
DAVE™
One Integrated System for All
Your Vital Record Business Needs



Database Application for Vital Events
A LexisNexis® Product

LexisNexis VitalChek Network, Inc.
6 Creekside Crossing
Six Cadillac Drive
Brentwood, TN 37027

Maine
Death Module
Medical Facility User
Training Exercises

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Section 1: General DAVE™ Navigation

Exercise 1.1 – Logging Into DAVE™

Skill Learned: How to log into the DAVE™ application.

1. Double click the **DAVE™** icon on your desktop or select **DAVE™** from the Favorites Bookmark) from within your web-browser.
2. Enter your **User Name** and **Password**.
3. Click the **Login** button.



Maine
Department of Health and Human Services

Username: Password:

Version #: 18.2.7.57215

[Forgot your password?](#)

Login

4. If your **User Name** is associated with more than one office, then you must also make a selection from the office list.



Maine
Department of Health and Human Services

Select your Office:

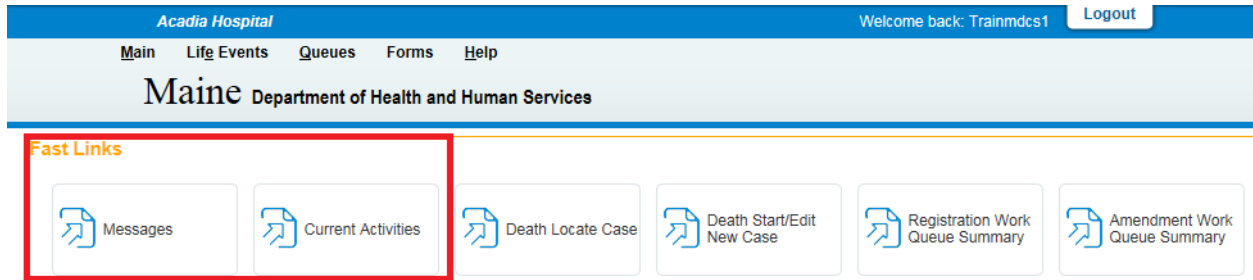
- Alfond Center for Health
- Maine Medical Center
- Northern Light Acadia Hospital

Version #: 18.2.7.57215

Cancel

Select the appropriate office.

5. You should now be logged into the **DAVE™** application **Home** page with the **Current Activities** and **Messages** Fast Links displayed.



Exercise 1.2 – Messages

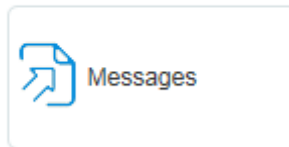
Skill Learned: Basic Navigation within the **Messages** window.

The **Messages** Fast Link is one of two Fast Links that displays upon logging into **DAVE™**.

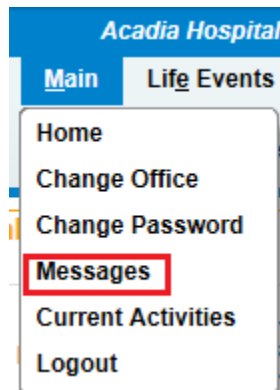
Retrieve Messages

1. Select the **Messages** fast link to open the **Messages** window. Some **Messages** are text messages sent from one system user to another, while others are automatically system generated during the registration process.

Fast Links



Note: Messages can also be accessed from the **Main** menu on the **Home** page.



The **Messages** window is a grid that displays all the messages that have been sent to the user or current office (the office selected at login.) To read a message, click the blue hyperlink in the **From** column. The **Message Text** column displays all or a portion of the message that was sent, depending on message length. **Date Sent** displays the date and time the message was sent. Notice that the **Remove from List** button is initially grayed out or disabled.

2. Click any of the blue hyperlinks in the **From** column of the **Messages** window to read that specific message.

Messages

Send Message Remove from List

From	Message Text	Date Sent	<input type="checkbox"/>
Cecile Sprout	Case 37837 - Approved Martin Mann	9/9/2013 8:38:23 AM	<input type="checkbox"/>

Total records : 1

3. The **Message** window is a popup that appears on top of the **DAVE™** page. After reading the message, click the **Close** button.

Message

Message

From: Cecile Sprout
 Sender Office: Office of Vital Records
 Subject: Registration Registered
 Date Sent: Monday, September 09, 2013
 Message Text: Case 37837 - Approved Martin Mann

Close

4. Place a checkmark in the checkbox next to the **Date Sent** column header.

Messages

Send Message Remove from List

From	Message Text	Date Sent	<input checked="" type="checkbox"/>
Cecile Sprout	The amendment submitted for: 54415 ; David Drake, Event Date: Aug-21-2014 has been Approved.	8/21/2014 12:31:35 PM	<input checked="" type="checkbox"/>
Cecile Sprout	An Amendment has been submitted for approval for: Case Id: 54415 ; David Drake, Date of Death: Aug-21-2014.	8/21/2014 12:31:09 PM	<input checked="" type="checkbox"/>

- Notice that the **Remove from List** button is now active. Clicking the **Remove from List** button with the **Date Sent** checkbox selected will delete all selected messages from the list.

Note: Deleted messages cannot be restored. Do not delete messages unless you are sure that you will not need them.

- Remove the checkmark from the checkbox next to the **Date Sent** column header and place a checkmark in any of the boxes next to a single message.
- Click the **Remove from List** button to remove a single message from the list.

Messages

Send Message Remove from List

From	Message Text	Date Sent	<input type="checkbox"/>
Cecile Sprout	Case 37837 - Approved Martin Mann	9/9/2013 8:38:23 AM	<input checked="" type="checkbox"/>

Total records : 1

Create Messages

- To create a message click on the **Send Messages** button.

Messages

Send Message Remove from List

From	Message Text	Date Sent	<input type="checkbox"/>
Mike Lee Examiner	Case Id: 317360 - Bryan Berry, Date of Death:May-09-2017 has been reviewed. This referral action for this case was: Accept Referral.	5/9/2017 1:13:21 PM	<input type="checkbox"/>

- The **Send Message** box will open. Click the **Recipients** link to open the **Choose Recipient** box.

Send Message

Recipients: Remove Recipient

Send By: Notify

Subject:

Messages

Choose Recipients

Search

Type of Search Person

Name First: Last: Search

No data found.

Add

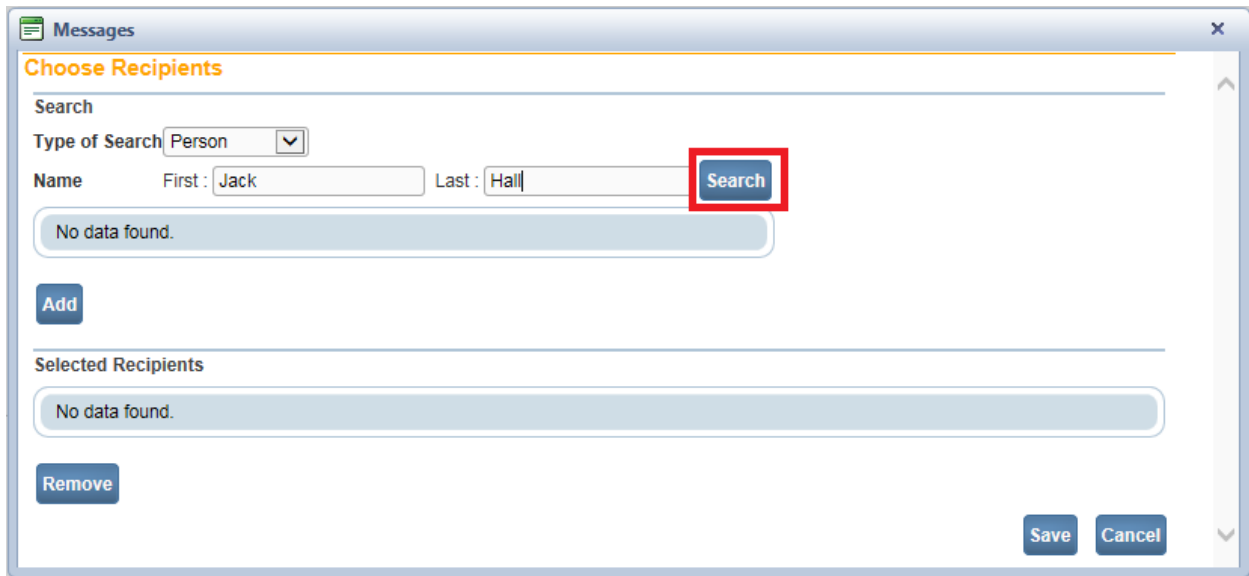
Selected Recipients

No data found.

Remove

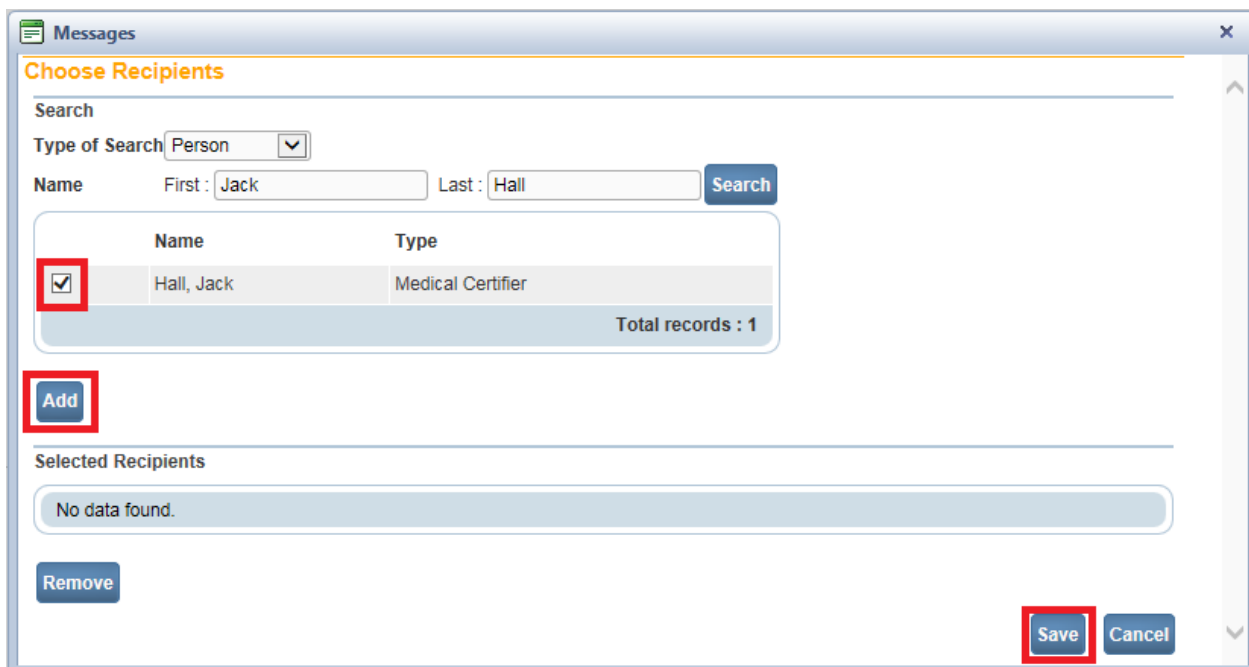
Save Cancel

3. In the **Choose Recipients** box, the Type of Search defaults to 'Person'. A search can also be made on an 'Organization'.
4. Type in the first and last name of the person you wish to send a message to. Select the **Search** button.



The screenshot shows a 'Messages' dialog box with a 'Choose Recipients' section. The search criteria are set to 'Person', with 'Jack' in the first name field and 'Hall' in the last name field. The 'Search' button is highlighted with a red box. Below the search fields, there is a 'No data found.' message. There are 'Add' and 'Remove' buttons, and 'Save' and 'Cancel' buttons at the bottom right.

5. Place a checkmark in the checkbox next to the name of the person you wish to send a message to.



The screenshot shows the same 'Messages' dialog box, but now with search results. The search criteria are 'Person', 'Jack', and 'Hall'. The search results table shows one record: 'Hall, Jack' with type 'Medical Certifier'. The checkbox next to the name is checked and highlighted with a red box. The 'Add' button is also highlighted with a red box. The 'Save' button at the bottom right is also highlighted with a red box. Below the search fields, there is a 'No data found.' message. There are 'Add' and 'Remove' buttons, and 'Save' and 'Cancel' buttons at the bottom right.

- Click the **Add** button.
- Click the **Save** button. The name will appear near the **Recipients** link.

Send Message

Recipients:

Name	Type
<input type="checkbox"/> Hall, Jack	Medical Certifier

Remove Recipient

Send By: Notify

Subject:

- To remove a Recipient, place a checkmark in the checkbox next to the name in the **Selected Recipients** section and click on the **Remove Recipient** button. Click the **Save** button.

Messages

Choose Recipients

Search

Type of Search Person

Name First: Last: **Search**

Name	Type
<input checked="" type="checkbox"/> Hall, Jack	Medical Certifier

Total records : 1

Add

Selected Recipients

Name	Type
<input type="checkbox"/> Hall, Jack	Medical Certifier

Total records : 1

Remove

Save **Cancel**

- You will be returned to the **Send Message** screen. Next, select the **Send By** dropdown. Select one of the three available methods you wish this message to be received: Email and Notification, Email, or Notify.

Send Message

Recipients:

Name	Type
<input type="checkbox"/> Hall, Jack	Medical Certifier

[Remove Recipient](#)

⇒ Send By: Email and Notification
Email
Notify

Subject:

If Email and Notification is selected, both an Email and an internal Message will be sent to the recipient.

If "Email" is selected, only an Email will be sent to the recipient.

If "Notify" is selected, only an internal Message will be sent to the recipient.

[Send](#) [Cancel](#)

10. Next, type in a subject.

Send Message

Recipients:

Name	Type
<input type="checkbox"/> Hall, Jack	Medical Certifier

[Remove Recipient](#)

Send By: Email and Notification ▼

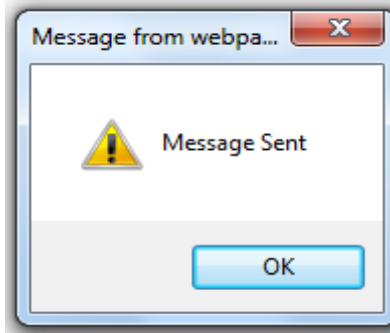
⇒ Subject:

Please review this case. Thank you.

