medical Facility
- Medical Certification Worksheet
- SSA Letters
- Rejection Fax Sheet
- Funeral Director Worksheet

# DAVE EDRS Contact Information

## DAVE EDRS Contact Information

*Fax or scan the completed Medical Certification Worksheet to the Department of Health at:*

**Fax: 717-525-5190**

**Scan: [RA-DHEDRSFAX@pa.gov](mailto:RA-DHEDRSFAX@pa.gov)**

*If questions arise, please contact the EDRS HELP DESK at:*

**717-547-3691**

**[RA-DHDeathSupport@pa.gov](mailto:RA-DHDeathSupport@pa.gov)**

*Or contact a project team member at:*

- **Christi Snyder**            **717-547-3662**
- **Rick Schroder**           **717-547-3692**
- **David Mattiko**           **717-547-3680**

# EDRS Cover Letter



(717) 783-2548

May 10, 2016

Dear Medical Certifier:

This form letter is to announce that the Pennsylvania Department of Health is moving to an Electronic Death Registration System (EDRS) and to introduce you to a new interim system. Full implementation of the EDRS will occur in two phases; Phase 1 which has started, is directed to funeral directors and coroners/medical examiners. Phase 2 will be implemented in the fall of 2016 and will be directed to medical certifiers (primarily physicians, and CRNP's) and licensed healthcare facilities.

In Phase 1, the funeral director will be entering information directly into the EDRS and will transmit the medical information provided by you to the Department of Health via fax or scanned image. To make it easier for you to report the medical information, until Phase 2 is implemented, we have developed the enclosed worksheet for you to use to report the cause of death and other medical information and to send to the funeral director. This completed worksheet is to be returned to the funeral director via fax, scanned image or personal delivery.

Certified copies of the death record will list your name as the certifier with the notation that your signature is on file. Note that certified copies will not be issued to family members until the funeral director receives a properly completed medical certifier worksheet from you, so your cooperation is essential for families to receive their loved ones death certificates to assist with estate settlements and other important legal matters in a timely manner.

Thank you for your anticipated cooperation as we implement our electronic system. Please contact Rick Schroder at [rschroder@pa.gov](mailto:rschroder@pa.gov) if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Frank Caniglia', written over a light blue horizontal line.

Frank Caniglia, RHA  
Director, Division of Statistical Registries  
Bureau of Health Statistics and Registries

Enclosures

# EDRS Fax Cover Sheet to Medical Facility

<b>F A X</b>  <b>[Company Name]</b> [Street Address] [City, ST ZIP Code] [phone] [website]  	To: [Recipient Name] Fax number: [fax]
	From: [Your Name] Fax number: [fax]
	Date: [Click to select date]
	Regarding: Medical Certification Worksheet [Subject]
	Phone number for follow-up: [phone]
<b>URGENT REPLY REQUESTED</b>	
<ul style="list-style-type: none"><li>• Complete the attached Medical Certification Worksheet. Do not leave any items blank, including items 27 through 38.</li><li>• Did you enter the chain of events that directly caused the death? Remember to enter the approximate interval: onset to death for each condition listed.</li><li>• Are the entries legible?</li><li>• Please sign and date the form and be sure to include your name, address and license number typed or handwritten legibly.</li><li>• All information from this worksheet will be entered into the electronic system.</li><li>• Is the certifier a physician or CNRP? Remember, PA-C's or RN's cannot certify a death in PA.</li><li>• Double check your entries. If information is incomplete, missing or incorrect, the form will be returned to you for resubmission and will cause delays for the family in terms of obtaining certified copies of the death record.</li><li>• Return the completed worksheet to the funeral director at the fax number or email address listed above ASAP. Note that according to the Vital Statistics Law of 1953, death records must be filed within 96 business hours of the death.</li></ul>	

# Medical Certification Worksheet

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

## Medical Certification Worksheet

*Medical Certifier: Enter all information in the items listed below and return to funeral director of record. This form may be faxed or scanned to the funeral director or personally picked-up by the funeral director.*

1. Decedent's Legal Name (First, Middle, Last, Suffix)	4. Date of Death (Mo/Day/Yr) (Spell Mo)
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14. Place of Death (Check only one)	
<input type="checkbox"/> Emergency Room/Outpatient	<input type="checkbox"/> Hospital
<input type="checkbox"/> Dead on Arrival	<input type="checkbox"/> Nursing Home/Long-Term Care Facility
<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Hospice Facility
<input type="checkbox"/> Decedent's Home	
15b. Facility Name (If not institution, give street and number)	15c. City or Town, State, and Zip Code
15d. County of Death	

To Be Completed By: MEDICAL CERTIFIER	ITEMS 23a - 23d MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		23a. Date Pronounced Dead (Mo/Day/Yr)	23b. Signature of Person Pronouncing Death (Only when applicable)	23c. License Number
	23d. Date Signed (Mo/Day/Yr)	24. Time of Death	25. Was Medical Examiner or Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>CAUSE OF DEATH</b>				
	26. Part I. 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.				
	IMMEDIATE CAUSE → a. _____ 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.				
	c. _____ Due to (or as a consequence of):				
	d. _____ Due to (or as a consequence of):				
	26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				
27. Was an autopsy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
28. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
29. If Female:		30. Did Tobacco Use Contribute to Death?		31. Manner of Death	
<input type="checkbox"/> Not pregnant within past year		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Natural <input type="checkbox"/> Homicide	
<input type="checkbox"/> Pregnant at time of death				<input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation	
<input type="checkbox"/> Not pregnant, but pregnant within 42 days of death				<input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
<input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		32. Date of injury (Mo/Day/Yr) (Spell Month)		33. Time of injury	
<input type="checkbox"/> Unknown if pregnant within the past year					
34. Place of injury (e.g. home, construction site, farm, school)			35. Location of injury (street and number, city, county, state, zip code)		
36. Injury at Work <input type="checkbox"/> Yes <input type="checkbox"/> No		37. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____		38. Describe How Injury Occurred:	
39a. Certifier - physician, certified nurse practitioner, medical examiner/coroner (Check only one):					
<input type="checkbox"/> Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated.					
<input type="checkbox"/> 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.					
<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 of certifier: _____ Title of certifier: _____ License Number: _____					
39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26)					39c. Date Signed (Mo/Day/Yr)

<b>FOR FUNERAL DIRECTOR USE ONLY:</b>	
Printed Certifier Name, Title and License Number: _____	
EDRS Case ID Number: _____	Disposition Permit No. _____

# SSA Letters



## SOCIAL SECURITY

October 2015

Dear Funeral Director:

We are writing to you to announce our new procedures regarding Social Security's "Statement of Death by the Funeral Director (SSA-721)" form. The state of Pennsylvania now has access to the Electronic Death Registration System (EDRS) as of October 08, 2015.

Beginning October 08, 2015, if you use Pennsylvania's EDRS to register deaths, you will no longer need to send a separate SSA-721 to SSA to report an individual's death. When EDR reports are received, they can be processed with no additional verification of the death information. This allows for the immediate and automatic termination of deceased individuals' benefits and suspension of benefits if the decedent served as a representative payee.

Although we do not expect issues, as with any automated process, there might be cases that do not process correctly through EDRS. If you receive a request to complete an SSA-721, we ask that you assist the SSA Field Offices with these requests so that we can all continue to deliver professional customer service to the families of the deceased.

We still need your help to share information with potential survivors, as they may be entitled to benefits. You can help us by distributing the last two pages of the SSA-721 to families as you register the decedent's information. These pages provide valuable information about potential benefits that may be payable and how survivors can apply for these benefits.

If you do *not* use Pennsylvania's EDRS, or if you cannot verify the SSN through the EDRS system, we ask that you send us the SSA-721 as you have done in the past.

Thank you for your assistance in this process.

Sincerely,

*Jessica MacBride*

/s/ Jessica MacBride Director,  
Earnings, Enumeration and Medicare Policy,  
Office of Income and Security Programs



(717) 783-2548

May 10, 2016

Dear Colleague:

We are pleased to inform you that we are ready to begin using the Social Security Administration's Online Verification of Social Security Number (OVS), as a part of the DAVE EDRS system. Through the use of OVS, a decedent's social security number (SSN) is transmitted to the Social Security Administration to be electronically verified. OVS will ensure accuracy for families when applying for social security benefits and will allow for the immediate and automatic termination of benefits to deceased individuals, thus reducing any erroneous payments.

