# pennsylvania
DEPARTMENT OF HEALTH

Creating A New Death Case: Medical Information
## (Coroner/Medical Examiner)

Note: To avoid duplication of cases, before you create a new case you must perform a **Death Start/Edit New Case** search to determine if the case was already started by another party.

1 Click the **Death Start/Edit New Case** link on your Home page to search for existing cases that match the one on which you are working.
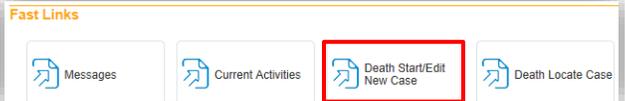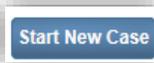
Note: The **Death Locate Case** search is only used to locate cases you have already started.

2 Enter the required data and click the **Search** button.
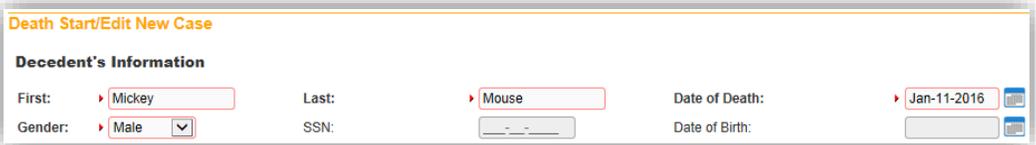
3 If you find a matching case, click the **Decedent's Name** link to open the case.

If you cannot not find any matching cases click the **Start New Case** button.

Note: If you know the case was started but cannot find it, ask exactly how this data was entered and search again.

4 Click the **Pronouncement** link on the *Medical Certification* section of the Death Registration Menu.
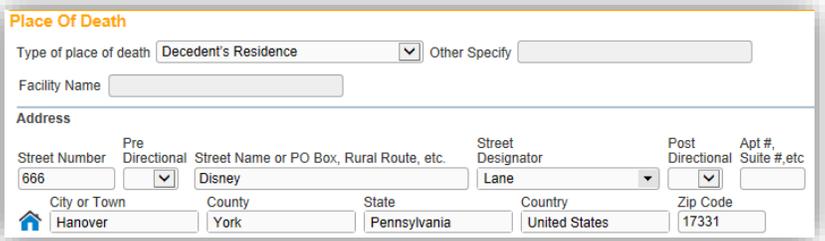
5 Pronouncement screen:
- Enter the required data (**Date** and **Time of Death** fields)
- Enter the pronouncer data, if appropriate (Optional)
- Click the **Next** button
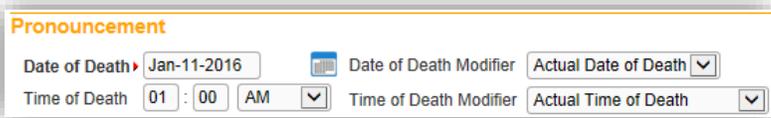
IMPORTANT: If the Pronouncer and Certifier are the same person, you must use the **Lookup** search (🔍) to locate/select the Pronouncer. Manually entering data in these fields will generate an error during the certification process.

6 Place of Death screen:
- Select the **Type of place of death**
- Confirm or enter address data
- Click the **Next** button

Commonwealth of PA-Department of Health
Bureau of Health Statistics and Registries

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Version 2.3

7 Cause of Death screen:
- Enter the required data
- Click the **Next** button

Cause of Death

		Approximate Interval Onset to Death
PART I Line a	Tripped over his own two feet	Minutes
	Immediate Cause (Final disease or condition resulting in death)	
Line b	Marching in a parade at Disney	Hours
	Due to or as a consequence of	

8 Other Factors screen:
- Enter the required data
- Click the **Next** button

Note: You can only select an answer to the pregnancy question when the decedent was a female between the ages of 10 and 65.

Other Factors

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

9 Injury screen:
- Enter the required data, if needed
- Click the **Next** button

Notes:
- If the cause of death is Natural, the Injury screen does not display.
- If the cause of death is anything other than Natural, the information on this screen may be entered at any time but is not required until the final cause of death is entered.
- If the **Date of Injury** is unknown, enter **99/99/9999**.
- If the **Time of Injury** is unknown, enter **99** in the **Hour** field and **99** in the **Minute** field. The **AM/PM/Military Time** indicator automatically defaults to **Unknown**.

Injury

ME Case Number 9999

Date of Injury Apr-01-2016   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.
	City or Town	County	State	Country	Zip Code
🏠			Pennsylvania	United States	

Describe how injury occurred
If transportation injury Specify   Other Specify

10 Certifier screen:
- Enter the required data
- Click the **Save** button

IMPORTANT: You must use the **Lookup** search (🔍) to locate/select the certifier. Manually entering data in these fields will generate an error that prevents the certifier from certifying the case.

Note: Do not enter a date in the **Date Signed** field. This information will automatically be generated when the case is certified.

Certifier

Certifier Type Medical Examiner/Coroner   ☐ Copy Pronouncer to Certifier

Certifier Name 🔍

License Number

First	Middle	Last	Suffix
Debbie		Smith	
Title	Other Specify		
ME/Coroner			

Certifier Address

☐ Edit Certifier Address

Street Number	Pre Directional	Street Name, Rural Route, etc.	Street Designator	Post Directional	Apt #, Suite #,etc.
1271	S	28th	Street		
City or Town	State	Country		Zip Code	
Harrisburg	Pennsylvania	United States		17111	

Date Signed

11 Click the **Validate Page** button to validate all of the data entered.

Validate Page

12 If needed, correct or override validation errors and re-validate.

Validation Results		List All Errors	Save Overrides	Hide
Error Message		**Override**	**Goto Field**	**Popup**
DR_5029: Place of Death ZIP code cannot be left blank. Enter a valid ZIP code for the Place of Death.		☑	fix 🔍	fix 🔍