[Send](#) [Cancel](#)

11. Type in your message. Please remember to sign your name on the message.

12. Click the **Send** button. A popup will appear to confirm the message was sent.

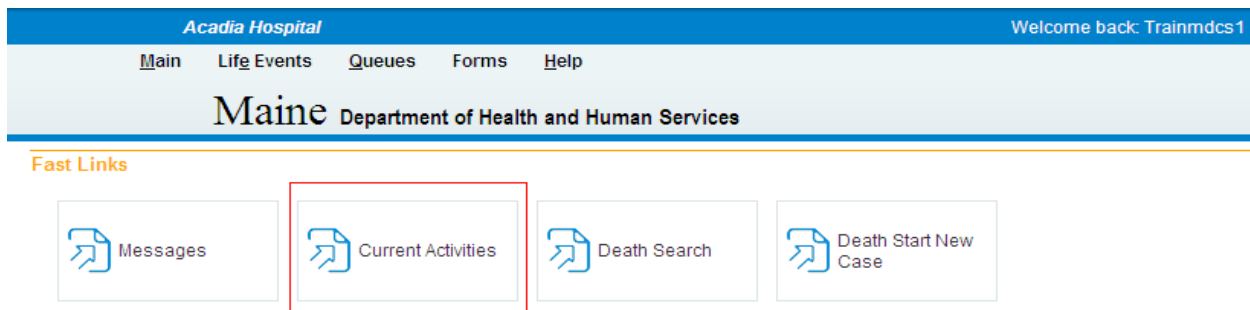


Exercise 1.3 – Current Activities

Skill Learned: Basic navigation within the **Current Activities** pane.

The **Current Activities** is another Fast Link that displays upon logging into **DAVE™**.

1. Select the **Current Activities** Fast Link to open the **Current Activities** window.



The **Current Activities** window displays a listing of the **Queues** that contain records requiring immediate attention. In the example below, there is 1 record in the [Certification Required](#) queue needing attention. This record is 21 days old.

2. Click the [Certification Required](#) link (or other **Queue Name** link) to open the **Search by Registration Work Queue** page allowing access to the record(s) in the queue.

Current Activities

Queue Name	Type ↓	Count	Age of Oldest in Days
Certification Required	Death	1	21
			Total Queues : 1

3. Review the various fields on the **Search by Registration Work Queue**. We will look at how to access and edit records in the **DAVE™** application elsewhere in these exercises.

Search by Registration Work Queue

Queue: Search Type: Value:
Display: rows per page. Filter:

All	Case Id	File Number	Registrant	Date of Event ↑	Data Provider
<input type="checkbox"/>	38045		Thimble, Paul	Oct-09-2013	
					Total records : 1

- Actions Add Print
- Register Event
 - Abandon Case
 - [Certify Registration](#)
 - Comments

- Click the **Return** button to close this page and return to the **Home** page.

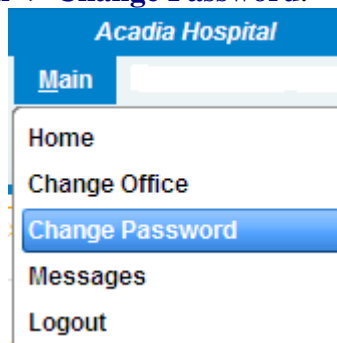
Exercise 1.4 – Change/Forgot Password

Skill Learned: How to change your **DAVE™** system password.

The Application Support Specialist will provide new enrollees with a password that will enable the user to log into **DAVE™**. This is a temporary password that must be changed when logging in for the first time.

Change your password:

- From the **Home** page, select **Main -> Change Password**.



- Enter your old or temporary password into the **Old Password** text entry box.
- Enter your new password into the **New Password** text entry box. Passwords must be at least 8 characters in length and should be a combination of letters, numbers, uppercase and lowercase characters.

Change Password

Time left before your password expires: 39 Days, 9 Hours, 39 Minutes

Old Password:

New Password:

Confirm Password:

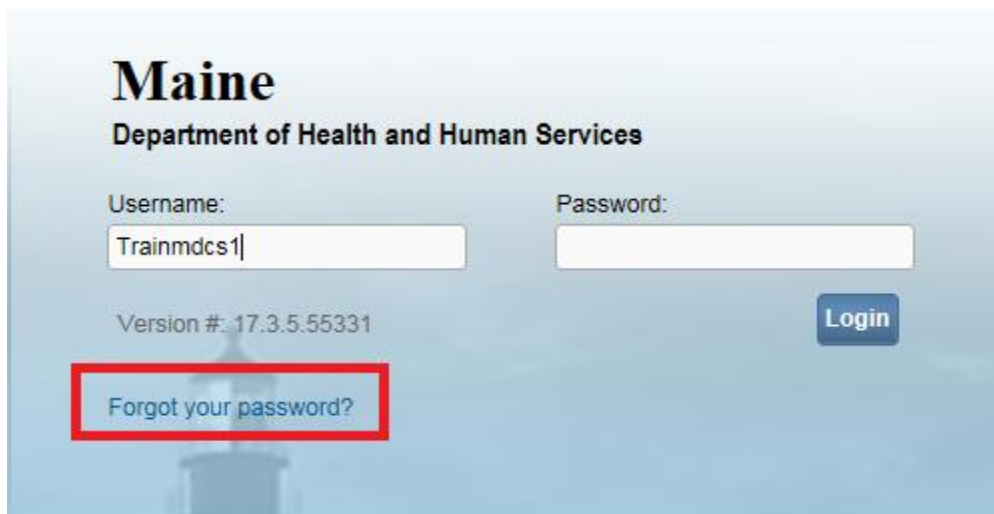
Security Question:

Security Answer:

4. Re-enter the new password in the **Confirm Password** text entry box. Note: you must enter the exact same password both times.
5. Answer the **Security Question** and **Security Answer**.
6. Click the **Save** button.

Forgot your Password

1. At the Login screen, type in your **Username**.
2. Click the [Forgot your password?](#) link.



3. Type in your username and code from the image as shown below.

Request New Password

To reset your password, enter your Username and the characters in the picture below.

Username:



Type the code from the image

4. Select the **Next** button.
5. At “Please answer your security question below”, type in the answer to the security question you completed earlier in Step 5 above of the “Change Your Password” section.

Request New Password

Please answer your security question below.

What is your favorite color?

6. Select the **Next** button.
7. A message will appear stating a temporary password has been sent to your email address.

Request New Password

Password Request Successful. A temporary password has been sent to your email address.

8. Select **Continue**.
9. The Login screen will appear.
10. Retrieve the automated email message with the temporary password.

From: DAVE-no-reply@smtp.state.me.us
To:
Cc:
Subject: Maine Center for Disease Control and Prevention User Access Information

Med Exams

EDRS/EBRS User, you have been assigned the following DAVE system generated password **^WTU8GDa\$N._D=**

Copy and Paste the temporary password to the login screen.

11. Copy and paste (or type in) the temporary password onto the login screen.

Maine
Department of Health and Human Services

Username:

Version #: 17.3.5.55331

Forgot your password?

Password:

Login

Exercise 1.5 – Logging out of DAVE™

Skill Learned: How to Log out of the **DAVE™** application.

1. Locate and select the **Logout** button in the upper right corner of the **DAVE™** page.

Acadia Hospital

Welcome back: Trainmdcs1 Logout

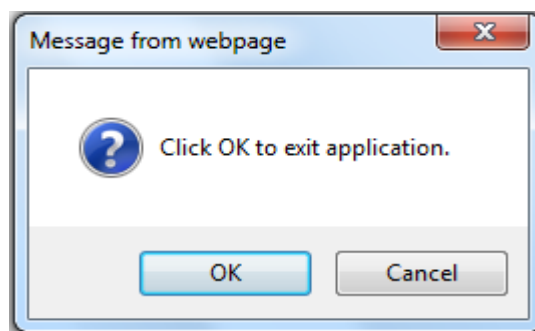
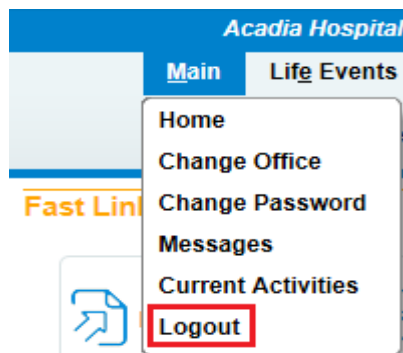
Main Life Events Queues Forms Help

Maine Department of Health and Human Services

The Login screen will appear.



Or, another way to logout of **DAVE™** is to select the **Logout** link from the **Home Page>Main** menu. **DAVE™** will prompt the user to confirm if the user wants to exit the application. Click **OK** to log out of **DAVE™** or **Cancel** to remain in the application.



Section 2: Page Controls and Features

Exercise 2.1 – Dropdown Lists

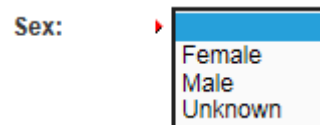
Skill Learned: How to navigate through **DAVE™** using the various fields and icons.

Dropdown lists provide you with a pre-defined list of choices. This eliminates the need to manually type in data, prevents inappropriate data from being entered, and prevents spelling errors.

1. One of the first dropdown lists you are likely to encounter is the **Sex** dropdown list on the main **Start/Edit New Case** page. To view all options in the list, click the down-arrow on the right side of the field.



2. Notice that clicking the down arrow will reveal the list of options that can be selected from to populate the field. Some dropdown lists will have more selectable options than can be displayed on one page. In those cases, a scroll bar will appear on the left side of the list.

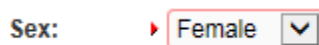
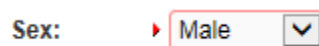
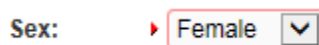


3. It is possible to select an option from the list without actually dropping the list down. If you already know the option you want to select, just tab to the dropdown field, and type the first letter of the name of the option.



Note: If more than one word in the list starts with the same letter, typing that letter again will scroll through the list for you.

4. Once the list is highlighted, it is possible to navigate up and down through the list using the directional arrow keys on your keyboard.



With the list highlighted and “Female” selected, press the down-arrow button on the keyboard.






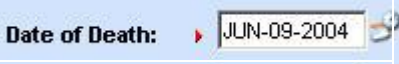


Pressing the down-arrow with “Female” highlighted scrolls down the list to “Male”. Now press the up-arrow button.

Pressing the up-arrow with “Male” highlighted scrolls back up the list to “Female”.

Exercise 2.2 – Standard Date Format

Skill Learned: How to properly enter dates into the **DAVE™** system. While processing death registrations, you will frequently be inputting dates. **DAVE™** allows you much flexibility in using several different date formats.

1. Practice entering dates using the various allowable formats shown below. Note the date format displayed is always the same regardless of the format entered.

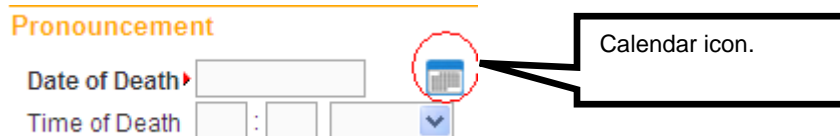
	If user enters:	System will display:
MM-DD-YYYY:		
MM/DD/YYYY:		
MMDDYYYY:		
MONDDYYYY:		

Note: In all cases a 2 digit must be entered for the Month and Day, and 4 digits for Year. The only exception is the MonDDYYYY format that allows the entry of a 3-letter abbreviation for the Month. The MonDDYYYY format also supports Mon/DD/YYYY and Mon-DD-YYYY formats.

Exercise 2.3 – Using Calendars

Skill Learned: How to use the **Calendar** control to input dates without entering them in manually.

1. In addition to manual date entry, you can also click the **Calendar icon** next to a date entry box to bring up a **Calendar** control.



Pronouncement

Date of Death

Time of Death

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

- Once displayed, there are two drop-down lists within the **Calendar** control; one for selecting the month and the other for selecting the year.

Pronouncement

Date of Death

Time of Death


Su	Mo	Tu	We	Th	Fr	Sa
			3	4	5	6
7			10	11	12	13
14			17	18	19	20
21			24	25	26	27
28	29	30				

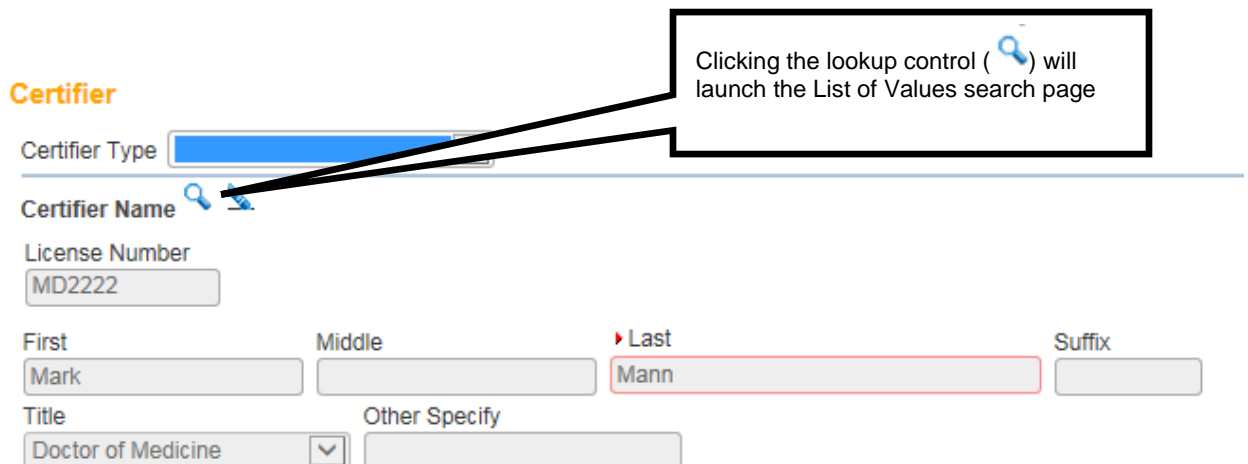
- By default, the current Month, Day, and Year are displayed. Clicking the down arrow next to the month (in this example September) will open the full list. Or, type the first letter of a month can be typed for quick select or the up and down arrows on the keyboard can be used to scroll to the desired selection.
- Selection of any day of any month will populate that date in the corresponding **Date Entry** text box in the MON-DD-YYYY format. For example, using “May” and “2009” in the dropdown lists and clicking on “27” will display the date format.