Funeral homes using the OVS functionality of DAVE will no longer need to submit a separate Form SSA-721 Statement of Death by Funeral Director to report an individual's death to the Social Security Administration. Funeral homes using OVS will receive instant notification regarding the accuracy of the social security number as compared with the name, date of birth, and gender of the decedent.

Thank you for your continued participation in the DAVE EDRS pilot. If you have any questions, please contact Rick Schroder, RHIA at 717-547-3692 or [rschroder@pa.gov](mailto:rschroder@pa.gov).

Sincerely,

Frank Caniglia, RHIA  
Director, Division of Statistical Registries  
Bureau of Health Statistics and Registries

Enclosures

Pennsylvania Department of Health • 855 Walnut Street, 6<sup>th</sup> Floor • Harrisburg, PA 17101-1914



**pennsylvania**  
DEPARTMENT OF HEALTH

# Rejection Fax Sheet

**FAX TRANSMITTAL  
REJECTED DEATH RECORD**

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

From: \_\_\_\_\_ Fax #: \_\_\_\_\_

Re: DEATH RECORD REJECTION for \_\_\_\_\_

The information reported on the referenced *Medical Certification Worksheet* is not complete for the indicated item(s). Please obtain correct information and re-send. Note that certified copies cannot be issued until this information is received, successfully entered and registered into the EDRS.

Type of Place of Death: \_\_\_\_\_

Facility Name: \_\_\_\_\_

County of Death: \_\_\_\_\_

Pronouncement Information: \_\_\_\_\_

Time of Death: \_\_\_\_\_  ME/Coroner contacted: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Autopsy Performed: \_\_\_\_\_  Results Available: \_\_\_\_\_

Pregnancy Question: \_\_\_\_\_  Tobacco Use: \_\_\_\_\_

Manner of Death: \_\_\_\_\_

Date of Injury: \_\_\_\_\_  Time of Injury: \_\_\_\_\_

Place of Injury: \_\_\_\_\_

Location of Injury: \_\_\_\_\_

Injury at Work: \_\_\_\_\_  If Transportation Injury: \_\_\_\_\_

Describe how Injury Occurred: \_\_\_\_\_

Certifier: \_\_\_\_\_

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

Other: \_\_\_\_\_

\_\_\_\_\_

# Funeral Director Worksheet

Funeral Director Worksheet				DOD:
<b>Decedent's Legal Name (First, Middle, Last, Suffix):</b>				
First Name	Middle Name		Last Name	Suffix
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown			<b>Social Security Number:</b> ____ - ____ - ____ <input type="checkbox"/> None <input type="checkbox"/> Unknown	
<b>Date of Birth:</b> ____ / ____ / ____ - ____ - ____ M M D D Y Y Y Y			<b>Age – Last Birthday (Years):</b> _____ <i>Under 1 Year (Months/Days):</i> _____ <i>Under 1 Day (Hours/Minutes):</i> _____	
<b>Birthplace (City and State or Foreign Country):</b>			<b>Birthplace (County):</b>	
<b>Ever in US Armed Forces?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			<b>Residence Address (Street and Number – Include Apt. #):</b>	
<b>Residence County:</b>		<b>Residence State or Foreign Country:</b>		<b>Residence Zip Code:</b>
<b>Did Decedent live in a Township?</b> <input type="checkbox"/> Yes, decedent lived in _____ Township <input type="checkbox"/> No, decedent lived within limits of _____ (city/boro)				
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		<b>Surviving Spouse's Name (If wife, give name prior to first marriage):</b> First Name _____ Middle Name _____ Last Name _____		
<b>Father's/Parent Name (First, Middle, Last, Suffix):</b>				
First Name	Middle Name		Last Name	Suffix
<b>Mother's/Parent Name Prior to First Marriage (First, Middle, Last):</b>				
First Name	Middle Name		Last Name	Suffix
<b>Informant's Name (First, Middle, Last):</b>				<b>Relationship to Decedent:</b>
First Name	Middle Name		Last Name	
<b>Informant's Mailing Address (Street and Number, City, State, Zip code):</b>				
<b>Decedent's Education – Check the box that best describes the highest degree or level of school COMPLETED at the time of death.</b> <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> No Diploma, 9 <sup>th</sup> -12 <sup>th</sup> grade <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) <input type="checkbox"/> Unknown			<b>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.</b> <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) _____ <input type="checkbox"/> Unknown	
<b>Decedent's Race – Check ONE or MORE races to indicate what the decedent considered himself or herself to be:</b> <input type="checkbox"/> White <input type="checkbox"/> Korean <input type="checkbox"/> Black or African American <input type="checkbox"/> Vietnamese <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Chinese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> Japanese <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused			<b>Decedent's Single Race Self-Designation – Check ONLY ONE to indicate what the decedent considered himself or herself to be:</b> <input type="checkbox"/> White <input type="checkbox"/> Korean <input type="checkbox"/> Black or African American <input type="checkbox"/> Vietnamese <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Chinese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> Japanese <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused	
<b>Decedent's Usual Occupation – Indicate type of work done during most of working life. DO NOT USE RETIRED.</b>			<b>Kind of Business/Industry</b>	

# Overview of Phase I and Phase II

- Phase I
  - Funeral Directors
  - Coroner/Medical Examiners
  - Local Registrars
- Phase II
  - Medical Certifiers and Medical Facilities

# Communication

- Communication with the medical certifier will need to occur to determine if they are using EDRS
  - If the medical certifier is certifying in EDRS, both parties will complete the case in EDRS
  - If they are not, the funeral director will follow the Drop to Paper Fax Attestation Process

# Drop to Paper Fax Attestation Process

- Medical certifier completes paper death certificate
  - Fax or scan the certificate to DOH
  - Write Case ID from DAVE and **Pre-Signed Disposition Permit Number** vertically on the left hand side of the certificate after Name of Decedent
  - DOH will enter medical portion of death certificate into the EDRS and register the case

# Drop to Paper Fax Attestation Process

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

### CERTIFICATE OF DEATH

State (by number):

Decedent's Legal Name (First, Middle, Last, Suffix) \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Death (Mo/Day/Yr) (Spell Mo)

6a. Age Last Birthday (Yrs) \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth (Mo/Day/Yr) (Spell Month) \_\_\_\_\_ 7a. Birthplace (City and State or Foreign Country) \_\_\_\_\_  
 Months \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_ Minutes \_\_\_\_\_ 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 \_\_\_\_\_ No \_\_\_\_\_  
 8d. Residence (County) \_\_\_\_\_ 8e. Residence (City Code) \_\_\_\_\_ 8f. No, decedent lived in \_\_\_\_\_  
 Yes \_\_\_\_\_ No, decedent lived within limits of \_\_\_\_\_ city/town

9. Over 18 US Armed Forces? \_\_\_\_\_ 10. Was Full Status at Time of Death? \_\_\_\_\_ 11. Surviving Spouse's Name (If wife, give name prior to first marriage) \_\_\_\_\_  
 Yes  No  Unknown  Divorced  Never Married  Widowed

12. Father's Name (First, Middle, Last, Suffix) \_\_\_\_\_ 13. Mother's Name (First, Middle, Last, Suffix) \_\_\_\_\_  
 14a. Informant's Name \_\_\_\_\_ 14b. Relationship to Decedent \_\_\_\_\_ 14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) \_\_\_\_\_

15. Death Occurred in a Hospital? \_\_\_\_\_ 15a. Facility Name (If not institution, give street and number) \_\_\_\_\_ 15b. City or Town, State, and Zip Code \_\_\_\_\_ 15c. County of Death \_\_\_\_\_  
 Hospital  Long Term Care Facility  Home  Other (Specify) \_\_\_\_\_  
 Emergency Room/Outpatient  Dead on Arrival  Nursing Home/Long Term Care Facility  Other (Specify) \_\_\_\_\_

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

16d. Location of Disposition (City or Town, State, and Zip) \_\_\_\_\_ 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. \_\_\_\_\_  
 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, BS)  Master's degree (e.g. MA, MS, MEd, MEd, MEd, MEd)  Doctorate (e.g. PhD, MD) or Professional degree (e.g. MD, DDS, DVM, JD, etc.)

19. 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. \_\_\_\_\_  
 No, not Spanish/Hispanic/Latino  Yes, Mexican, Mexican American, Chicano  Yes, Puerto Rican  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  Asian Indian  Chinese  Japanese  Korean  Other (Specify) \_\_\_\_\_  
 American Indian or Alaska Native  Native Hawaiian  Other Asian  Other Oceanian or Chamorro  Hispanic  Other Pacific Islander

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  Native Hawaiian  Other Oceanian or Chamorro  Hispanic  Other Pacific Islander

22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. \_\_\_\_\_  
 22b. Kind of Business/Industry \_\_\_\_\_

23. Date of Death (Mo/Day/Yr) \_\_\_\_\_ 23a. Signature of Person Pronouncing Death (City when applicable) \_\_\_\_\_ 23b. License Number \_\_\_\_\_  
 July 26, 2016 \_\_\_\_\_ Rick Schroeder MD5555551

23c. Date of Death (Mo/Day/Yr) \_\_\_\_\_ 23d. Time of Death \_\_\_\_\_ 23e. Was Medical Examiner or Coroner Contacted? \_\_\_\_\_  
 July 26, 2016 1:55am \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**CAUSE OF DEATH**

26. 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 (Final disease or condition resulting in death) \_\_\_\_\_  
 Due to (or as a consequence of): \_\_\_\_\_  
 Sequence of 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) \_\_\_\_\_  
 Due to (or as a consequence of): \_\_\_\_\_

Approximate Interval from Onset to Death: \_\_\_\_\_  
 1 Hour  
 7 Days  
 8 Years

27. Enter 1 - Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. \_\_\_\_\_  
 Non Insulin Dependent Diabetes Mellitus; Obesity; Hypertension; congestive Heart Failure

28. If female: \_\_\_\_\_ 29. If not pregnant last year: \_\_\_\_\_ 30. If not pregnant within past year: \_\_\_\_\_ 31. If not pregnant at time of death: \_\_\_\_\_ 32. If not pregnant, but pregnant within 42 days of death: \_\_\_\_\_ 33. If not pregnant, but pregnant 43 days to 1 year before death: \_\_\_\_\_ 34. If unknown if pregnant within the past year: \_\_\_\_\_

35. Date of Injury (Mo/Day/Yr) (Spell Month) \_\_\_\_\_ 36. Time of Injury \_\_\_\_\_

34. Place of Injury (e.g. home, construction site, farm, school) \_\_\_\_\_ 35. Location of Injury (Street and Number, City, County, State, Zip Code) \_\_\_\_\_

36. Injury at Work? \_\_\_\_\_ 37. If Transportation Injury, Specify: \_\_\_\_\_ 38. Describe how injury occurred: \_\_\_\_\_  
 Yes  No  Driver/Operator  Pedestrian  Passenger  Other (Specify) \_\_\_\_\_

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.  
 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 - in the logs 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: \_\_\_\_\_ Title of certifier: \_\_\_\_\_ License Number: \_\_\_\_\_  
 Rick Schroeder MD5555551 MD 7/26/16

40. Name, Address and Phone of Person Contacted by Coroner (Item 29) \_\_\_\_\_ 41. Registrar's District Number \_\_\_\_\_ 42. Registrar's Signature \_\_\_\_\_ 43. Registrar File Date (Mo/Day/Yr) \_\_\_\_\_  
 Rick Schroeder 555 Walnut St Harrisburg PA 17101 7/26/16

43. Amendments \_\_\_\_\_

State Use Only

FD-202 (04)  
REV 10/2005

Disposition Permit Number: 1271894  
 Case ID: 2735286  
 be Smith



# Drop to Paper Fax Attestation Process

- Medical certifier has not yet completed paper death certificate
  - Use Medical Certification Worksheet
    1. Funeral director can fax or hand deliver to medical certifier, medical facility, or physician's office
    2. Medical facility or physician can fax completed Medical Certification Worksheet back to funeral director
    3. Funeral director can then fax or scan completed Medical Certification Worksheet with Case ID and the **Pre-Signed Disposition Permit Number** to DOH
  - Funeral Director is still responsible for filing within 96 business hours
  - DOH will enter medical portion of death certificate into the EDRS and register the case within 2 business days
  - If there is a death certificate already started by an RN with pronouncement information, this certificate can be faxed with the Medical Certification Worksheet or the information can be transferred to the Medical Certification Worksheet

# Drop to Paper Fax Attestation Process

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS  
**Medical Certification Worksheet**

**Medical Certifier:** Enter all information in the items listed below and return to funeral director of record. This form may be faxed or scanned to the funeral director or personally picked-up by the funeral director.

1. Decedent's Legal Name (First, Middle, Last, Suffix) <u>Joe, Smith</u>	4. Date of Death (Mo/Day/Yr) (Spell Mo) <u>July/26/2016</u>
---	--

130. Facility Name (If not institution, give street and number) <u>Hospital</u>	131. City or Town, State, and Zip Code <u>Harrisburg, PA, 17101</u>	132. County of Death <u>Dauphin</u>
--	--	--

23a. Date Signed (Mo/Day/Yr) <u>July 26, 2016</u>	23b. Date Pronounced Dead (Mo/Day/Yr) <u>July 26, 2016</u>	23c. Signature of Person Pronouncing Death (Only when applicable) <u>Rick Schroeder</u>	23e. License Number <u>MD555555L</u>
--	---	--	---

**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 (Final disease or condition resulting in death) Pulmonary Embolism Approximate Interval: 1 Hour

Due to (or as a consequence of): Acute Myocardial Infarction 7 Days

Due to (or as a consequence of): Chronic Ischemic Heart Disease 8 years

26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  
Non Insulin dependent Diabetes Mellitus; Obesity; Hypertension; Congestive Heart Failure

27. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

29. 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	30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	31. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined
--	--	---

34. Place of Injury (e.g. home; construction site; farm; school)	35. Location of Injury (Street and Number, City, County, State, Zip Code)
36. Injury at Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)
38. Describe how injury occurred:	

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.  
 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: Rick Schroeder Title of certifier: MD License Number: MD555555L

39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 28) Rick Schroeder 555 Walnut St Harrisburg PA 17101 39c. Date Signed (Mo/Day/Yr) 7/26/16