Date Entry Shortcut: Place the cursor inside a date field and press the F12 button on your computer keyboard. Pressing F12 will automatically populate the date field with the current system date.

Exercise 2.4 – Lookup Controls

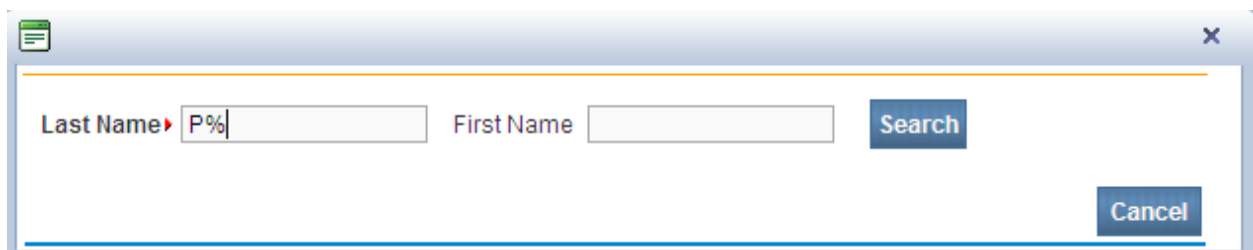
Skill Learned: How to use **Lookup Controls** that launch **Lists of Values** that display a grid of selectable data.

1. On the **Certifier** page shown in the example below, locate the **Lookup** button. The **Lookup** control appears onscreen as a magnifying lens (). Click the **Lookup** control to launch the **Name** search field.



The screenshot shows the 'Certifier' form with the following fields: Certifier Type (text input), Certifier Name (text input with a magnifying glass icon), License Number (text input with 'MD2222'), First (text input with 'Mark'), Middle (text input), Last (text input with 'Mann'), Suffix (text input), Title (dropdown menu with 'Doctor of Medicine'), and Other Specify (text input). A callout box with a black border points to the magnifying glass icon on the Certifier Name field, containing the text: 'Clicking the lookup control () will launch the List of Values search page'.

2. If the exact certifier name is known, enter the first and last name and click the **Search** button. The **Last Name** field also supports Wild Card searches. Entering the letter “P” with a trailing percent sign (%) character and clicking **Search** will return a list of all potentially matching certifiers with last names that begin with the letter “P.” Note that **First Name** is not a required field.



The screenshot shows a search dialog box with the following fields: Last Name (text input with 'P%' and a dropdown arrow), First Name (text input), Search (blue button), and Cancel (blue button).

3. The **List of Values** (LOV) below lists all the physicians’ in the system with the last name beginning with the letter “P”. Click the **Select** link next to any corresponding names to auto-populate the physician’s name and address fields on the **Certifier** page.

☰
✕

Last Name ▶

First Name

Search

License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name	
6440	Page		Lyman	A			select
13114	Painter		David	M			select
838	Painter	Jr	John	W			select
808	Painter	Jr	Stanley	L			select
15247	Pakiam		Anthony	S			select
81369	Palmer		Cynthia	J			select
81818	Palmer		Jens	Kersten			select
15118	Panesar		Gunjan				select
14347	Panesar		Ravinder	S			select
1956	Papura		William	A			select

First
1 2 3 4 5 6 7 8 9 10 ... Last
Total records : 127

Cancel

4. The **Certifier Name and Address** tab is now complete.

Certifier

Certifier Type

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

📅
Was Body Viewed after Death?

Validate Page
Clear
Save
Return



Exercise 2.5 – Clear Data Controls

Skill Learned: In the previous exercise, we saw how to use the **Lookup** control () to quickly locate a provider and enter that provider's data into a record. The **Clear** button (), is used to clear data from a page.

1. Locate and click the **Clear** button.

Certifier

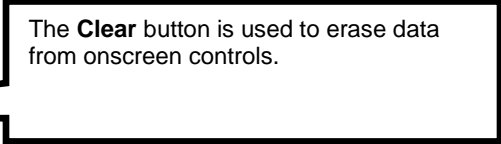
Certifier Type

Certifier Name  

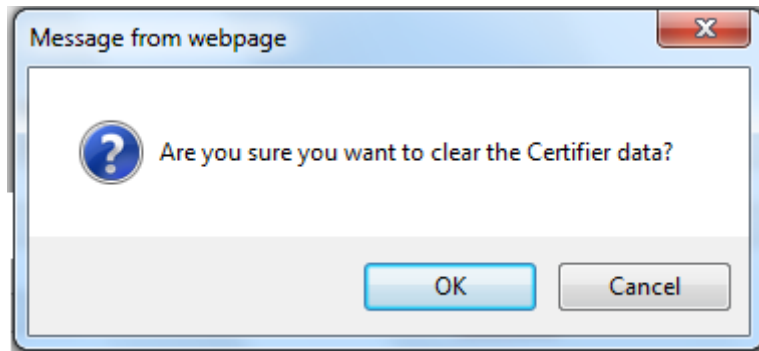
License Number

First Middle Last Suffix

Title Other Specify



2. **DAVE™** displays a warning message. Select **OK** to clear the facility data or **Cancel** to keep the data as displayed.



3. Selecting **OK** above will clear the certifier name and address data.

Exercise 2.6 – Place Lookup

Skill Learned: How to use the Place Lookup.

1. Select the house  icon (Place Lookup) adjacent to City or Town field.

317363 :Phillip Roux May-10-2017

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

Place Of Death

Type of place of death Other Specify

Facility Name

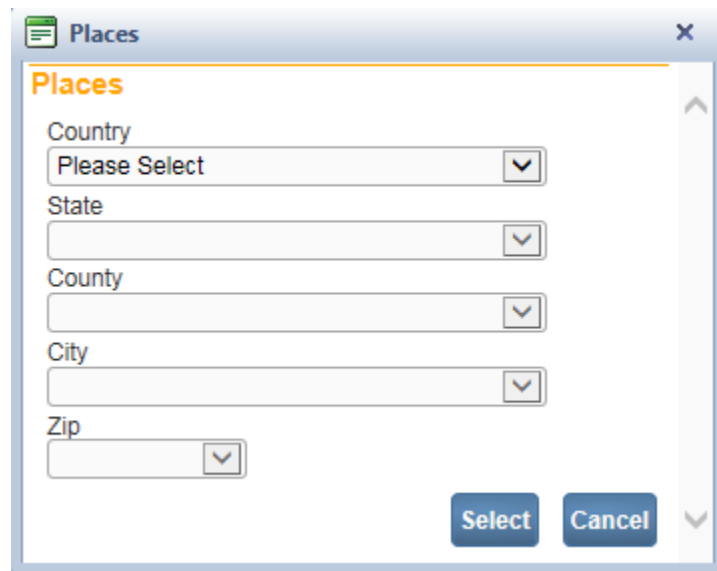
Address

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

 City or Town County State Country Zip Code

Medical Record Number

2. A lookup table with dropdowns for City, County, State, Country and Zip will appear.



The image shows a dialog box titled "Places" with a close button (X) in the top right corner. Inside the dialog, there is a section titled "Places" containing five dropdown menus: "Country" (with "Please Select" as the current selection), "State", "County", "City", and "Zip". At the bottom right of the dialog, there are two buttons: "Select" and "Cancel".

3. Make the appropriate selections from the dropdowns, and click the **Select** button. As each selection is made, the dropdown list below is filtered to include only those places valid for the place selected. For example, if Maine is selected, the county list will include only those counties in Maine.

Places

Country
United States

State
Maine

County
Kennebec

City
Augusta

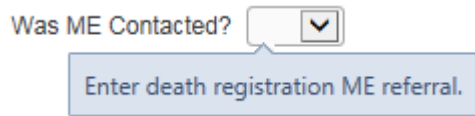
Zip
04330

Select Cancel

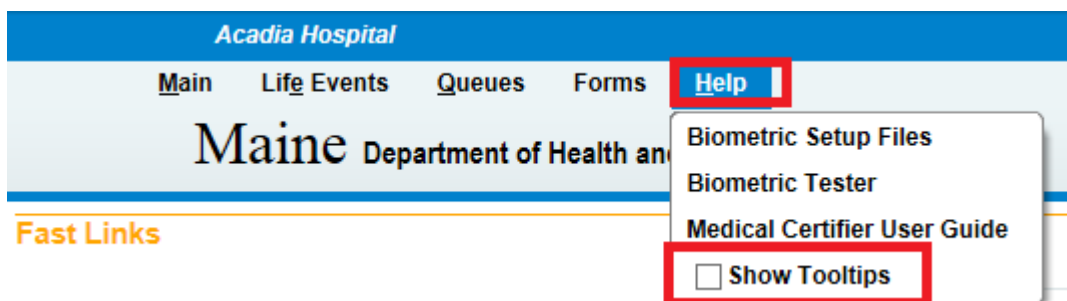
Exercise 2.7 – Tooltip

Skill Learned: How to use **Tooltips**.

When **Tooltips** is turned on, this permits the user to view what is required in a specific field by hovering over the field.



Tooltips can be turned on or off by the user. To turn **Tooltips** on go to the **Home** page and select the **Help** menu and place a checkmark in the **Show Tooltips** checkbox as shown below. To turn **Tooltips** off, remove the checkmark from the checkbox.



Exercise 2.8 – Predictive Text

Skill Learned: What is **Predictive Text**?

DAVE™ can anticipate the word being entered in the registration pages for the City, State and Country fields when only a few letters are typed.

1. In the City or Town field on the Place of Birth page, key in the first 3 letters for the city of ‘Augusta’. **DAVE™** will automatically bring up all the cities that begin with ‘Aug’.

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"/>
City or Town	County	State	Country	Zip Code	
<input type="text" value="Aug"/> <input type="button" value="Home"/> August Augusta Augusta-Richmond County Augustine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Medic

Section 3: Record Validation

Exercise 3.1 – Status Bar

Skill Learned: How to use the **Status Bar** to help you track missing data that can prevent a death record from being properly registered. It is also a valuable tool for tracking the status of a death case.

DAVE™ provides work flow and data quality management through the assignment of statuses. The death registration process consists of several sub-processes that are often completed by different users. In order to track these steps **DAVE™** assigns one or more statuses to the record when an action is performed (e.g., the **Validate Page** button is clicked) or an event occurs (e.g., a validation rule fails).

The initial status assigned to a new electronic death record is **/New Event/New Event/Not Registered/NA/NA/NA**. The goal of all parties in the registration process is to obtain a ‘perfect’ status. A perfect status indicates the highest data quality and completion of all steps in the registration process (e.g. **Personal Valid/Medical Valid/Registered**). Sometimes a death record may contain values which are valid; however, those values cause soft (yellow) edit rule failures (see Exercise 3.2 below for more information on edit rule failures). Therefore, it is also possible to have a registered record with a **Personal Valid with exceptions / Medical Valid with exceptions / Registered** status or any combination of valid and valid with exceptions.

1. The **Status Bar** is viewable from any of the **Death Registration Menu** data entry pages. Simply locate the bar at the top of the page that displays the case number, registrant name, and date of death.

Exercise 3.2 – Record Validation and Error Correction

Skill Learned: How to validate death records and prepare them for registration.

1. Click the **Validate Page** button to validate the registration data entered into the system.

2. When you click the **Validate Page** button, the **Validation Results** frame will list all the errors associated with that page.

Validation Results	List All Errors	Save Overrides	Hide
<p>Error Message</p> <p>DR_6218: The time of death modifier cannot be left blank. Enter the appropriate modifier for the time of death.</p> <p>DR_6221: Time of death cannot be left blank. Enter the exact time of death (hours and minutes) according to local time. One minute after 12 midnight is entered as 12:01 a.m. of the new day. If the exact time of death is unknown, the time should be approximated by the person who pronounces death.</p>	<p>Override</p> <p><input type="checkbox"/></p>	<p>Goto Field</p> <p><input type="button" value="fix"/></p>	<p>Popup</p> <p><input type="button" value="fix"/></p>

3. Initially, the **Validation Results** frame will only display those errors associated with the current registration page. All the errors in the example below are related to the **Pronouncement** page. However, if you then click the **List All Errors** button,

Clicking "List All Errors" will reveal the errors on all pages of the registration.

Validation Results				List All Errors	Save Overrides	Hide
Error Message	Override	Goto Field	Popup			
DR_6218: The time of death modifier cannot be left blank. Enter the appropriate modifier for the time of death.	<input type="checkbox"/>	fix	fix			
DR_6221: Time of death cannot be left blank. Enter the exact time of death (hours and minutes) according to local time. One minute after 12 midnight is entered as 12:01 a.m. of the new day. If the exact time of death is unknown, the time should be approximated by the person who pronounces death.	<input type="checkbox"/>	fix	fix			

the **Validation Result** frame will refresh and display all the errors associated with the current registration.

Validation Results				List Page Errors	Save Overrides	Hide
Error Message	Override	Goto Field	Popup			
DR_2566: Medical Certifier type cannot be left blank. Select the appropriate entry to indicate the medical certifier type.	<input type="checkbox"/>	fix	fix	<p>List All Errors button will change back to List Page Errors button.</p>		
DR_3002: Interval for line a cannot be left blank. Provide the best estimate of the interval between the presumed onset of each condition and death. The terms 'approximately' and 'unknown' may be used. Do not leave the interval blank. If unknown, enter 'unknown.'	<input type="checkbox"/>	fix	fix			
DR_4998: Did Tobacco Use Contribute to Death cannot be left blank. Enter a valid value for Did Tobacco Use Contribute to Death.	<input type="checkbox"/>	fix	fix			
DR_5000: Autopsy Performed cannot be left blank. Enter a valid value for Autopsy Performed. Autopsy Performed must be either 'Yes' or 'No'; it cannot be blank.	<input type="checkbox"/>	fix	fix			
DR_5011: Referred to ME cannot be left blank. Indicate whether this case was referred to an ME/coroner. All non-natural cases must be referred to a Medical Examiner.	<input type="checkbox"/>	fix	fix			
DR_5013: Type of Place of Death cannot be left blank. Enter a valid value for the Type of Place of Death. Select an entry from the dropdown list for the Type of Place of Death.	<input type="checkbox"/>	fix	fix			
DR_6218: The time of death modifier cannot be left blank. Enter the appropriate modifier for the time of death.	<input type="checkbox"/>	fix	fix			
DR_6221: Time of death cannot be left blank. Enter the exact time of death (hours and minutes) according to local time. One minute after 12 midnight is entered as 12:01 a.m. of the new day. If the exact time of death is unknown, the time should be approximated by the person who pronounces death.	<input type="checkbox"/>	fix	fix			

- Notice also that the **List All Errors** button has now become the **List Page Errors** button. Clicking this button again will remove any errors not associated with the current registration page.
- Click the **Hide** button to close the **Validation Results** frame. Re-validate any registration page to view the **Validation Results** frame again.