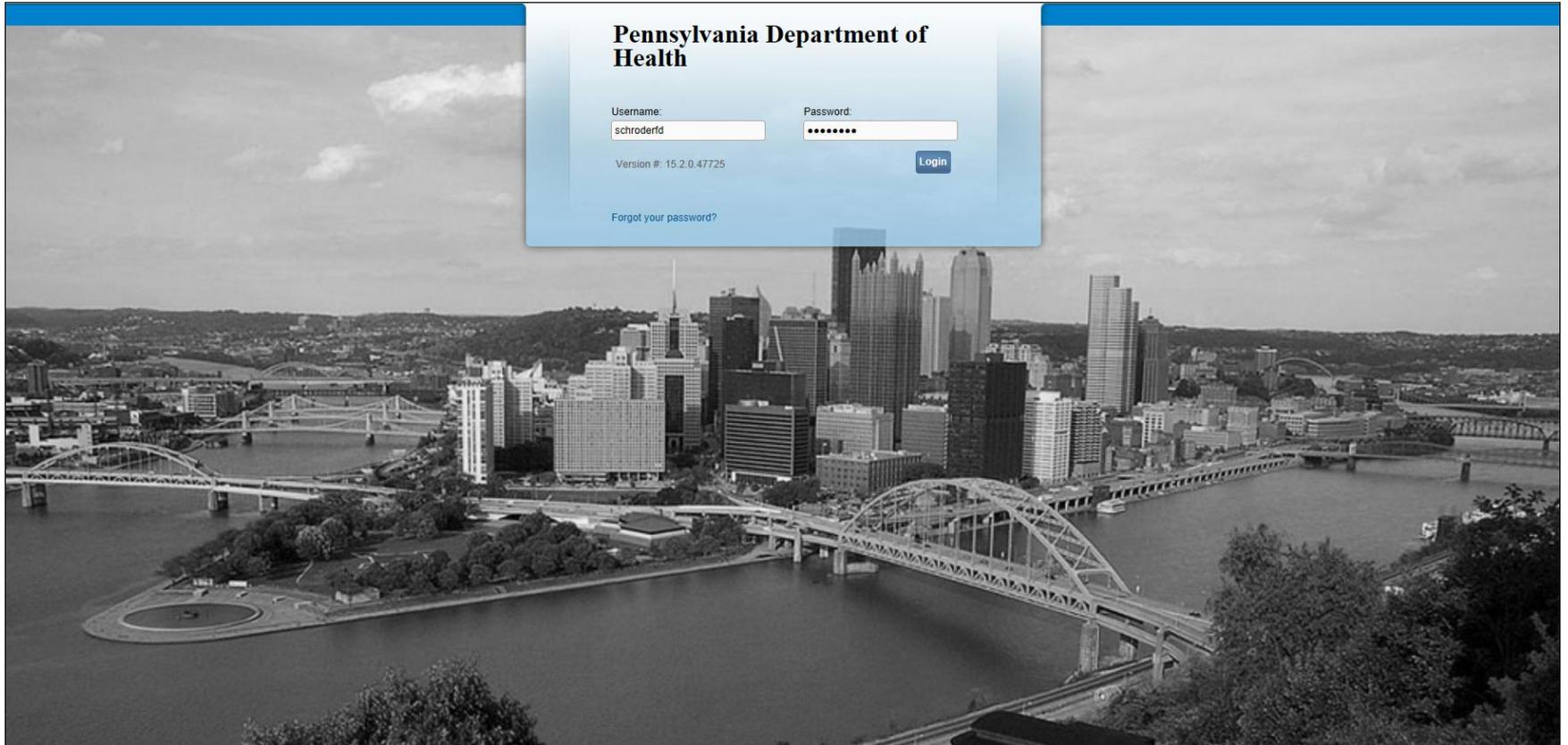
**FOR FUNERAL DIRECTOR USE ONLY:**

Printed Certifier Name, Title and License Number: Rick Schroeder, MD, MD555555L

EDRS Case ID Number: 22352861 Disposition Permit No. 1271894



# DAVE-Login Screen



# DAVE Home Page

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**Fast Links**

 Messages	 Current Activities	 Death Start/Edit New Case	 Death Locate Case
--	--	---	---

# Start/Edit New Case

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\*\*\*TRAIN\*\*\* [Death](#) [Locate Case](#) [Start/Edit New Case](#) sylvania Department of Health

**Fast Links**

-  Messages
-  Current Activities
-  Death Locate Case
-  Death Start/Edit New Case

# Start/Edit New Case

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**Death Start/Edit New Case**

**Decedent's Information**

First: <input type="text" value="Joe"/>	Last: <input type="text" value="Smith"/>	Date of Death: <input type="text" value="Jul-26-2016"/>
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"/>	

# Start/Edit New Case

Schroder Funeral Home and Crematory

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## 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



# Online Verification of SSN Return Messages

- PASSED – The SSN for this decedent has been successfully verified with SSA.
- FAILSSN – The SSN for this decedent did not pass verification with SSA. The SSN provided is not an established number and has never been issued by SSA.
- FAILGENDER – The decedent's SSN did not pass verification with SSA because the gender provided did not match the Social Security Administration's records.
- FAILDOB – The decedent's SSN did not pass verification with SSA because the date of birth provided did not match the Social Security Administration's records.
- FAILDOBGENDER – The decedent's SSN did not pass verification with SSA because the gender and date of birth provided did not match the Social Security Administration's records.
- FAILNAME – The decedent's SSN did not pass verification with SSA because the name provided does not match the Social Security Administration's records. This SSN may also belong to another individual. It is recommended that you re-check the decedent's name and SSN before re-submitting your request.

# Resident Address

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  - Switch User

2127 :Joe Smith Jul-26-2016  
/New Event/New Event/Not Registered/Unsigned/Uncertified/NA

### Resident Address

Address

Street Number	Pre Directional	Street Name, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc.
<input type="text" value="30"/>	<input type="text" value=""/>	<input type="text" value="Crabapple"/>	<input type="text" value="Drive"/>	<input type="text" value=""/>	<input type="text" value=""/>
City, Township or Borough		County	State	Country	Zip Code
<input type="text" value="York Haven"/>		<input type="text" value="York"/>	<input type="text" value="Pennsylvania"/>	<input type="text" value="United States"/>	<input type="text" value="17370"/>

Did Decedent live in a Township?

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

# Family Members

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- Disposition
- Decedent Attributes

**Medical Certification**

- Pronouncement
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- Cause of Death
- Other Factors
- Injury
- Certifier

**Other Links**

- Assign Status
- Comments
- Print Forms
- Refer to Medical Examiner
- Relinquish Case
- Request Medical Certification
- Transfer Case
- Switch User

**Family Members**

**Marital Status**

**Surviving Spouse**

First  Last (if wife, name prior to first marriage)  Suffix

**Father's / Parent Name**

First  Middle  Last  Suffix

**Mother's / Parent Name Prior to First Marriage**

First  Middle  Last  Suffix

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# Informant

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**Death Registration Menu** 2127 :Joe Smith Jul-26-2016  
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- Other Factors
- Injury
- Certifier

**Other Links**

- Assign Status
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**Informant**

Informant Name: First  Last  Suffix

Relationship to Decedent: **Father** (dropdown menu open showing: Aunt, Brother, Cousin, Daughter, Granddaughter, Grandfather, Grandmother, Grandson, Mother, Nephew, Niece, Other (Specify), Sister, Son, Spouse, Uncle)

Address: Street Number  Pre Directional  O Box, Rural Route, etc  Street Designator  Post Directional  Apt #, Suite #, etc.

City or Town  Pennsylvania  Country  Zip Code

# Disposition

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2127 :Joe Smith Jul-26-2016  
/New Event/New Event/Not Registered/Unsigned/Uncertified/NA

**Disposition**

Method of disposition  Other Specify

Date of Disposition

Did Medical Examiner/Coroner approve Cremation Clearance/Medical Donation?

Cremation Clearance Authorized By

First  Middle  Last

County  Coroner

Place of disposition

Place of Disposition

City or Town  State  Country

Funeral Director

License Number

First  Middle  Last  Suffix

Funeral Home

Business Registration Number  Lookup

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

City or Town  State  Country  Zip Code

Filing Registrar

Filing Registrar Office

Registrar

First  Middle  Last

# Disposition

Lookup Place Of Disposition

Facility Name:  Search

Facility Name	Address	City	
Graceland Cemetery Company	2204 Graceland Road	New Castle	select
Grahamville Burying Ground Assoc	76 Gibson Street	North East	select
Grandview Cemetery (Beaver Falls)	139 Norwood Drive	Beaver Falls	select
Grandview Cemetery Assoc (Allentown)	2735 Walbert Avenue	Allentown	select
Grandview Cemetery Assoc (Monessen)	1528 Leeds Avenue	Monessen	select
Grandview Cemetery Assoc (N Versailles)	1301 Lincoln Highway	North Versailles	select
Grandview Memorial Park	500 N Weber Street	Annville	select
Gravel Hill Cemetery	54 Gravel Hill Road	Palmyra	select
Green Gates Cemetery Assoc Inc	PO Box 629	Hawley	select
Green Hill Cemetery	953 S Potomac Street	Waynesboro	select

First 1 2 3 Last Total records : 22

Cancel

Lookup Filing Registrar

Facility Name:  Search

Facility Name	Address	City	
Mattiko, David: 00-001	555 Walnut Street	Harrisburg	select

Total records : 1

# Decedent Attributes

Schroder Funeral Home and Crematory

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2127 :Joe Smith Jul-26-2016

/New Event/New Event/Not Registered/Unsigned/Uncertified/NA

### Decedent Attributes

Decedent's Occupation

Teacher

Decedent's Industry

Education

Decedent's Education

Bachelor's degree (e.g. BA, AB, BS)

### Ancestry

Decedent of Hispanic Origin?

No, not Spanish/Hispanic/Latino

Other Hispanic, Specify

### Decedent's Race

What race did decedent consider himself to be?(More than one race can be indicated)

- |   |                                     |  |   |
|---|-------------------------------------|--|---|
| <input checked="" type="checkbox"/> White                 | <input type="checkbox"/> Filipino   | <input type="checkbox"/> Other Asian           | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Native Hawaiian       | <input type="checkbox"/> Other(Specify)         |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Korean     | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Don't know/Not Sure    |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan                | <input type="checkbox"/> Refused                |
| <input type="checkbox"/> Chinese                          |                                     |  |   |

Single Race Self Designation?

White

Other (Specify)

Validate Page

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Save

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# Place of Death

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**Death Registration Menu** 2127 :Joe Smith Jul-26-2016  
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**Medical Certification**

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- Place of Death**
- Cause of Death
- Other Factors
- Injury
- Certifier

**Other Links**

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**Place Of Death**

Type of place of death:  Other Specify:

Facility Name:  

**Address**

Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc
<input type="text" value="600"/>	<input type="text" value=""/>	<input type="text" value="Jefferson"/>	<input type="text" value="Ave"/>	<input type="text" value=""/>	<input type="text" value=""/>
City or Town	County	State	Country	Zip Code	
<input type="text" value="Jeannette"/>	<input type="text" value="Westmoreland"/>	<input type="text" value="Pennsylvania"/>	<input type="text" value="United States"/>	<input type="text" value="15644"/>	

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

Lookup Place Of Death Facility

Facility Name:  [Search](#)

Facility Name	Address	City	
Jeanes	7600 Central Ave	Philadelphia	<a href="#">select</a>
Jeannette District Memorial	600 Jefferson Ave	Jeannette	<a href="#">select</a>

Total records : 2

# Validate Page

Schroder Funeral Home and Crematory

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## Death Registration Menu

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- ▶ Decedent
- ▶ Resident Address
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- ▶ Decedent Attributes

### Medical Certification

- ▶ Pronouncement
- ▶ **Place of Death**
- ▶ Cause of Death
- ▶ Other Factors
- ▶ Injury
- ▶ Certifier

### Other Links

- Assign Status
- Comments
- Print Forms
- Refer to Medical Examiner
- Relinquish Case
- Request Medical Certification
- Transfer Case
- Switch User

2127 : Joe Smith Jul-26-2016

Personal Invalid Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Birth Death Linkage Required Over 1 Year

### Place Of Death

Type of place of death  Other Specify

Facility Name   

### Address

Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc
<input type="text" value="600"/>	<input type="text" value=""/>	<input type="text" value="Jefferson"/>	<input type="text" value="Ave"/>	<input type="text" value=""/>	<input type="text" value=""/>
City or Town	County	State	Country	Zip Code	
<input type="text" value="Jeannette"/>	<input type="text" value="Westmoreland"/>	<input type="text" value="Pennsylvania"/>	<input type="text" value="United States"/>	<input type="text" value="15644"/>	

Validate Page

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# Validation Results

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**Death Registration Menu** **2127 :Joe Smith Jul-26-2016**

*/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Birth Death Linkage Required Over 1 Year*

**Family Members**

Marital Status

---

**Surviving Spouse's Name**

First  Middle  Last (if wife, name prior to first marriage)  Suffix

---

**Father's / Parent Name**

First  Middle  Last  Suffix

---

**Mother's / Parent Name Prior to First Marriage**

First  Middle  Last  Suffix

---

**Validation Results**

**Error Message**

DR\_0887: Mother's last name prior to first marriage is the same as father's last name.  
The Mother's last name prior to first marriage is not usually the same as the Father's Last Name. Verify entries for mother's maiden surname and father's last name.



# Sign Link and Affirmation

2127 :Joe Smith Jul-26-2016

/Personal Valid With Exceptions/Medical Invalid/Not Registered/Unsigned/UnCertified/NA/Medical Pending/Birth Death Linkage Required Over 1 Year/Signature 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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### Death Registration Menu

#### Personal Information

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- ▶ Decedent Attributes
- ✓ Sign

2127 :Joe Smith Jul-26-2016

/Personal Valid With Exceptions/Medical Invalid/Not Registered/Signed/UnCertified/NA/Medical Pending/Birth Death Linkage Required Over 1 Year

## Affirmations

Authentication successful.

Clear

Return



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# Unsign

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**Death Registration Menu** **2127 :Joe Smith Jul-26-2016**

*/Personal Valid With Exceptions/Medical Invalid/Not Registered/Signed/Uncertified/NA/Medical Pending/Birth Death Linkage Required Over 1 Year*

**Affirmations**

This registration is currently signed.

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

---

**Personal Information**

- ▶ Decedent
- ▶ Resident Address
- ▶ Family Members
- ▶ Informant
- ▶ Disposition
- ▶ Decedent Attributes
- Sign**

**Medical Certification**

- ▶ Pronouncement
- ▶ Place of Death
- ▶ Cause of Death
- ▶ Other Factors
- ▶ Injury
- ▶ Certifier

**Other Links**

- Assign Status
- Comments
- Print Forms**
- Refer to Medical Examiner
- Relinquish Case
- Request Medical Certification
- Transfer Case
- Switch User

Message from webpage

 Are you sure you wish to Unsign this registration?

# Drop to Paper

## Death Registration Menu

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**2127 :Joe Smith Jul-26-2016**  
/Personal Valid With Exceptions/Medical Invalid/Not Registered/Signed/Uncertified/NA/Medical Pending/Birth Death Linkage Required Over 1 Year

### 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](#)

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.

**OK**

# Drop to Paper

Schroder Funeral Home and Crematory Welcome back: schroderfd [Logout](#)

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**Death Registration Menu** 2127 :Joe Smith Jul-26-2016  
/Personal Valid With Exceptions/Medical Invalid/Not Registered/Signed/Dropped to Paper/NA/Medical Pending/Birth Death Linkage Required Over 1 Year

**Personal Information**

- Decedent
- Resident Address
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- Sign

**Medical Certification**

- Pronouncement
- Place of Death
- Cause of Death
- Other Factors
- Injury
- Certifier

**Other Links**

- Assign Status
- Comments
- Print Forms
- Switch User

**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 dhwwwdavvac003? Open Save Cancel ✕



# Rejections

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS  
**Medical Certification Worksheet**

**Medical Certifier:** Enter all information in the items listed below and return to funeral director of record. This form may be faxed or scanned to the funeral director or personally picked-up by the funeral director.

1. Decedent's Legal Name (First, Middle, Last, Suffix) <u>Joe Smith</u>		4. Date of Death (Mo/Day/Yr) (Spell Mo) <u>July/26/2016</u>	
18. Place of Death (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Bed on Arrival <input type="checkbox"/> Home Care Facility <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home		19. Death Occurred Somewhere Other Than a Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)	
15b. Facility Name (if not Institution, give street and number) <u>Hospital</u>		15c. City or Town, State, and Zip Code	
15d. County of Death		23c. License Number	
22a. Date Pronounced Dead (Mo/Day/Yr)		23b. Signature of Person Pronouncing Death (Only when applicable)	
22b. Time of Death <u>1:55am</u>		23d. Inmate Number	
22c. Date Signed (Mo/Day/Yr)		25. Was Medical Examiner or Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CAUSE OF DEATH</b>			
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 (Final disease or condition resulting in death)		Appropriate Interval: Onset to Death	
a. <u>Metastatic Lung Cancer</u>		<u>4 Mo</u>	
Due to (or as a consequence of):			
b. _____			
Due to (or as a consequence of):			
c. _____			
Due to (or as a consequence of):			
d. _____			
Due to (or as a consequence of):			
26. Part II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I.			
27. Was an autopsy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		28. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
29. 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		30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
31. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		32. Date of Injury (Mo/Day/Yr) (Spell Month)	
33. State of Injury		34. Place of Injury (e.g. home; construction site; farm; school)	
35. Location of Injury (Street and Number, City, County, State, Zip Code)		36. Injury of Work <input type="checkbox"/> Yes <input type="checkbox"/> No	
37. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		38. Describe How Injury Occurred.	
39. Certifier - physician, certified nurse practitioner, medical examiner/coroner (check only one): <input checked="" type="checkbox"/> Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> 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. <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 of certifier: <u>Rick Schroder</u>		Title of certifier: <u>MD</u>	
39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 39)		39c. Date Signed (Mo/Day/Yr)	
<u>Rick Schroder 555 Walnut St Harrisburg PA 1707</u>		<u>7/26/16</u>	

FOR FUNERAL DIRECTOR USE ONLY:

Printed Certifier Name, Title and License Number: Rick Schroder, MD, MD555555L

EDRS Case ID Number: 27352861 Disposition Permit No. \_\_\_\_\_



# Rejections

Received: Aug 1 2016 02:21pm  
To: From: DH EDRS FAX Commonwealth of Pennsylvania at: NSB-01-2016-14:14 Doc: 938 Page: 001



## FAX TRANSMITTAL COVER SHEET

---

Date: Monday, August 01, 2016 2:14:15 PM  
To:  
From: DH EDRS FAX  
Subject: FW: Received from 17177723258  
Pages: 2 (including cover sheet)

---

Items 15c, 15d, 25, 27, 28, and 30, as well as the Disposition Permit Number are blank. Please have these items completed and resend the Medical Certification Worksheet.