Validation Results		List Page Errors	Save Overrides	Hide
Error Message			Goto Field	Pop-up
DR_2566: Medical Certifier type Select the appropriate entry to in	<input type="checkbox"/>	fix		
DR_3002: Interval for line a car Provide the best estimate of the interval between the presumed onset of each condition and death. The terms 'approximately' and 'unknown' may be used. Do not leave the interval blank. If unknown , enter 'unknown.'	<input type="checkbox"/>	fix		
DR_4998: Did Tobacco Use Contribute to Death cannot be left blank. Enter a valid value for Did Tobacco Use Contribute to Death.	<input type="checkbox"/>	fix		
DR_5000: Autopsy Performed cannot be left blank. Enter a valid value for Autopsy Performed. Autopsy Performed must be either 'Yes' or 'No'; it cannot be blank.	<input type="checkbox"/>	fix		
DR_5011: Referred to ME cannot be left blank Indicate whether this case was referred to an ME/coroner. All non-natural cases must be referred to a Medical Examiner.	<input type="checkbox"/>	fix		
DR_5013: Type of Place of Death cannot be left blank. Enter a valid value for the Type of Place of Death. Select an entry from the dropdown list for the Type of Place of Death.	<input type="checkbox"/>	fix		
DR_6218: The time of death modifier cannot be left blank. Enter the appropriate modifier for the time of death.	<input type="checkbox"/>	fix		
DR_6221: Time of death cannot be left blank. Enter the exact time of death (hours and minutes) according to local time. One minute after 12 midnight is entered as 12:01 a.m. of the new day. If the exact time of death is unknown, the time should be approximated by the person who pronounces death.	<input type="checkbox"/>	fix		

Click the Hide button to temporarily remove the Validation Results frame. Re-validate any page to view the results frame again.

Error Correction Using the Goto Field Button

- To correct an error, click the **fix** button in the **Goto Field** column of the **Validation Results** page. This will place the cursor or “focus” in the field that needs to be corrected. Use this option if you are on a single registration page with many errors to correct.

Certifier

Certifier Type ...the focus was sent to this control

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

Date Signed Was Body Viewed after Death?

Validate Page Clear Return

Validation Results List All Errors Save Overrides Hide

Error Message Override Goto Field Popup

DR_2566: Medical Certifier type cannot be left blank.
Select the appropriate entry to indicate the medical certifier type.

Note: “Focus” determines which onscreen element is the target of action. If a text box “has the focus”, then anything typed on the keyboard appears in the text box. If a dropdown list “has the focus”, the down-arrow will open the list and the up-arrow will close the list.

Error Correction Using the Popup Icon

7. Another method of correcting errors is to click the icon in the **Popup** column

Validate Page Clear Save

Validation Results List All Errors Save Overrides

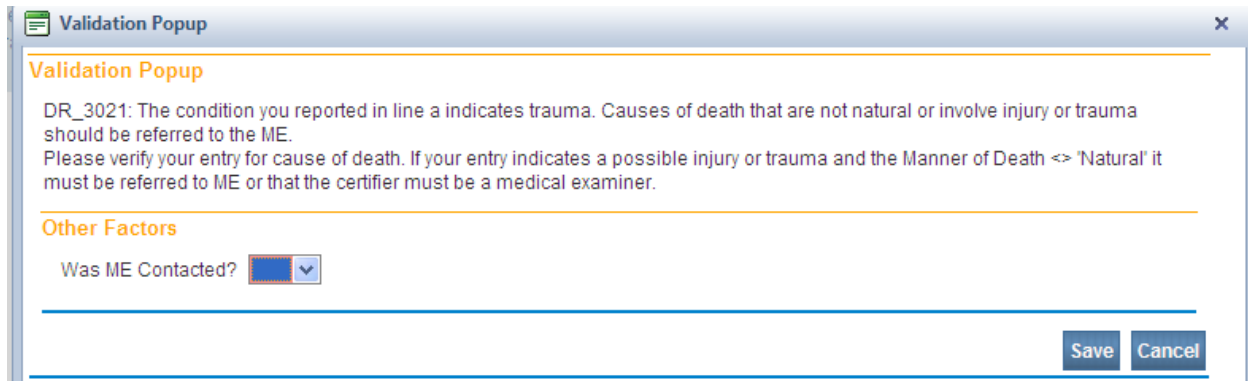
Error Message Override Goto Field Popup

DR_2566: Medical Certifier type cannot be left blank.
Select the appropriate entry to indicate the medical certifier type.

...or, click the “fix” icon under Popup

to launch a popup window containing the error or errors to be corrected. This functionality is useful when an error is caused by conflicting entries across multiple registration pages. Rather than searching across many pages trying to determine which field contains the error. **Popup** presents all of the conflicting fields in one window.

In the example above, a conflict between two separate fields generated error number **DR_3021**. Correcting either of the entries below may correct the issue; however, more than one correction may be needed in some cases.

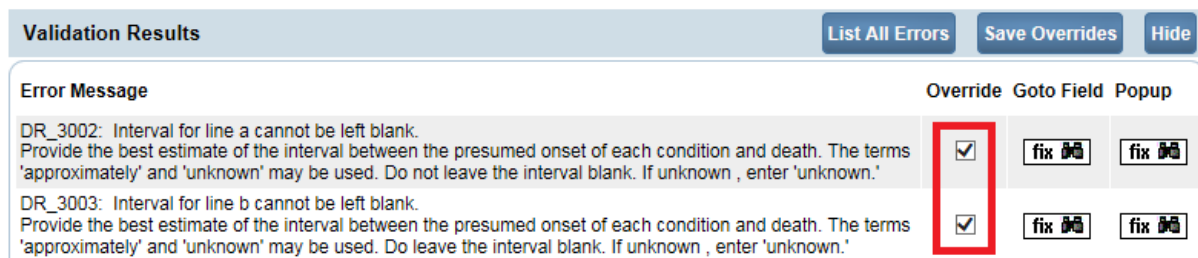


The image shows a 'Validation Popup' window. The title bar says 'Validation Popup'. The main content area has a heading 'Validation Popup' and a message: 'DR_3021: The condition you reported in line a indicates trauma. Causes of death that are not natural or involve injury or trauma should be referred to the ME. Please verify your entry for cause of death. If your entry indicates a possible injury or trauma and the Manner of Death <-> 'Natural' it must be referred to ME or that the certifier must be a medical examiner.' Below this is a section titled 'Other Factors' with a label 'Was ME Contacted?' and a dropdown menu. At the bottom right are 'Save' and 'Cancel' buttons.

8. Correct the error and click the **Save** button to submit your changes. The popup will close and your changes will appear on the registration page. Click the **Close** button to close the popup without making any changes.

Overridable Errors

In certain instances, a record may still be registered, even if it contains types of errors. For those soft edit errors, a checkbox will be provided in the **Override** column.



The image shows a 'Validation Results' table. At the top right are buttons for 'List All Errors', 'Save Overrides', and 'Hide'. The table has columns for 'Error Message', 'Override', 'Goto Field', and 'Popup'. Two error messages are listed: 'DR_3002: Interval for line a cannot be left blank. Provide the best estimate of the interval between the presumed onset of each condition and death. The terms 'approximately' and 'unknown' may be used. Do not leave the interval blank. If unknown, enter 'unknown.' and 'DR_3003: Interval for line b cannot be left blank. Provide the best estimate of the interval between the presumed onset of each condition and death. The terms 'approximately' and 'unknown' may be used. Do not leave the interval blank. If unknown, enter 'unknown.''. Both 'Override' checkboxes are checked and highlighted with a red box. Each row has 'fix' buttons with a magnifying glass icon.

9. Place a checkmark (☑) in the **Override** box next to the error to be overridden and click the **Save Overrides** button. This allows you to process a death record even if some errors are present.

Note: After clicking Save Overrides, re-validate the page by selecting the Validate Page button.

Note: If a checkmark is placed in the Override checkbox, and later the error is fixed, take the checkmark out of the checkbox, and select the Save Override button again. This will remove the error from the Validation Results page, and remove the hard edit (highlighted in red).

In the example below the data was corrected, therefore the checkmarks were removed and the Save Overrides button was selected.

Now that data was keyed in to fix the error messages, de-select the checkmarks in the Override checkboxes and select the **Save Overrides** button to remove the errors

Death Registration Menu

- Personal Information
- Decedent
- Medical Certification
- Pronouncement
- Place of Death
- Cause of Death**
- Other Factors
- Certifier
- Other Links
- Attachments
- Comments
- Print Forms
- Refer to Medical Examiner
- Relinquish Case
- Request Non Affiliated Certification
- Transfer Case
- Validate Registration
- Switch User

317352 :Wendy Denver May-05-2017
 /Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/Not Required

Cause of Death

NCHS Recommendations for Entry of Cause of Death
 Enter the chain of events- diseases, injuries, or complications- that directed to the death, such as respiratory arrest or ventricular fibrillation without showing the etiology of the one cause on a line. Add additional lines if necessary.
 Sequentially list conditions, if any, leading to the cause listed on line a. Exclude events resulting in death) LAST.

Cause of Death	Approximate Interval Onset to Death
Line a: Acute Myocardial infarction	2 days
Line b: Arteriosclerotic heart disease	10 years
Line c:	
Line d:	

PART II
 Other significant conditions

Buttons: Validate Page, Next, Clear, Save, Return

Validation Results | List All Errors | **Save Overrides** | Hide

Error Message	Override	Goto Field	Popup
DR_3002: Interval for line a cannot be left blank. Provide the best estimate of the interval between the presumed onset of each condition and death. The terms 'approximately' and 'unknown' may be used. Do not leave the interval blank. If unknown, enter 'unknown.'	<input type="checkbox"/>	fix	fix
DR_3003: Interval for line b cannot be left blank. Provide the best estimate of the interval between the presumed onset of each condition and death. The terms 'approximately' and 'unknown' may be used. Do not leave the interval blank. If unknown, enter 'unknown.'	<input type="checkbox"/>	fix	fix

Death Registration Menu 317352 :Wendy Denver May-05-2017

Personal Information /Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/FIPS Coding Required/Personal Pending/Medical Pending/ICD Coding Required

Medical Certification

Decedent

Pronouncement

Place of Death

Cause of Death

Other Factors

Certifier

Other Links

Attachments

Comments

Print Forms

Refer to Medical Examiner

Relinquish Case

Request Non Affiliated Certification

Transfer Case

Validate Registration

Switch User

Cause of Death

NCHS Enter arrest event

DO NOT enter terminal events such as cardiac REVIVATE. DO NOT ENTER OLD AGE. Enter only

CAUSE (disease or injury that initiated the

Approximate Interval Onset to Death

Immediate Cause (Final disease or condition resulting in death)

PART I Line a Acute Myocardial infarction

Due to or as a consequence of

Line b Arteriosclerotic heart disease

2 days

10 years

Once the error messages are fixed, and checkmarks removed from the Override column, selecting **Save Overrides** will change the red edit to a green edit.

10. There are two types of errors in **DAVE™**: **Hard** and **Soft**. Hard edits are highlighted on screen in red. Soft edits are highlighted on screen in yellow.

Certifier

Certifier Type

Certifier Name

License Number

First Middle Last Suffix

Title Other Specify

Notice that the **Certifier Type** field is highlighted in red. Registration will not be permitted until this error has been corrected.

The **Approximate Interval Onset to Death** field is highlighted in yellow. Using the **Override** feature described above, this entry can be accepted as submitted and registration permitted.

Cause of Death

Immediate Cause (Final disease or condition resulting in death)

PART I Line a Acute Myocardial Infarction

Due to or as a consequence of

Line b Arteriosclerotic heart disease

Approximate Interval Onset to Death

2 days

10 years

Additionally, notice that certain pages on the various registration menus are marked with a red , yellow or a green .

These symbols serve as indicators as to which pages contain errors and which pages pass validation.





Pages containing no errors are noted by a green checkmark. No further action is necessary.

Pages containing non-overridable errors are noted by a red x. These errors must be corrected.

Pages containing overridable errors are noted by yellow arrows. Correct override as needed.

For example, pages marked with a green checkmark  contain no errors.

Pages marked with a red x  contain hard edit rule failures that must be corrected before registration can be completed.

Pages marked with a yellow dot  contain soft edit rule failures that may be overridden or that have already been overridden.

Note: Anytime the Validate Page button is clicked the system will evaluate all pages and mark them accordingly with red, yellow, or green indicators.

Exercise 3.3 – Duplicate Record Resolution

Skill Learned: How to use the [Potential Duplicates](#) link to resolve duplicate records.

1. When the **Validation** button is activated from any of the **Death Registration Menu** pages, the **DAVE™** system runs a search for potential duplicate records. This is done to prevent the creation of duplicate death registrations.

Decedent

Decedent's Legal Name

Prefix	First	Middle	Other Middle	Last	Suffix
	John			Peabody	

Aliases

Add/Edit Alias Names

Gender: Male (dropdown) | Social Security Number: [] | None Unknown

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

Decedent's Birth Place

City or Town	State	Country
		United States

Ever in US Armed Forces? []

Buttons: Validate Page, Next, Clear, Save, Return

Validation Results				List All Errors	Save Overrides	Hide
Error Message	Override	Goto Field	Popup			
DR_0055: One or more records currently exist for this decedent. Please verify this case is not a duplicate Potential Duplicates	<input type="checkbox"/>	fix	fix			

- 2. If **DAVE™** finds potential duplicates, an error message will appear in the **Validation Frame** containing the following message and link:



- 3. Click the [Potential Duplicates](#) link to open the **Duplicate Resolution** page. This page lists all of the records in the **DAVE™** database that have been identified as potential duplicates. Please note that all records may not be accessible. Access to the records displayed is based on the user's security profile. If one of the duplicate cases is not owned by the current office, it will be disabled.