Thanks

From: 17177723258 [mailto:FAX@TCFAX]  
Sent: Monday, August 01, 2016 2:09 PM  
To: DH EDRS FAX <RA-DHEDRSFAX@pa.gov>  
Subject: Received from 17177723258

# Completely Electronic Process

Schroder Funeral Home and Crematory

Welcome back: schroderfd [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Forms](#) [Help](#)

\*\*\* TRAINING \*\*\*

Death ▾  
Locate Case  
Start/Edit New Case

sylvania Department of Health

**Fast Links**

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

# Start/Edit New Case

Schroder Funeral Home and Crematory Welcome back: schroderfd [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Forms](#) [Help](#)

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

---

**Death Start/Edit New Case**

**Decedent's Information**

First:	<input type="text" value="Robert"/>	Last:	<input type="text" value="Kline"/>	Date of Death:	<input type="text" value="Jul-29-2016"/>
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:  Place of Death:

# Search Results

Schroder Funeral Home and Crematory Welcome back: schroderfd [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Forms](#) [Help](#)

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

### Death Search Results

Case Id	Decedent's Name	Date of Death	Gender	Place of Death	Date of Birth	
2130	<a href="#">Kline, Robert</a>	Jul-29-2016	Male	Cumberland		<a href="#">Preview</a>

Total records : 1

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

Message from webpage

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

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



# Resident Address

Schroder Funeral Home and Crematory Welcome back: schroderfd [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Forms](#) [Help](#)

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

**Death Registration Menu** **2130 :Robert Kline Jul-29-2016**  
/Personal Invalid/Medical Valid/Not Registered/Unsigned/Certified/NA/FIPS Coding Required/ICD Coding Required/Personal Pending

- Personal Information
- Decedent
- Resident Address**
- Family Members
- Informant
- Disposition
- Decedent Attributes
- Medical Certification
  - Pronouncement
  - Place of Death
  - Cause of Death
  - Other Factors
  - Certifier
- Other Links
  - Assign Status
  - Comments
  - Print Forms
  - Refer to Medical Examiner
  - Relinquish Case
  - Transfer Case
  - Switch User

**Resident Address**

Address

Street Number	Pre Directional	Street Name, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #, etc.
<input type="text" value="4059"/>	<input type="text" value=""/>	<input type="text" value="Stratford"/>	<input type="text" value="Drive"/>	<input type="text" value=""/>	<input type="text" value=""/>
City, Township or Borough		County	State	Country	Zip Code
<input type="text" value="Hempfield Township"/>		<input type="text" value="Westmoreland"/>	<input type="text" value="Pennsylvania"/>	<input type="text" value="United States"/>	<input type="text" value="15642"/>

Did Decedent live in a Township?

# Family Members

Schroder Funeral Home and Crematory Welcome back: schroderfd [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Forms](#) [Help](#)

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

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**Death Registration Menu** **2130 :Robert Kline Jul-29-2016**

[Personal Information](#) /Personal Invalid/Medical Valid/Not Registered/Unsigned/Certified/NA/FIPS Coding Required/ICD Coding Required/Personal Pending

[Decedent](#)

[Resident Address](#)

**Family Members**

[Informant](#)

[Disposition](#)

[Decedent Attributes](#)

**Medical Certification**

[Pronouncement](#)

[Place of Death](#)

[Cause of Death](#)

[Other Factors](#)

[Certifier](#)

**Other Links**

[Assign Status](#)

[Comments](#)

[Print Forms](#)

[Refer to Medical Examiner](#)

[Relinquish Case](#)

[Transfer Case](#)

[Switch User](#)

---

**Family Members**

Marital Status

---

**Surviving Spouse's Name**

First  Middle  Last (if wife, name prior to first marriage)  Suffix

---

**Father's / Parent Name**

First  Middle  Last  Suffix

---

**Mother's / Parent Name Prior to First Marriage**

First  Middle  Last  Suffix

# Informant

Schroder Funeral Home and Crematory Welcome back: schroderfd [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Forms](#) [Help](#)

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

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**Death Registration Menu** **2130 :Robert Kline Jul-29-2016**

[Personal Information](#) /Personal Invalid/Medical Valid/Not Registered/Unsigned/Certified/NA/FIPS Coding Required/ICD Coding Required/Personal Pending

[Decedent](#)

[Resident Address](#)

[Family Members](#)

**Informant**

[Disposition](#)

[Decedent Attributes](#)

**Medical Certification**

[Pronouncement](#)

[Place of Death](#)

[Cause of Death](#)

[Other Factors](#)

[Certifier](#)

**Other Links**

[Assign Status](#)

[Comments](#)

[Print Forms](#)

[Refer to Medical Examiner](#)

[Relinquish Case](#)

[Transfer Case](#)

[Switch User](#)

---

**Informant**

**Informant Name**

First  Middle  Last  Suffix

Relationship to Decedent  Other specify

---

**Address**

Street Number	Pre Directional	Street Name or PO Box, Rural Route, etc	Street Designator	Post Directional	Apt #, Suite #, etc.
<input type="text" value="123"/>	<input type="text" value=""/>	<input type="text" value="Walnut"/>	<input type="text" value="Street"/>	<input type="text" value=""/>	<input type="text" value=""/>
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="15642"/>		

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

# Disposition

Schroder Funeral Home and Crematory Welcome back: schroderfd [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Forms](#) [Help](#)

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

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**Death Registration Menu**

- Personal Information
- Decedent
- Resident Address
- Family Members
- Informant
- Disposition**
- Decedent Attributes
- Medical Certification
- Pronouncement
- Place of Death
- Cause of Death
- Other Factors
- Certifier
- Other Links
- Assign Status
- Comments
- Print Forms
- Refer to Medical Examiner
- Relinquish Case
- Transfer Case
- Switch User

**2130 :Robert Kline Jul-29-2016**  
/Personal Invalid/Medical Valid/Not Registered/Unsigned/Certified/NA/FIPS Coding Required/ICD Coding Required/Personal Pending

**Disposition**

Method of disposition  Other Specify

Date of Disposition

Did Medical Examiner/Coroner approve Cremation Clearance/Medical Donation?

Cremation Clearance Authorized By:

First  Middle  Last

**Place of disposition**

Place of Disposition  [?](#) [?](#)

City or Town  State  Country

**Funeral Director** [?](#) [?](#)

License Number

First  Middle  Last  Suffix

**Funeral Home**

Business Registration Number  [?](#) [?](#)

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

City or Town  State  Country  Zip Code

**Filing Registrar**

Filing Registrar Office  [?](#) [?](#)

**Registrar** [?](#) [?](#)

First  Middle  Last

# Decedent Attributes

Schroder Funeral Home and Crematory Welcome back: schroderfd [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Forms](#) [Help](#)

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

**Death Registration Menu** 2130 :Robert Kline Jul-29-2016  
/Personal Invalid/Medical Valid/Not Registered/Unsigned/Certified/NA/FIPS Coding Required/ICD Coding Required/Personal Pending

**Decedent Attributes**

Decedent's Occupation:  Decedent's Industry:

Decedent's Education:

**Ancestry**

Decedent of Hispanic Origin?  Other Hispanic, Specify:

**Decedent's Race**

What race did decedent consider himself to be?(More than one race can be indicated)

<input type="checkbox"/> White	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander
<input checked="" type="checkbox"/> Black or African American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other(Specify)
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Don't know/Not Sure
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Refused
<input type="checkbox"/> Chinese			

Single Race Self Designation?  Other (Specify)

**Death Registration Menu**

- Personal Information
- Decedent
- Resident Address
- Family Members
- Informant
- Disposition
- Decedent Attributes**
- Medical Certification
- Pronouncement
- Place of Death
- Cause of Death
- Other Factors
- Certifier
- Other Links
- Assign Status
- Comments
- Print Forms
- Refer to Medical Examiner
- Relinquish Case
- Transfer Case
- Switch User

# Validate Page

Schroder Funeral Home and Crematory Welcome back: schroderfd [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Forms](#) [Help](#)

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

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**Death Registration Menu** **2130 :Robert Kline Jul-29-2016**

**Personal Information** /Personal Invalid/Medical Valid/Not Registered/Unsigned/Certified/NA/ICD Coding Required/Personal Pending/Birth Death Linkage Required Over 1 Year

- ▶ Decedent
- ▶ Resident Address
- ▶ Family Members
- ▶ Informant
- ▶ Disposition
- ▶ **Decedent Attributes**
- ▶ Medical Certification
- ▶ Pronouncement
- ▶ Place of Death
- ▶ Cause of Death
- ▶ Other Factors
- ▶ Certifier

**Other Links**

- Assign Status
- Comments
- Print Forms
- Refer to Medical Examiner
- Relinquish Case
- Transfer Case
- Switch User

---

**Decedent Attributes**

Decedent's Occupation:  Decedent's Industry:

Decedent's Education:  ▼

---

**Ancestry**

Decedent of Hispanic Origin?  ▼ Other Hispanic, Specify:

---

**Decedent's Race**

What race did decedent consider himself to be?(More than one race can be indicated)

<input type="checkbox"/> White	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander
<input checked="" type="checkbox"/> Black or African American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other(Specify)
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Don't know/Not Sure
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Refused
<input type="checkbox"/> Chinese			

Single Race Self Designation?  ▼ Other (Specify)

---

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



# Sign Link and Affirmation

Schroder Funeral Home and Crematory Welcome back: schroderfd [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Forms](#) [Help](#)

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

**Death Registration Menu** **2130 :Robert Kline Jul-29-2016**

Personal Information /Personal Valid With Exceptions/Medical Valid/Not Registered/**Unsigned**/Certified/NA/ICD Coding Required/Birth Death Linkage Required Over 1 Year/Signature Required

- Decedent
- Resident Address
- Family Members
- Informant
- Disposition
- Decedent Attributes
- Sign**
- Medical Certification
  - Pronouncement
  - Place of Death

**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](#)

Schroder Funeral Home and Crematory Welcome back: schroderfd [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Forms](#) [Help](#)

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

**Death Registration Menu** **2130 :Robert Kline Jul-29-2016**

Personal Information /Personal Valid With Exceptions/Medical Valid/Not Registered/**Signed**/Certified/NA/ICD Coding Required/Birth Death Linkage Required Over 1 Year/**Local Affirmation Required**

- Decedent
- Resident Address
- Family Members
- Informant
- Disposition
- Decedent Attributes
- Sign
- Medical Certification

**Affirmations**

**Authentication successful.**

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

# Local Registrar

Mattiko, David: 00-001

Welcome back: mattikolr

Logout

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Accounting](#) [Reports](#) [Forms](#) [Help](#)

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

## Messages

Send Message

Remove from List

From	Message Text	Date Sent	<input type="checkbox"/>
<a href="#">Rick Schroder</a>	Case 2130 Robert Kline 07/29/2016 has been submitted for Registration Affirmation <a href="#">Robert Kline</a>	7/29/2016 2:32:42 PM	<input type="checkbox"/>

Total records : 1



# Local Registrar Affirm

Mattiko, David: 00-001 Welcome back: mattikolr [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Accounting](#) [Reports](#) [Forms](#) [Help](#)

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

**Death Registration Menu**

- Personal Information
  - Decedent
  - Resident Address
  - Informant
  - Disposition
  - Decedent Attributes
- Medical Certification
  - Pronouncement
  - Place of Death
  - Cause of Death
  - Other Factors
  - Certifier
- Registrar
- Local Registrar Affirm

**2130 :Robert Kline Jul-29-2016**  
/Personal Valid With Exceptions/Medical Valid/Not Registered/Signed/Certified/NA/ICD Coding Required/Birth Death Linkage Required Over 1 Year/Local Affirmation Required

**Affirmations**

Affirm the following:

I affirm I am authorized to approve this record for filing.

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

# Registered

Mattiko, David: 00-001 Welcome back: mattikolr [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Accounting](#) [Reports](#) [Forms](#) [Help](#)

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

**Death Registration Menu** **2130 300202-2016 :Robert Kline Jul-29-2016**

Personal Information /Personal Valid With Exceptions/Medical Valid **Registered/Signed/Certified**/VA/ICD Coding Required/Birth Death Linkage Required Over 1 Year

Decedent  
Resident Address  
Informant  
Disposition  
Decedent Attributes

**Affirmations**

Medical Certification  
Pronouncement

Authentication successful.

# Locate Case

The screenshot displays the user interface for the Schroder Funeral Home and Crematory software. At the top, the header includes the company name "Schroder Funeral Home and Crematory" on the left, the user's name "Welcome back: schroderfd" and a "Logout" button on the right. Below the header is a navigation menu with links for "Main", "Order Processing", "Life Events", "Queues", "Forms", and "Help". The "Life Events" menu is expanded, showing a "Death" sub-menu with two options: "Locate Case" and "Start/Edit New Case". The "Locate Case" option is highlighted with a red box. Below the navigation menu, the text "\*\*\* TRAINING" and "sylvania Department of Health" are visible. A "Fast Links" section contains five icons with corresponding labels: "Messages", "Current Activities", "Death Locate Case", "Death Start/Edit New Case", and "Registration Work Queue Summary".

# Locate Case

Schroder Funeral Home and Crematory Welcome back: schroderfd [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Forms](#) [Help](#)

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

---

**Death Locate Case**

**Decedent's Information**

First:	<input type="text" value="Robert"/>	Last:	<input type="text" value="Kline"/>	Date of Death:	<input type="text"/>	
Gender:	<input type="text" value=""/>	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"/>			

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

Schroder Funeral Home and Crematory Welcome back: schroderfd [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Forms](#) [Help](#)

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

---

**Death Search Results**

Case Id	Decedent's Name	Date of Death	Gender	Place of Death	Date of Birth	
2130	<span style="border: 1px solid red; padding: 2px;">Kline, Robert</span>	Jul-29-2016	Male	Cumberland	Nov-22-1982	<a href="#">Preview</a>

Total records : 1

[New Search](#)

# Disposition Permit

Schroder Funeral Home and Crematory Welcome back: schroderfd [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Forms](#) [Help](#)

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

---

**Death Registration Menu** **2130 :Robert Kline Jul-29-2016**

*/Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/ICD Coding Required/Birth Death Linkage Required Over 1 Year*

**Print Forms**

- [Disposition Permit](#)
- Drop to Paper
- Working Copy

[Return](#)

---

**Personal Information**

- Decedent
- Resident Address
- Family Members
- Informant
- Disposition
- Decedent Attributes

**Medical Certification**

- Pronouncement
- Place of Death
- Cause of Death
- Other Factors
- Certifier

**Registrar**

- Amendment List

**Other Links**

- Amendments
- Assign Status
- Comments
- [Print Forms](#)
- Switch User

# Disposition Permit

HD01601F Rev. 1/13



COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH •  
DIVISION OF VITAL RECORDS, P.O. Box 1528, New Castle, PA 16101-1528  
**DISPOSITION / TRANSIT PERMIT**

No. E10251

Section A – Local Registrar or Funeral Director

Full name of decedent Robert Kline		Sex Male	Date of death July 29, 2016	Date of birth November 22, 1982
County of death Cumberland	City, Borough, Twp. of Death Camp Hill	Facility name Holy Spirit		
Was decedent ever in the U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
Cause of death Metastatic Lung Cancer				
Authorized method of disposition Burial	Cremation authorized by Unrecorded		Date of disposition July 31, 2016	
Place of disposition (Name of cemetery, crematory or other place) Westmoreland County Memorial Park				
Location of disposition (City/town, state) Greensburg, Pennsylvania 15601				
SIGNATURES BELOW CERTIFY THAT APPROPRIATE INDIVIDUAL HAS MET ALL REQUIREMENTS OF THE VITAL STATISTICS LAW 35 P.S., §450.504, 28 PA CODE, CHAPTER 1 AND ANY OTHER COMMONWEALTH LAWS REGARDING DISPOSITION OF DEAD BODIES.				