Duplicate Resolution

Case Id	Decedent's Name	Date of Death	Gender	Place of Death	Date of Birth	
38148	Peabody, John	Oct-30-2013	Male	Penobscot		Compare
38153	Peabody, John	Oct-30-2013	Male	Penobscot		Compare
						Total records : 2

Current Case

Case Id: 38153
 Decedent's Name: John Peabody
 Date of Death: Oct-30-2013
 Gender: Male
 Residence: United States
 Funeral Director:
 Funeral Home:
 Medical Certifier: Medicine Man
 Place of Death: Acadia Hospital
 Date Entered: OCT-30-2013
 Status: /Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/FIPS Coding Required/Death Potential Duplicate/Personal Pending/Medical Pending

File Number:
 City or Town of Death: Bangor
 County: Penobscot
 SSN:
 Date of Birth:

File Date:
 Last Updated by: Medicine Man

[Return to Rule Failures](#)

- Click the [Compare](#) link to open a **Preview** window. This will display a summary of the record to help you determine whether the record you are currently working on is, in fact, a duplicate record. If the **Preview** window does not provide enough information, then click the [Decedent's Name](#) link to open the actual record.

Duplicate Resolution

Case Id	Decedent's Name	Date of Death	Gender	Place of Death	Date of Birth	
38148	Peabody, John	Oct-30-2013	Male	Penobscot		Select
38153	Peabody, John	Oct-30-2013	Male	Penobscot		Compare
						Total records : 2

Current Case

Case Id: 38153
 Decedent's Name: John Peabody
 Date of Death: Oct-30-2013
 Gender: Male
 Residence: United States
 Funeral Director:
 Funeral Home:
 Medical Certifier: Medicine Man
 Place of Death: Acadia Hospital
 Date Entered: OCT-30-2013
 Status: /Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/FIPS Coding Required/Death Potential Duplicate/Personal Pending/Medical Pending

File Number:
 City or Town of Death: Bangor
 County: Penobscot
 SSN:
 Date of Birth:

File Date:
 Last Updated by: Medicine Man

Potential Duplicate Case

Case Id: 38148
 Decedent's Name: John Peabody
 Date of Death: Oct-30-2013
 Gender: Male
 Residence: United States
 Funeral Director:
 Funeral Home:
 Medical Certifier: Medicine Man
 Place of Death: Acadia Hospital
 Date Entered: OCT-30-2013
 Status: /Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/FIPS Coding Required/Personal Pending/Medical Pending/ICD Coding Required

File Number:
 City or Town of Death: Bangor
 County: Penobscot
 SSN:
 Date of Birth:

File Date:
 Last Updated by: Medicine Man

[Return to Rule Failures](#)

- When you have finished looking over the opened record, click the **Return** button at the bottom of the page to return to the **Duplicate Resolution** window.

38148 :John Peabody Oct-30-2013

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/FIPS Coding Required/Personal Pending/Medical Pending/ICD Coding Required

Decedent

Decedent's Legal Name

Prefix	First	Middle	Other Middle	Last	Suffix
	John			Peabody	

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: State: Country:

Ever in US Armed Forces?

Validate Page Next Clear Save **Return**

- If you are certain the record you are working on is not a duplicate, then click the **Return to Rule Failures** button to return to the new record.

If a duplicate record has been created in error, contact the Vital Records' EDRS Help Line to have one of the duplicate cases abandoned.

Duplicate Resolution

Case Id	Decedent's Name	Date of Death	Gender	Place of Death	Date of Birth	
38148	Peabody, John	Oct-30-2013	Male	Penobscot		Compare
38153	Peabody, John	Oct-30-2013	Male	Penobscot		Compare
Total records : 2						

Current Case

Case Id: 38153
 Decedent's Name: John Peabody
 Date of Death: Oct-30-2013
 Gender: Male
 Residence: United States
 Funeral Director:
 Funeral Home:
 Medical Certifier: Medicine Man
 Place of Death: Acadia Hospital
 Date Entered: OCT-30-2013
 Status: /Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/FIPS Coding Required/Death Potential Duplicate/Personal Pending/Medical Pending

File Number:
 City or Town of Death: Bangor
 County: Penobscot
 SSN:
 Date of Birth:
 File Date:
 Last Updated by: Medicine Man

Return to Rule Failures

- Place a checkmark in the checkbox located in the **Override** column and click the **Save Overrides** button.

38148 :John Peabody Oct-30-2013
 /Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/FIPS Coding Required/Personal Pending/Medical Pending/ICD Coding Required/Death Potential Duplicate

Validation Results	Save Overrides
Error Message DR_0055: One or more records currently exist for this decedent. Please verify this case is not a duplicate. Potential Duplicates	Override Goto Field Popup <input checked="" type="checkbox"/> <input type="button" value="fix"/> <input type="button" value="fix"/>

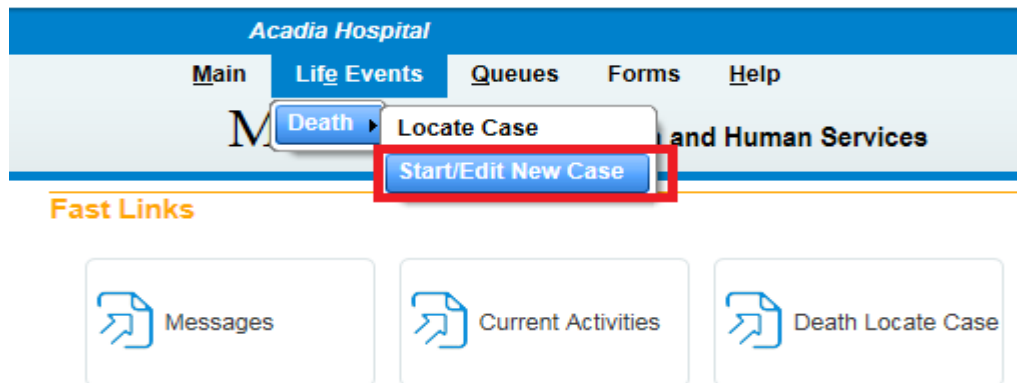
Section 4: Start/Edit New Case

In the exercises that follow, you will learn how to use the **Medical Certification** pages of the **DAVE™** application to process and certify a death record.

Exercise 4.1 – Required Fields

Skill Learned: How to complete and execute the **Start/Edit New Case** page.

- From the Home page, select **Life Events -> Death -> Start/Edit New Case**.



- This will bring up the **Start/Edit New Case** page shown below. Notice that **First, Last, Date of Death, and Sex** are all marked with a red indicator (▾). Fields denoted by red indicators are required entries that must be completed before you will be allowed to proceed.

Death Start/Edit New Case

Decedent's Information

First: Last: Date of Death:

Sex: SSN: Date of Birth:

Case Id: ME Case Number:

Place of Death Location Type: Place of Death:

Tip: When on a date field, selecting F12 on the keyboard will system-fill the date with the current date.

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

Note: Before you will be allowed to create a new Death Record you must first search for an existing record. This is to prevent the creation of duplicate Death Records.

- 3. Once you have filled in the required fields, click the **Search** button to proceed or, if you need to, click the **Clear** button to clear all entries and start over.
- 4. If no matching records are found, you will be allowed to begin creating a new record by clicking the **Start New Case** button. To begin a new search, click the **New Search** button.

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.

If no matching records were found, click the **Start New Case** button to create a new file.

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

To begin a new search with new search criteria click the **New Search** button.

- 5. If a matching event was found (e.g., the record may have already been started by a funeral practitioner), click the blue hyperlink in the **Decedent's Name** column to open the record. A popup (shown below) will appear asking if the certifier wants to assume responsibility for the certification. Click **OK** to assume responsibility or **Cancel**.

Results

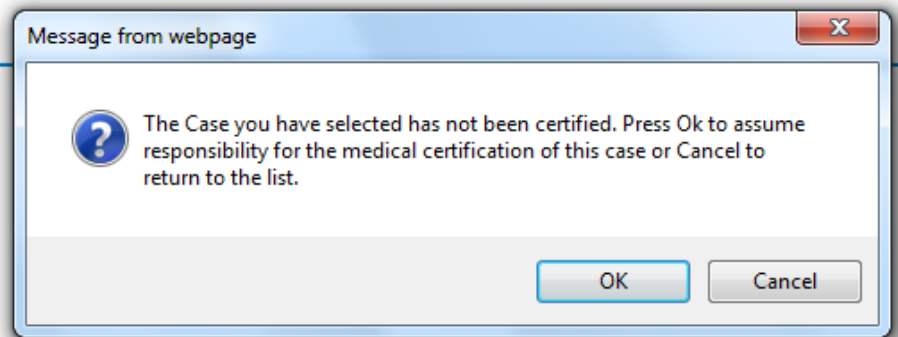
Case Id	Decedent's Name	Date of Death	Gender	Place of Death	Date of Birth	
38157	Caper, Johnny	Oct-30-2013	Male			Preview

Total records : 1

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

Death Search Results

Case Id	Decedent's Name	Date of Death	Sex	Place of Death
317367	Moser, Mary	May-10-2017	Female	



For the purposes of this exercise the Search results did not bring up any matching cases. Select **Start New Case**.

Note: All the column headers on the search Results page have blue hyperlinks. Clicking any of these links will re-sort the table data accordingly.

6. Click the **Start New Case** button. The **Decedent** page will appear.

Acadia Hospital Welcome back: Trainmdcs1 Logout

Main Life Events Queues Forms Help

Maine Department of Health and Human Services

317353 :Paul Page May-05-2017
/New Event/New Event/Not Registered/Unsigned/Uncertified/NA

Decedent

Decedent's Legal Name

Prefix First Middle Other Middle Last Suffix
 Paul Page

Aliases

Add/Edit Alias Names

Sex Social Security Number
 Male Social Security Number None Unknown

Date of Birth Under 1 Year Under 1 Day
 Age Years Months Days Hours Minutes Verify SSN SSN Verification Status UNVERIFIED (0)

Decedent's Birth Place

City or Town State Country
 United States

Ever in US Armed Forces?

Validate Page Next Clear Save Return

Exercise 4.2 – Decedent

Skill Learned: How to complete the **Decedent** page.

The decedent page is normally completed by the funeral practitioner. The only fields that are enabled for the medical certifier to edit are the **Decedent's Legal Name** and **Sex** field.

Note: The Aliases tab is disabled for Medical Examiner and Medical Facility users.

Exercise 4.3 – Pronouncement

Skill Learned: How to complete the **Pronouncement** page.

Pronouncement

Date of Death ▶ May-05-2017 Date of Death Modifier ▶ Actual date of death

Time of Death : Time of Death Modifier ▶

Validate Page Next Clear Save Return

1. **Date of Death** will be auto-filled based on the date entered on the **Start Edit New Case** page.
2. The **Date of Death Modifier** will default to “Actual date of death”. If the **Date of Death Modifier** is not “Actual date of death”, select the correct choice from the dropdown list.

Pronouncement

Date of Death ▶ May-05-2017 Date of Death Modifier ▶ **Actual date of death**
Time of Death : Time of Death Modifier ▶
Actual date of death
Approximate date of death
Court determined date of death
Presumed date of death
Date Found

3. Enter the **Time of Death**. **Time** consists of 3 fields: 2 number entry boxes and one **AM/PM/MILITARY** dropdown list. In the first number field, enter the 2-digit hour during which death occurred. For example, if death occurred at 5:00 AM, enter “05” in the first field.

Pronouncement

Date of Death ▶ May-05-2017
Time of Death 05 : 00
AM
PM
Military

4. In the second number entry box enter the 2-digit minutes at which death occurred. If the death occurred at 5:00 am, enter “00” in the 2nd number box. Complete the **Time** entry by making a valid selection from the **AM/PM/MILITARY** dropdown list.

Note: If the Time of Death is Unknown, key in ‘99’ for hour and ‘99’ for minutes as shown below. The AM/PM/Military indicator will automatically change to ‘Unknown’.

Pronouncement

Date of Death ▶ May-05-2017
Time of Death 99 : 99 Unknown

5. Make a valid selection from the **Time of Death Modifier** dropdown list.

Pronouncement

Date of Death ▶ May-05-2017 Date of Death Modifier ▶ Actual date of death
Time of Death 05 : 00 AM Time of Death Modifier ▶
Actual time of death
Approximate time of death
Court determined time of death
Presumed time of death
Unknown time of death
Time Found

- Click the **Validate Page** button to check this page for errors, the **Next** button to proceed to the **Place of Death** page, the **Clear** button to clear all entries, the **Save** button to save changes without leaving this page, or the **Return** button to return to the **Home** page.

Exercise 4.4 – Place of Death

Skill Learned: How to complete the **Place of Death** page. For medical facility users, the fields on this page will be auto-filled based on the facility with which the user is associated. If the user is associated with more than one facility, then the fields on this page will be auto-filled based on the office selected at login.

- First, select from the **Type of place of death** dropdown list.

Place Of Death

Type of place of death **Hospital-Inpatient** Other Specify

Facility Name


Address

Street Number Pre Direct etc. Street Designator Post Directional Apt #, Suite #, etc

City or Town County State Country Zip Code

Medical Record Number

Validate Page **Next** **Clear** **Save** **Return**

- If any of the “Hospital” types are selected as the **Type of place of death**, the **Facility Name** and **Address** tabs and fields will be auto-filled with the user’s facility name and address, and will be disabled.
- If “Hospice”, “Nursing Home”, or “Assisted Living” types are selected as the **Type of place of death**, and the user is not from one of those facilities, the fields will be disabled. Select the LOV  to select a facility. The facility selected will be system-filled.
- If “Decedent” is selected as the **Type of place of death**, the decedent’s address will be system-filled with the address keyed in by funeral practitioner. If funeral practitioner has not yet completed the address, the fields will remain enabled.
- If “Other (specify)” is selected as the **Type of place of death** the fields will remain enabled. Complete the **Other Specify** field as well.
- If “Found” is selected as the **Type of place of death** the fields will remain enabled.

- If “Unknown” is selected as the **Type of place of death** the street address and zip code will be disabled. Complete only the City, County, State and Country.

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


City or Town County State Country Zip Code

Medical Record Number

- Select “Nursing Home/Long Term Care Facility” as the **Type of place of death**.
- The page will refresh, and enable the facility and address fields. Use the **Lookup Place of Death Facility** (LOV) control  to locate and assign the correct facility to the death record (see [Using Lookup Controls](#)).
- Click on the Lookup control .

Place Of Death

Type of place of death Other

Facility Name 

Address

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

Medical Record Number

- Key in the name of the Facility or use a Wild Card (%) to locate the facility. In the example below (%Br%) will search for all Nursing Home/Long Term Care Facilities (selected from the **Type of place of death**) that contain the letters “Br”.

Lookup Place Of Death Facility

Facility Name ▶ %br%

12. Click the Search button.

13. The Search Results will return all facilities that contain the letters “Br”.

Lookup Place Of Death Facility

Facility Name ▶ %br%

Facility Name

Bradford Common			
Brentwood Rehab & Nursing Center			
Brewer Head Injury Unit			
Brewer Rehab and Living	74 Parkway S	Brewer	select
Bridgton Health Care Center	186 Portland Rd	Bridgton	select
Falbrook Woods	418 Ray Street	Portland	select
Holbrook	15 Piner Road	Scarborough	select

When a wild card (%) is used before and after the letters (Br), DAVE™ will search for all facilities that contain those letters.

Lookup Place Of Death Facility

Facility Name ▶ br%

Facility Name

Bradford Common			
Brentwood Rehab & Nursing Center			
Brewer Head Injury Unit			
Brewer Rehab and Living	74 Parkway S	Brewer	select
Bridgton Health Care Center	186 Portland Rd	Bridgton	select

Total records : 5

- On the search results page, click on the **select** button on the same row as desired facility.

Facility Name	Address	City	
Bradford Common	3 Huntington Common Drive	Kennebunk	select

- Enter the decedent's **Medical Record Number** in the space provided.
- Click the **Validate Page** button to check this page for errors, the **Next** button to proceed to the **Cause of Death** page, the **Clear** button to clear all entries, the **Save** button to save changes without leaving this page, or the **Return** button to return to the **Home** page.

Exercise 4.5 – Cause of Death

Skill Learned: How to complete the **Cause of Death** page.

- The **Cause of Death** page is composed of text boxes used to enter the cause(s) of death, the interval onset to death and any other contributing factors.
- For help in completing Lines a-d (Causes of Death), click the [NCHS Recommendations for Entry of Cause of Death](#) link. A window will open (shown below) containing general instructions for completing the **Cause of Death** page.

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.



NCHS Recommendations for Entry of Cause of Death

A death certificate is a permanent record of the fact of death of an individual. It provides important personal information about the decedent and about the circumstances and cause of death. Information on cause of death is important to the family to bring closure, peace-of-mind, and to document the exact cause of death. Cause of death is also used for medical and epidemiological research on disease etiology and evaluating the effectiveness of national and international levels.

Physician's responsibility

The physician's primary responsibility in completing the cause-of-death section is to report to the best of his or her knowledge, based upon available information, the causal chain that led to the death. The causal chain should begin with the cause that was closest to the time of death and work backwards to the initiating condition which is called the underlying cause of death. For example, the physician might report a death for which staphylococcus pneumonia occurs closest to the time of death; however the physician also reports that the pneumonia is due to carcinoma metastatic to both lungs, which in turn, is due to poorly differentiated adenocarcinoma, unknown primary site.

Medical examiner/coroner's responsibility

The medical examiner/coroner investigates deaths that are unexpected, unexplained, or if an injury or poisoning was involved. State laws provide guidelines for when a medical examiner/coroner must be notified. In the case of deaths known or suspected to have resulted from injury or poisoning, report the death to the medical examiner/coroner as required by State law. The medical examiner/coroner will either complete the cause-of-death section of the death certificate or waive that responsibility. If the medical examiner/coroner does not accept the case, then the certifier will need to complete the cause-of-death section.

General instructions for completing cause of death

- Cause-of-death information should be your best medical opinion.

3. Enter the **Cause of Death** in Lines a-d, and an **Approximate Interval Onset to Death** must also be added. If the interval is unknown, key in "Unknown".

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
Immediate Cause (Final disease or condition resulting in death)		
PART I Line a	<input type="text"/>	<input type="text"/>
Due to or as a consequence of		
Line b	<input type="text"/>	<input type="text"/>
Due to or as a consequence of		
Line c	<input type="text"/>	<input type="text"/>
Due to or as a consequence of		
Line d	<input type="text"/>	<input type="text"/>
PART II Other significant conditions	<input type="text"/>	

Validate Page Next Clear Save Return

For every cause of death listed on Lines a through d, a corresponding "Approximate Interval Onset to Death" must be entered.

- After the cause of death has been entered, click the **VIEWES** icon (). **VIEWES** will check for misspelled words, abbreviations, rare causes, etc., and make suggestions. Click on the **red** highlighted word to view the suggestions. Or, clicking the **VALIDATE PAGE** button will also trigger **VIEWES** to do a check of the information.

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
Immediate Cause (Final disease or condition resulting in death)		
PART I Line a	<input type="text" value="Rupture of myocardium"/>	<input type="text" value="Minutes"/>
Due to or as a consequence of		
Line b	<input type="text"/>	<input type="text"/>
Due to or as a consequence of		
Line c	<input type="text" value="Coronary artery thrombosis"/>	<input type="text" value="5 years"/>
Due to or as a consequence of		
Line d	<input type="text"/>	<input type="text"/>
PART II Other significant conditions	<input type="text"/>	

Validate Page Next Clear Save Return

While it is not necessary to use every line (a – d), lines used must be sequential.


VIEWES ICON

5. The following are a few examples of messages received by **VIEWS** :

Misspelled word

Cause of Death

Immediate Cause (Final disease or condition resulting in death)

PART I **hart** 


Line a


Line b

Line c


- art
- heart
- harm
- part
- cart
- hard
- mart
- hapt
- heard

"hart" appears rarely in mortality data. Please confirm or select an alternative from provided list:

ABC 


ABC 

Clicking any misspelled word shown in red will generate a list of possible corrections. Click any option in the list to replace the misspelled word.

Upon correction of all misspelled entries in a line, the **VIEWS** icon will be replaced with a **Corrected** icon: () as shown below.

Cause of Death

Immediate Cause (Final disease or condition resulting in death)


PART I heart 

Line a

Abbreviation

Cause of Death

Immediate Cause (Final disease or condition resulting in death)

PART I **RA** 


Line a


Line b

Line c

- Rheumatoid Arthritis
- Renal Artery
- Right Atrium
- Right Atrial
- Refractory Anemia
- Radioactive
- Right Arm
- Rheumatic Arthritis

RA is an ambiguous abbreviation. Please select the correct term from the provided list:

ABC 

ABC 

Rare Cause

Cause of Death		Approximate Interval Onset to Death
Immediate Cause (Final disease or condition resulting in death)		
PART I Line a	botulism <small>Rare Cause term "BOTULISM" found on Line1a. Please verify entries.</small>	
Due to or as a consequence of		
Line b		

If no change is required, click on the pencil icon (shown above) to continue to key in data.

Below is a sample of a completed **Cause of Death** page.

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
Immediate Cause (Final disease or condition resulting in death)		
PART I Line a	Pseudomonas aeruginosa sepsis	2 Days
Due to or as a consequence of		
Line b	Pseudomonas aeruginosa urinary tract infection	2 Days
Due to or as a consequence of		
Line c	In-dwelling bladder catheter	6 Months
Due to or as a consequence of		
Line d	Left hemiparesis	2 Years
PART II Other significant conditions		

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

- Click the **Validate Page** button to check this page for errors, the **Next** button to proceed to the **Other Factors** page, the **Clear** button to clear all entries, the **Save** button to save changes without leaving this page, or the **Return** button to return to the **Home** page.

Exercise 4.6 – Other Factors

Skill Learned: How to complete the **Other Factors** page.

1. The **Other Factors** page is used to record other data relevant to the death: **Autopsy Performed, Tobacco Use**, etc.

Other Factors

Autopsy Performed

Autopsy findings available to complete cause of death

If decedent was female, was decedent pregnant within the last year?

Did tobacco use contribute to death

Manner of Death

Was ME Contacted? ME Case Number

2. From the **Autopsy Performed** dropdown list select either **Yes** or **No**, accordingly. If **Yes** is selected from **Autopsy Performed**, then select an item from the **Autopsy findings available to complete cause of death** dropdown list. If **No** is selected, the **Autopsy findings available to complete cause of death** field will be disabled.
3. If decedent is female, select an item from the **If decedent was female, was decedent pregnant within the last year** dropdown list.

Other Factors

Autopsy Performed

Autopsy findings available to complete cause of death

If decedent was female, was decedent pregnant within the last year?

Did tobacco use contribute to death

Manner of Death

Was ME Contacted? ME Case Number

4. If the decedent's sex was designated as **Male** on the **Start Edit New Case** page, then this field will be auto-filled with "Not Applicable" and will be disabled. Or, if decedent is over 65 years of age or under the age of 10, then the **If decedent was female, was decedent pregnant within the last year** field will also be disabled and system-filled with **Not Applicable**.

Other Factors

Autopsy Performed

Autopsy findings available to complete cause of death

If decedent was female, was decedent pregnant within the last year?

Did tobacco use contribute to death

Manner of Death

Was ME Contacted? ME Case Number

If decedent is Male, or if decedent is female and under the age of 10 or over 65 years of age, this field will show “Not Applicable” and will be disabled.

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

5. Select an item from the **Did tobacco use contribute to death** dropdown list.
6. Select an item from **Manner of Death** dropdown list.
7. Finish the page by selecting an item from the **Was ME Contacted?** dropdown list. Selecting **Yes** will activate the **ME Case Number** field requiring case number entry. If the case is referred to the Medical Examiner (discussed in Section 5), this field will system-fill with “Yes” if the Medical Examiner accepts the referral.
8. Click the **Validate Page** button to check this page for errors, the **Next** button to proceed to the **Certifier** page, the **Clear** button to clear all entries, the **Save** button to save changes without leaving this page, or the **Return** button to return to the **Home** page.

Exercise 4.7 – Certifier/Certify

Skill Learned: How to complete the **Certifier** page. The **Certifier** page is used to record the name and other data related to the person legally responsible for certifying the decedent’s cause of death.

1. Select the certifier type from the **Certifier type** dropdown.

Certifier

Certifier Type

Certifier Name



License Number


- Certifying Physician
- Medical Examiner
- Attending Physician
- Physician Assistant
- Certified Nurse Practitioner

2. If the current user who started the case is not the medical certifier (such as a non-certifier), then the **Certifier Name and Address section** will be blank upon initial display.

Certifier

Certifier Type

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


Was Body Viewed after Death?

- To complete the **Certifier Name and Address section** click on the **LookUp** control

Certifier

Certifier Type

Certifier Name  

License Number 

First Middle Last Suffix

Title Other Specify

Lookup control

The Lookup Certifier box will appear. Key in the last name of the desired Certifier and select the Search button. Or, a search can be done using a wild card (%) as explained earlier.

Lookup Certifier

Last Name ▶ Mann First Name

Search

Cancel

OR (Wild card)

Lookup Certifier

Last Name ▶ M% First Name

Search

Cancel

In this example a search was made using the Certifier's last name. Click on the select button to add the certifier.

Lookup Certifier

Last Name ▶ Mann First Name

Search

License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name
MD2222	Mann		Mark		5	Carpenter

Total records : 1

select



Cancel

The certifier's name and address will system-fill.

- If the current user who started the case is a medical certifier then the **Certifier Name and Address section** will be system-filled with the login user as shown below.

Certifier

Certifier Type

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


Was Body Viewed after Death?

- Another alternate way to enter the **Certifier Name and Address section** is by keying in the Certifier **License Number** and then clicking the auto-populate button (). The **Certifier Name and Address section** will get auto-populated.

Certifier

Certifier Type

Certifier Name  

License Number 

First Middle Last Suffix

Title Other Specify



- Select an item from the **Was Body Viewed after Death?** dropdown.

Was Body Viewed after Death?

- Click the **Save/Validate Page** button to check this page for errors, the **Clear** button to clear all entries, the **Save** button to save changes without leaving this page, or the **Return** button to return to the **Home** page.
- Upon completion and successful validation of all medical registration pages (Medical Valid or Medical Valid with Exceptions), selecting the **Save/Validate Page** button will bring up the 'Your Case Is Ready to be Certified' popup at the bottom of the Certifier page as shown below.

Certifier

Certifier Type

Certifier Name  

License Number

First Middle Last Suffix

Title Other Specify

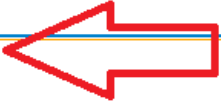
Certifier Address

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

Was Body Viewed after Death?

YOUR CASE IS READY TO BE CERTIFIED 

Click the checkbox and press the certify button

By submitting this information, I affirm under the penalty of perjury that I am the authorized certifier whose name will appear on this certificate, and to the best of my knowledge, death occurred due to the cause(s) and manner of death stated.

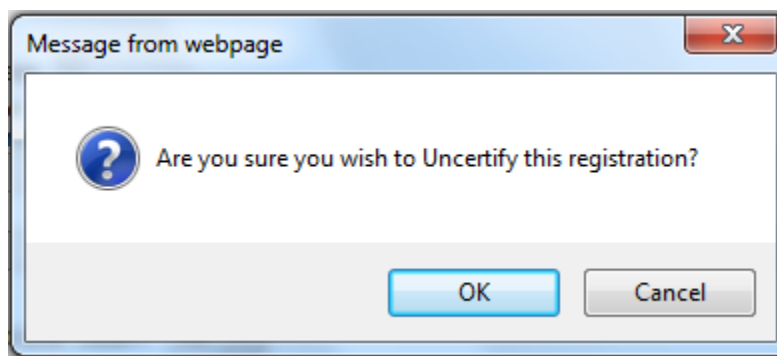
- Click on the affirmation checkbox, and then click the Certify button. A new popup will appear stating the case is now certified.

THANK YOU, YOUR CASE IS NOW CERTIFIED

This registration is currently certified press uncertify to make changes

A rectangular button with a blue background and white text that says "Uncertify". The button is highlighted with a red rectangular border.