Section B – Local Registrar

Signature and district number of local registrar issuing permit:

▶ *David Mattiko*      | 0 | 0 | 0 | 0 | 1 | (electronically signed)

Section C – Funeral Service Licensee (or person in charge of interment)	Section D – Cemetery or Crematory Official
Funeral Director License # <u>FD555555L</u>	I certify that disposition has been completed by method(s) authorized by this permit in the location as indicated.  Signature of cemetery or crematory official (or representative of facility receiving donated remains):  Date of disposition
Signature of funeral service licensee (or person in charge of interment)  ▶ <i>Rick Schroder (electronically signed)</i> Date July 29, 2016	
Complete address Schroder Funeral Home and Crematory 555 Walnut Street Harrisburg, Pennsylvania 17101	Complete address

INSTRUCTIONS FOR DISTRIBUTION

This permit is valid for 30 days only from date entered in Section C of this permit.

Copies 1 and 2: Issuing local registrar provides copies 1 and 2 to funeral service licensee (or person in charge of interment), who must provide these two copies to cemetery/crematory official or representative of facility receiving donated remains. The cemetery/crematory official is responsible for completion of the following in Section D:

- ▶ Signature and complete address of the cemetery/crematory official certifying that the burial or cremation has been completed by the method(s) authorized by this Disposition/Transit Permit.
- ▶ Date of disposition

If there is no cemetery official, contact the Division of Vital Records at 800-842-6040, Options 6 – 3 – 2. Upon completion of disposition, cemetery/crematory official or representative of other facility distributes copies as follows:

- (1) Cemetery, crematory or facility receiving donated remains retains a copy for their files.
- (2) Submit within ten days to the local registrar in the district where cemetery, crematory or other facility is located. Contact the Division of Vital Records at 800842-6040, Options 6 – 3 – 2, for the name and address of appropriate local registrar in district where disposition occurred. If place of disposition is not located in Pennsylvania, copy 2 should not be returned to the local registrar and should be filed in accordance with respective state's policies.

# *Other Topics*





# Amendments

Schroder Funeral Home and Crematory Welcome back: schroderfd [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Forms](#) [Help](#)

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

**Amendments Menu**

- Amendment
- Processing History

**Death Registration Menu**

- Personal Information
  - Decedent
  - Resident Address
  - Family Members
  - Informant
  - Disposition
  - Decedent Attributes
- Medical Certification
  - Pronouncement
  - Place of Death
  - Cause of Death
  - Other Factors
  - Certifier
- Registrar
  - Amendment List
- Other Links
  - Amendments
  - Assign Status
  - Comments
  - Print Forms
  - Switch User

**2130 :Robert Kline Jul-29-2016**  
/Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/ICD Coding Required/Birth Death Linkage Required Over 1 Year

**Amendment Page**

Type:  Amendment Date:

Year:  Amendment Number:

Order Number:  Description:

Amendment Status:

Page to Amend:

Item In Error	Item as it Appears	Item as it Should be
Decedent-Middle Name		Brad

**Decedent**

Decedent's Legal Name

First:  Middle:  Other Middle:  Last:  Suffix:

Aliases

Add/Edit Alias Names

Gender:  Social Security Number:   None  Unknown

Date of Birth:  Age:   Under 1 Year  Under 1 Day

Decedent's Birth City or Town:  SSN Verification Status: UNVERIFIED (0)

Ever in US Armed:

**Error Message**

DR\_0093: Record cannot be submitted for registration without SSN verification attempt. Please verify SSN.

# Amendments

From	Message Text	Date Sent	<input type="checkbox"/>
Rick Schroder	The amendment submitted for: 2130 : Robert Kline, Event Date: Jul-29-2016 has been Approved.	8/1/2016 9:36:16 AM	<input type="checkbox"/>

**2130 :Robert Brad Kline Jul-29-2016** **Amendment Exists**  
/Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/ICD Coding Required/Birth Death Linkage Required Over 1 Year

**Amendment Page**

Type	Personal	Amendment Date	Aug-01-2016
Year	2016	Amendment Number	1022
Order Number		Description	Adding middle name to the record
Amendment Status	Complete		

Item In Error	Item as it Appears	Item as it Should be
Decedent-Middle Name		Brad

# Registration Work Queues

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

**Search by**  
Queue: Personal Pending - Death  
Signature Required - Death

Search Type:  Value:

Display  rows per page. Filter:

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

All	Case Id	File Number	Registrant	Date of Event ↑	Data Provider
<input type="checkbox"/>	2137		Schmidt, Ken	Aug-01-2016	Schroder Funeral Home and Crematory

Total records : 1

Actions Add Print  
Abandon Case Comments

[Request Medical Certification](#)

# Amendment Work Queues

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

**Search by Amendment Work Queue**

Queue: Keyed  Search Type:  Value:

Display  rows per page. Filter:

All	Amendment Number	Amendment Type	Date Received	Priority	Event Type	Registrant	File Number	Date of Event
<input type="checkbox"/>	1024	Personal	08/01/2016		Death	Kline, Robert Brad	300202-2016	07/29/2016

Total records : 1

Actions Add Comments Print

# Abandoning a Record

Other Links

- Assign Status
- Comments
- Print Forms
- Refer to Medical Examiner
- Relinquish Case
- Request Medical Certification
- Transfer Case
- Switch User

Under 1 Year Under 1 Day

### Assign Special Status

Special Status

New Special Status Close

Validate Page Next Clear Save Return

Other Links

- Assign Status
- Comments
- Print Forms
- Refer to Medical Examiner
- Relinquish Case
- Request Medical Certification
- Transfer Case
- Switch User

Under 1 Year Under 1 Day

### Assign Special Status

Special Status

Status	Reason	Dated
Abandoned	Duplicate Record	

Save Cancel

New Special Status Close

# Abandoning a Record

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

## Death Registration Menu

### Personal Information

#### Decedent

Resident Address

Family Members

Informant

Disposition

Decedent Attributes

### Medical Certification

Pronouncement

Place of Death

Cause of Death

Other Factors

Injury

Certifier

### Other Links

Assign Status

Comments

Print Forms

Refer to Medical Examiner

Request Medical Certification

Transfer Case

Switch User

2129 : Thomas Kline Jul-26-2016

/Personal Invalid/Medical Invalid/Abandoned/Unsigned/Uncertified/NA

### Decedent

Will Coroner/Medical Examiner be responsible for final disposition?

### Decedent's Legal Name

First: Thomas Middle: Other Middle: Last: Kline Suffix:

### Aliases

Add/Edit Alias Names

Gender:  Social Security Number:   None  Unknown

Date of Birth:  Age:  Under 1 Year:  Under 1 Day:  Hours:  Minutes:  SSN Verification Status: UNVERIFIED (0)

### Decedent's Birth Place

City or Town:  County:  State:  Country:

Ever in US Armed Forces?

# Relinquish Case

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

**Death Registration Menu** **2139 : Tim Smith Aug-01-2016**  
/New Event/New Event/Not Registered/Unsigned/Uncertified/NA

**Personal Information**

**Decedent**

Resident Address  
Family Members  
Informant  
Disposition  
Decedent Attributes

**Medical Certification**

Pronouncement  
Place of Death  
Cause of Death  
Other Factors  
Injury  
Certifier

**Other Links**

Assign Status  
Comments  
Print Forms  
Refer to Medical Examiner  
**Relinquish Case**  
Request Medical Certification  
Transfer Case  
Switch User

**Decedent**

Will Coroner/Medical Examiner be responsible for final disposition?

**Decedent's Legal Name**

First  Middle  Other Middle  Last  Suffix

**Relinquish Case**

**Relinquish Case**

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

United States

Ever in US Armed Forces?

# Request Medical Certification

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

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**Death Registration Menu** **2139 : Tim Smith Aug-01-2016**  
[/New Event/New Event/Not Registered/Unsigned/Uncertified/NA](#)

**Personal Information**

- Decedent
- Resident Address
- Family Members
- Informant
- Disposition
- Decedent Attributes

**Medical Certification**

- Pronouncement
- Place of Death
- Cause of Death
- Other Factors
- Injury
- Certifier

**Other Links**

- Assign Status
- Comments
- Print Forms
- Refer to Medical Examiner
- Relinquish Case
- Request Medical Certification**
- Transfer Case
- Switch User

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**Request Medical Certification**

**Certifier Information**

Certifier Name:   

Facility/Office Name:   

First Name: Rick  
Middle  
Last Schroder  
Office: Holy Spirit

Message    


# Funeral Home User Guide

Schroder Funeral Home and Crematory

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**Fast Links**

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

**Help**

- Biometric Setup Files
- Biometric Tester
- Funeral Home User Guide**
- Show Tooltips