10. The status bar will also indicate the record has been certified.
11. To uncertify the case, click the [Uncertify](#) button as shown above. **NOTE: The case cannot be uncertified if it has been registered.**
12. Click OK or Cancel in the popup message.



13. If OK is selected, make any necessary changes, and then re-select the **Save/Validate Page** button which will bring up the 'Your Case Is Ready To Be Certified' popup. Check the affirmation checkbox, and click the **Certify** button.

Exercise 4.8 – Locate Case

Skill Learned: In Exercise 4.1 above, we learned how to start a new case. In this exercise, you will learn how to complete the **Locate Case** page which is used by data providers such as funeral practitioners, physicians and medical examiners to locate pre-existing cases “owned” by the office to which the current user is associated.

1. From the **Home Page**, select **Life Events -> Death -> Locate Case**.

Acadia Hospital Welcome back: Trainmdcs1 Logout

Main Life Events Queues Forms Help

Death Locate Case Start/Edit New Case and Human Services

Death Locate Case

Decedent's Information

First: Last: Date of Death:

Sex: SSN: Date of Birth:

Case Id: ME Case Number: Medical Record Number:

Place of Death Location Type: Place of Death:

Search Soundex Clear

- The **Locate Case** page offers many different identifiers on which to base a record search. While there are no required fields, as when using the **Start/Edit New Case** feature, it is recommended that as much information as possible be included in each search. This will help to minimize the number of records returned.
- In the example below, we are searching only on **Last** name. Enter the decedent's last name and click the **Search** button.

Death Locate Case

Decedent's Information

First: Last: Date of Death:

Sex: SSN: Date of Birth:

Case Id: ME Case Number: Medical Record Number:

Place of Death Location Type: Place of Death:

Search Soundex Clear

- Searching by **Last** name returns the following results:

Acadia Hospital Welcome back: Trainmdcs1 Logout

Main Life Events Queues Forms Help

Maine Department of Health and Human Services

Death Search Results

Case Id	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	
317358	Page, Pamela	May-08-2017	Female	Penobscot		Preview
317353	Page, Paul	May-05-2017	Male	Penobscot	Oct-01-1954	Preview

Total records : 2

New Search

- Click the **New Search** button in the lower, right-hand corner of the **Results** window.
- For this search, enter both the decedent's **First** and **Last** name and then click the **Search** button.

Death Locate Case

Decedent's Information

First: Last: Date of Death:

Sex: SSN: Date of Birth:

Case Id: ME Case Number: Medical Record Number:

Place of Death Location Type: Place of Death:

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

- Notice that this search returned only the specific record desired.

Acadia Hospital Welcome back: Trainmdcs1 Logout

Main Life Events Queues Forms Help

Maine Department of Health and Human Services

Death Search Results

Case Id	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	Preview
317353	Page, Paul	May-05-2017	Male	Penobscot	Oct-01-1954	Preview

Total records : 1

[New Search](#)

- Click on the decedent's name link to open the case.

Death Search Results

Case Id	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	Preview
317353	Page, Paul	May-05-2017	Male	Penobscot	Oct-01-1954	Preview

Total records : 1

[New Search](#)

Exercise 4.9 – Preview Case

Skill Learned: How to preview a record prior to opening it.

- Still not sure if you have located the desired record? Simply locate and click the [Preview](#) link in any of the search result entries. This will generate a **Preview** page for that registration.

Death Search Results

Case Id	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	Preview
317353	Page, Paul	May-05-2017	Male	Penobscot	Oct-01-1954	Preview

Total records : 1

[New Search](#)

Preview

File Number: 317353 **File Date:**
Case Id: 317353 **Medical Record Number:** **ME Case Number:**
Decedent's Name: Paul Page **Date of Death:** May-05-2017
Decedent Alias:
Spouse's Name: **Marital Status:** Never Married
Sex: Male **Date of Birth:** Oct-01-1954 **SSN:** 222-76-8585
City or Town of Death: Bangor **County:** Penobscot
Place of Death: Acadia Hospital
Residence: Augusta Maine, United States
Mother's Maiden Name: Alicia White
Informant Name: Sonya Page
Funeral Director: Ron Sargent
Funeral Home: Albert & Burpee Funeral Service, Inc., 253 Pine St, Lewiston
Medical Certifier: Mark Mann
Date Entered: MAY-05-2017 **Last Update Made By:** Mark Mann
Status: /Personal Valid With Exceptions/Medical Valid/Not Registered/Signed/Certified/NA/Registration Approval Required/ICD Coding Required

2. Once the [Preview](#) link is selected, the link changes to a [Select](#) link.

Death Search Results

Case Id	Decedent's Name	Date of Death	Sex	Place of Death	Date of Birth	
317353	Page, Paul	May-05-2017	Male	Penobscot	Oct-01-1954	Select

Total records : 1

[New Search](#)

Preview

File Number: 317353 **File Date:**
Case Id: 317353 **Medical Record Number:** **ME Case Number:**
Decedent's Name: Paul Page **Date of Death:** May-05-2017
Decedent Alias:
Spouse's Name: **Marital Status:** Never Married
Sex: Male **Date of Birth:** Oct-01-1954 **SSN:** 222-76-8585
City or Town of Death: Bangor **County:** Penobscot
Place of Death: Acadia Hospital
Residence: Augusta Maine, United States
Mother's Maiden Name: Alicia White
Informant Name: Sonya Page
Funeral Director: Ron Sargent
Funeral Home: Albert & Burpee Funeral Service, Inc., 253 Pine St, Lewiston
Medical Certifier: Mark Mann
Date Entered: MAY-05-2017 **Last Update Made By:** Mark Mann
Status: /Personal Valid With Exceptions/Medical Valid/Not Registered/Signed/Certified/NA/Registration Approval Required/ICD Coding Required

3. Once you have previewed the registration and are sure that you have located the correct record, click on the decedent's name link or the [Select](#) link to open the record.
4. You should now see the **Decedent** page.

Death Registration Menu 38169 :George Gill Oct-31-2013
 /Personal Invalid/Medical Valid/Not Registered/Unsigned/Certified/NA/FIPS Coding Required/Personal Pending/ICD Coding Required

Decedent

Decedent's Legal Name

Prefix First Middle Other Middle Last Suffix
 George Gill

Aliases

Add/Edit Alias Names

Gender Social Security Number
 Male None Unknown

Date of Birth Years Under 1 Year Under 1 Day
 Age Months Days Hours Minutes
 Verify SSN SSN Verification Status UNVERIFIED (0)

Decedent's Birth Place

City or Town State Country
 United States

Ever in US Armed Forces?

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

Section 5: Other Links/Registrar

Exercise 5.1 – Amendment Lists

Skill Learned: How to use the **Amendment List** to view existing Amendments (corrections).

Note: Access to the **Amendment List** link is based on user security privileges.

- From within an amended record, under the **Registrar** sub-menu select **Amendment List**.

Death Registration Menu 38088 2013508631 :James Bell Oct-21-2013 **Amendment Exists**
 /Personal Valid/Medical Valid/Registered/Signed/Certified/ICD Coding Required/Personal Pending/Death Pending

Decedent

Decedent's Legal Name

Prefix First Middle Other Middle Last
 James Bell

Aliases

Add/Edit Alias Names

Gender Social Security Number
 Male 999-99-9999 None Unknown

Date of Birth Years Under 1 Year Under 1 Day
 Jul-09-1911 Age 102 Months Days Hours Minutes
 Verify SSN SSN Verification Status UNVERIFIED (0)

Decedent's Birth Place

City or Town State Country
 Augusta Maine United States

Ever in US Armed Forces? No

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

The status bar will show "Amendment Exists" if an amendment has been 'approved' on the record.

- The **Amendment List** page will display a listing of all amendments associated with the current record. Notice that the **Amendment Id** column contains links to specific amendments. Click on an **Amendment Id** link to view the amendment.

Amendment List

Amendment Id	Process History	Category	Date	Date Completed / Rejected	Amendment Status	Order #
8626	History	Medical	Oct-21-2013	10/21/2013 2:32:02 PM	Complete	
8643	History	Personal	Nov-14-2013		Keyed	

Click on the **Amendment Id** link to view the amendment.

Status of the amendment.

[New Amendment](#) [Return](#)

- The **Amendment Page** will display with the details of the amendment including the **Amendment Status**.

Amendment Page

Type: Amendment Date:
Year: 2017 Amendment Number: 25356
Order Number: Description:
Amendment Status: Microfilm Number:

Select Add Documentation to add documentary evidence to this amendment.

[Add Documentary Evidence](#)

Page to Amend:

Item In Error	Item as it Appears	Item as it Should be	Edit	Delete
Pronouncement-Time of Death	08:00 AM	07:00 AM	Edit	Delete

[Cancel Amendment](#) [Save](#) [Clear](#) [Return](#)

- Click the **Return** button to return to the **Amendment List** page.

Exercise 5.2 – Amendments (Corrections)

Skill Learned: How to request amendments/corrections to death records. Amendments (corrections) can only be made on records that have been **registered**. All amendments are approved by the Office of Vital Records.

- From within a **registered** record, select from the **Death Registration Menu** the **Other Links -> Amendments** link.

Death Registration Menu 54419 2014503477 :Frank Francis Aug-22-2014
 /Personal Valid/Medical Valid/Registered/Signed/Certified/NA/ICD Coding Required

Decedent

Decedent's Legal Name

Prefix First Middle Other Middle Last Suffix
 Frank Francis

Aliases

Add/Edit Alias Names

Gender Social Security Number
 Male 999-99-9999 None Unknown

Date of Birth Years Under 1 Year Under 1 Day
 Jul-02-1911 Age 103 Months Days Hours Minutes SSN Verification Status
 Verify SSN UNVERIFIED (0)

Decedent's Birth Place

City or Town State Country
 Augusta Maine United States

Ever in US Armed Forces? No

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

Note: Access to the Amendments link is restricted based on user security privileges, and the link is only viewable when a record has been registered.

- Notice, when the [Amendments](#) link is selected, the **Death Registration Menu** is removed from the page, and the **Amendment Page** is displayed.

Amendments Menu 317039 2017500043 :Lawrence Fields Mar-07-2017 Amendment Exists
 /Personal Valid/Medical Valid/Registered/Signed/Certified/NA/ICD Coding Required

Amendment Page

Type Medical Amendment Date
 Year Amendment Number
 Order Number **Description** Test
 Amendment Status Microfilm Number

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

- Click on the amendment **Type** dropdown list on the **Amendment Page** and select [Medical](#).
- Add a description.
- Click the **SAVE** button.

Amendments Menu 317039 2017500043 :Lawrence Fields Mar-07-2017 Amendment Exists
 /Personal Valid/Medical Valid/Registered/Signed/Certified/NA/ICD Coding Required

Amendment Page

Type Medical Amendment Date
 Year Amendment Number
 Order Number **Description** Test
 Amendment Status Microfilm Number

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

- The page will refresh and the **Amendment Date** calendar control will auto-fill with the current system date.

Amendment Page

Type	<input type="text" value="Medical"/>	Amendment Date	<input type="text" value="May-08-2017"/>
Year	<input type="text" value="2017"/>	Amendment Number	<input type="text" value="25357"/>
Order Number	<input type="text"/>	Description	<input type="text" value="Test"/>
Amendment Status	<input type="text" value="Keyed (Requires Affirmation)"/>	Microfilm Number	<input type="text"/>
Page to Amend	<input type="text"/>		

- Next, select a page to amend from the **Page to Amend** dropdown list.

Amendment Page

Type	<input type="text" value="Medical"/>	Amendment Date	<input type="text" value="May-08-2017"/>
Year	<input type="text" value="2017"/>	Amendment Number	<input type="text" value="25357"/>
Order Number	<input type="text"/>	Description	<input type="text"/>
Amendment Status	<input type="text" value="Keyed (Requires Affirmation)"/>	Microfilm Num	<input type="text"/>
Page to Amend	<input type="text" value="Death - Cause of Death"/>		

Note: Only Medical Examiners have access to the "Injury" page.

- Selecting a page to amend will refresh the page and expand the selected page beneath the amendments window. In the example shown below we have elected to change data found on the **Cause of Death** page.

Amendment Page

Type	<input type="text" value="Medical"/>	Amendment Date	<input type="text" value="May-08-2017"/>
Year	<input type="text" value="2017"/>	Amendment Number	<input type="text" value="25357"/>
Order Number	<input type="text"/>	Description	<input type="text" value="Test"/>
Amendment Status	<input type="text" value="Keyed (Requires Affirmation)"/>	Microfilm Number	<input type="text"/>
Page to Amend	<input type="text" value="Death - Cause of Death"/>		

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
Immediate Cause (Final disease or condition resulting in death)		
PART I Line a	<input type="text" value="Heart Attack"/>	<input type="text" value="Instant"/>

- 9. Make the necessary changes to the **Cause of Death** page. In this example we are amending the cause of death from “Heart Attack” to “Acute Myocardial Infarction”.

Page to Amend

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
Immediate Cause (Final disease or condition resulting in death)		
PART I Line a	<input type="text" value="Acute myocardial infarction"/>	<input type="text" value="2 days"/>
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"/>	

- 10. Click the SAVE button.

- The **Item in Error** grid (as shown below) will appear showing the item(s) as it appears today, and the item(s) as it should be.

Amendment Page

Type Amendment Date

Year Amendment Number

Order Number Description

Amendment Status Microfilm Number

Page to Amend

Item In Error	Item as it Appears	Item as it Should be	Edit	Delete
Cause of Death-Line A Description	Heart Attack	Acute myocardial infarction	Edit	Delete
Cause of Death-Line A Onset Interval	Instant	2 days	Edit	Delete

- Click the **Validate Page** button to validate the Cause of Death changes made. This will bring up any error messages, if any. In the example above there are no errors.
- Select the **Amendment Affirmation** link from the **Amendment** menu to affirm the amendment.

Amendments Menu

- Amendment
- Processing History
- Attachments
- Amendment Affirmation**

Death Registration Menu

- Personal Information
- Decedent
- Medical Certification
- Pronouncement
- Place of Death
- Cause of Death
- Other Factors
- Certifier
- Registrar
- Amendment List
- Other Links

Amendments

317039 2017500043 :Lawrence Fields Mar-07-2017 Amendment Exists
/Personal Valid/Medical Valid/Registered/Signed/Certified/NA/ICD Coding Required

Amendment Page

Type Amendment Date

Year Amendment Number

Order Number Description

Amendment Status Microfilm Number

Page to Amend

Item In Error	Item as it Appears	Item as it Should be	Edit	Delete
Cause of Death-Line A Description	Heart Attack	Acute myocardial infarction	Edit	Delete
Cause of Death-Line A Onset Interval	Instant	2 days	Edit	Delete

- Click on the **Affirm the following** checkbox.

Amendments Menu

- Amendment
- Processing History
- Attachments
- Amendment Affirmation**

317039 2017500043 :Lawrence Fields Mar-07-2017 Amendment Exists
/Personal Valid/Medical Valid/Registered/Signed/Certified/NA/ICD Coding Required

Affirmations

Affirm the following:

certify that this amendment is being made for the purpose of changing or completing the medical certification information for which the medical certifier is responsible; time, date, place, cause, manner and circumstances of death.

15. Click the **Affirm** button.
16. The amendment is now in Pending status. The amendment will remain in Pending status until the Office of Vital Records approves the amended change(s). In addition, the case will automatically drop into an Amendment Pending Work Queue for review and approval by the Office of Vital Records.

317039 2017500043 :Lawrence Fields Mar-07-2017 Amendment Exists
 /Personal Valid/Medical Valid/Registered/Signed/Certified/NA/ICD Coding Required

Amendment List

Amendment Id	Processing History	Amendment Type	Date Received	Date Completed / Rejected	Amendment Status	Order #
25356	History	Medical	May-08-2017		Keyed (Requires Affirmation)	
25357	History	Medical	May-08-2017		Pending	

New Amendment Return

17. Once the Office of Vital Records has approved the amendment, the status will change to “Complete” as shown below.

Amendment List

Amendment Id	Processing History	Amendment Type	Date Received	Date Completed / Rejected	Amendment Status	Order #
25356	History	Medical	May-08-2017		Keyed (Requires Affirmation)	
25357	History	Medical	May-08-2017	5/8/2017 3:58:15 PM	Complete	

New Amendment Return

18. The status bar on the record will also indicate an amendment exists once the case has an ‘approved’ amendment.

317039 2017500043 :Lawrence Fields Mar-07-2017 **Amendment Exists**
 /Personal Valid/Medical Valid/Registered/Signed/Certified/NA/ICD Coding Required

Decedent

Decedent's Legal Name

Prefix First Middle Other Middle Last Suffix

Aliases

Add/Edit Alias Names

Sex Social Security Number None Unknown

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

Decedent's Birth Place

City or Town State Country

Ever in US Armed Forces?

Validate Page Next Clear Save Return

19. If an amendment status is “Keyed (Requires Affirmation)” as amendment ID 25356 shown below, this indicates that the certifier has not yet affirmed the amendment. The amendment must be affirmed by the certifier before the status changes to ‘Pending’ and drops into the Amendment Pending Work Queue for review and approval by the Office of Vital Records.

Amendment List

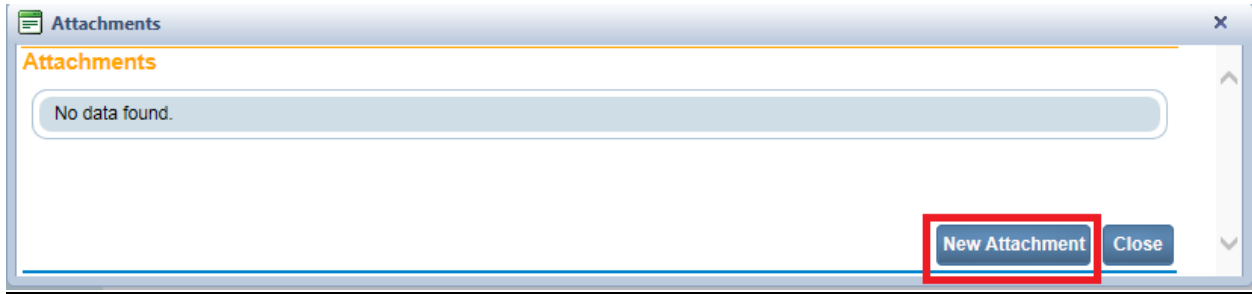
Amendment Id	Processing History	Amendment Type	Date Received	Date Completed / Rejected	Amendment Status	Order #
25356	History	Medical	May-08-2017		Keyed (Requires Affirmation)	
25357	History	Medical	May-08-2017	5/8/2017 3:58:15 PM	Complete	

[New Amendment](#) [Return](#)

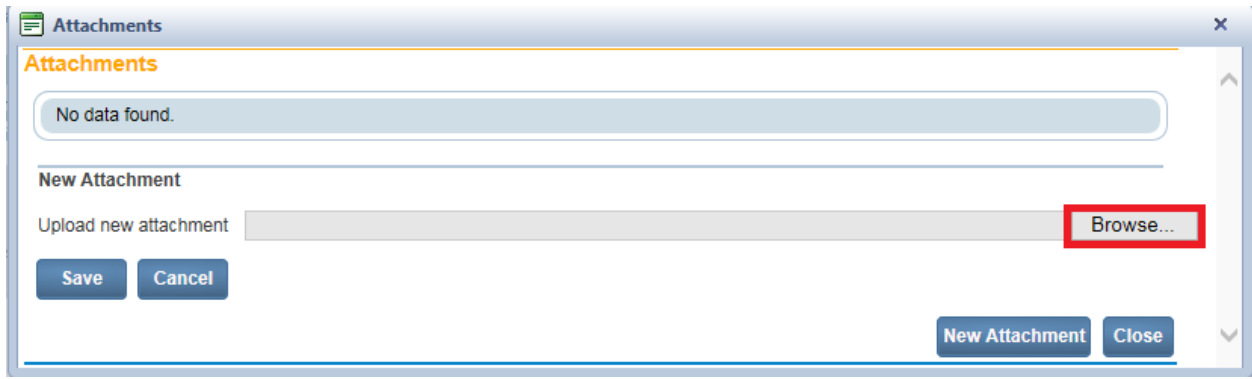
Note: Add attachments, if any, to the amendment prior to affirming the amendment as once an amendment is affirmed a message is sent to Vital Records indicating the amendment is ready for approval. This will insure the necessary documentation is attached when Vital Records reviews the amendment for approval.

20. To attach documentation during the amendment process, select the [Attachments](#) link in the **Amendments Menu**.

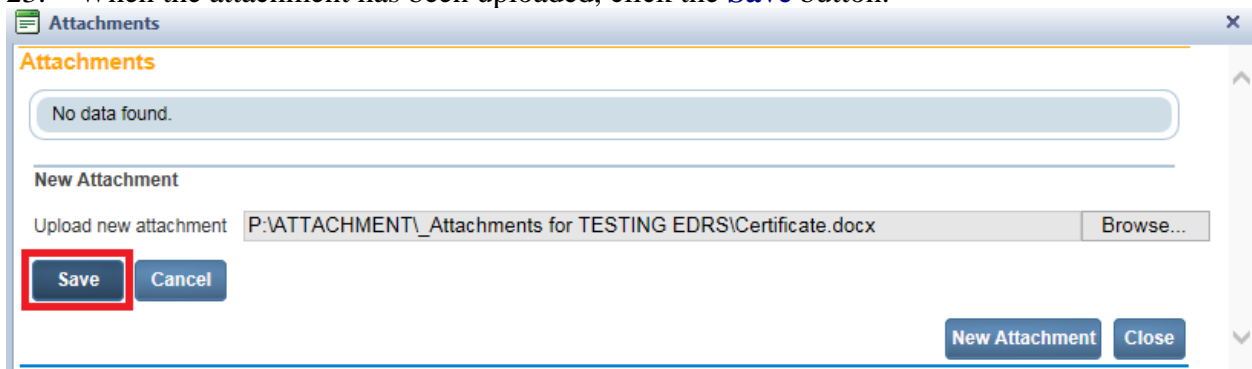
21. The attachment dialog box will open. Select the **New Attachment** button.



22. The **Attachments** window will open. Click on the **Browse** button to go search for the attachment in your hard drive.



23. When the attachment has been uploaded, click the **Save** button.



24. To return to a record and attach documentation to an already existing amendment, open the case you wish to add an attachment. Click on the [Amendment List](#) link in the **Death Registration Menu**.

Death Registration Menu 54281 2014503463 :Bonnie Jones Jul-21-2014
 /Personal Valid/Medical Valid/Registered/Signed/Certified/NA/ICD Coding Required

Personal Information

Decedent

Medical Certification

Pronouncement
 Place of Death
 Cause of Death
 Other Factors
 Certifier

Registrar

Amendment List

Other Links

Amendments
 Attachments
 Comments
 Event and Issuance History
 Print Forms
 Validate Registration
 Switch User

Decedent

Decedent's Legal Name

Prefix First Middle Other Middle Last Suffix
 Bonnie Jones

Aliases

Add/Edit Alias Names

Gender Social Security Number
 Female 999-99-9999 None Unknown

Date of Birth Years Under 1 Year Under 1 Day
 Feb-02-1933 Age 81 SSN Verification Status
 Verify SSN UNVERIFIED (0)

Decedent's Birth Place

City or Town State Country
 Augusta Maine United States

Ever in US Armed Forces? No

Validate Page **Next** **Clear** **Save** **Return**

25. The **Amendment List** page will open.
26. Click on the **Amendment ID** number to open the **Amendment** menu.
27. Select the **Attachment** link. The attachment dialog box will open.
28. Select the **New Attachment** button. The **Attachments** window will open.
29. Click on the **Browse** button to go search for the attachment in your hard drive. When the attachment has been uploaded, click the **Save** button.

Exercise 5.3 – Comments

Skill Learned: How to view and enter comments. During the process of entering and registering death records, it is sometimes necessary to store comments or remarks about a case. These comments can serve as reminders or as instructions to others who will work on the case.

The case must be opened to add comments.

1. From the **Death Registration Menu** select **Other Links -> Comments**.

Death Registration Menu 317039 2017500043 :Lawrence Fields Mar-07-2017 Amendment Exists
 /Personal Valid/Medical Valid/Registered/Signed/Certified/NA/ICD Coding Required

Decedent

Decedent's Legal Name
 Prefix First Middle Other Middle Last Suffix

Aliases
 Add/Edit Alias Names

Sex Social Security Number
 None Unknown

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

Decedent's Birth Place
 City or Town State Country

Ever in US Armed Forces?

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

- The **Comments** dialog will appear as a pop-up window. To add a new comment, click the **New Comment** button located at the bottom of the **Comments** window.

Comments

Comments

State File Number: 500043
 Registrant Name: Lawrence Fields
 Event Type: Death
 Event Date: Mar-07-2017

No data found.

[New Comment](#) [Close](#)

- The **Enter New Comment** tab will open allowing you to enter comments.

Comments

Comments

State File Number: 500043
 Registrant Name: Lawrence Fields
 Event Type: Death
 Event Date: Mar-07-2017

No data found.

Enter New Comment

Comment Type:

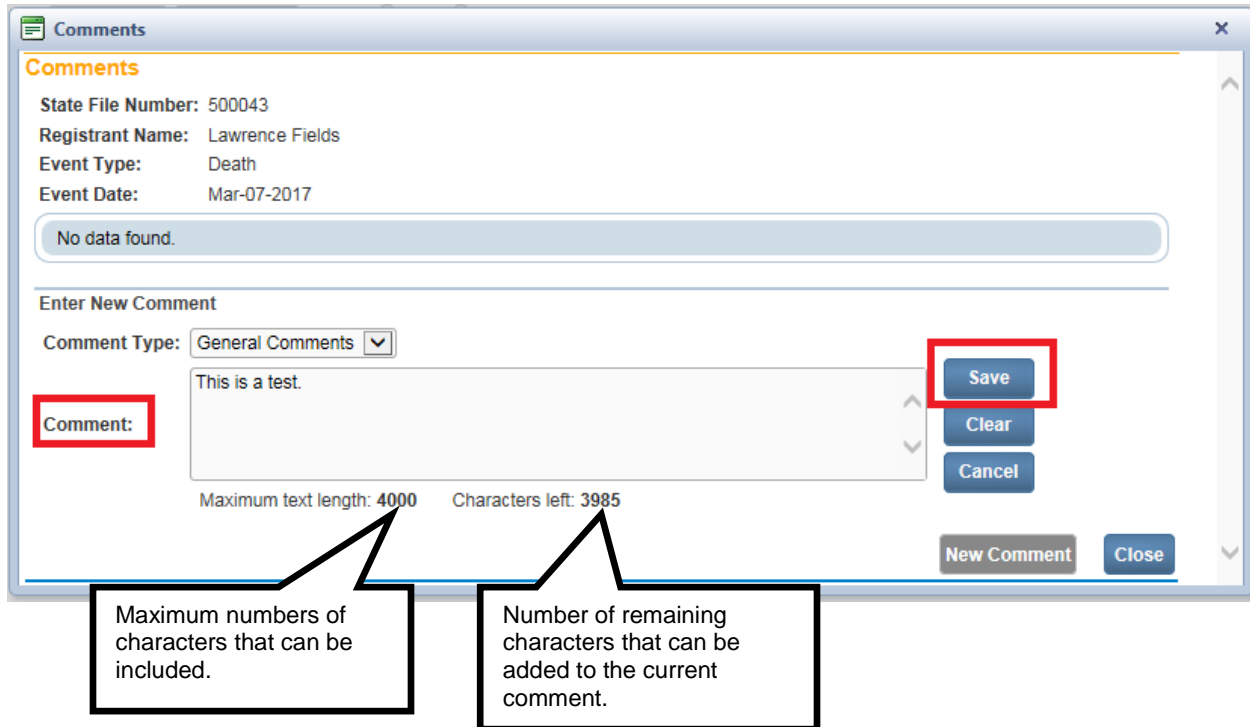
Comment:

Maximum text length: 4000 Characters left: 4000

[Save](#) [Clear](#) [Cancel](#)

[New Comment](#) [Close](#)

4. The first step in adding a new comment is to select a **Comment Type**. Every comment must have a type assigned to it.
5. Comments are limited to 4000 characters. Fortunately, **DAVE™** keeps track of the number of characters used and displays that information onscreen.



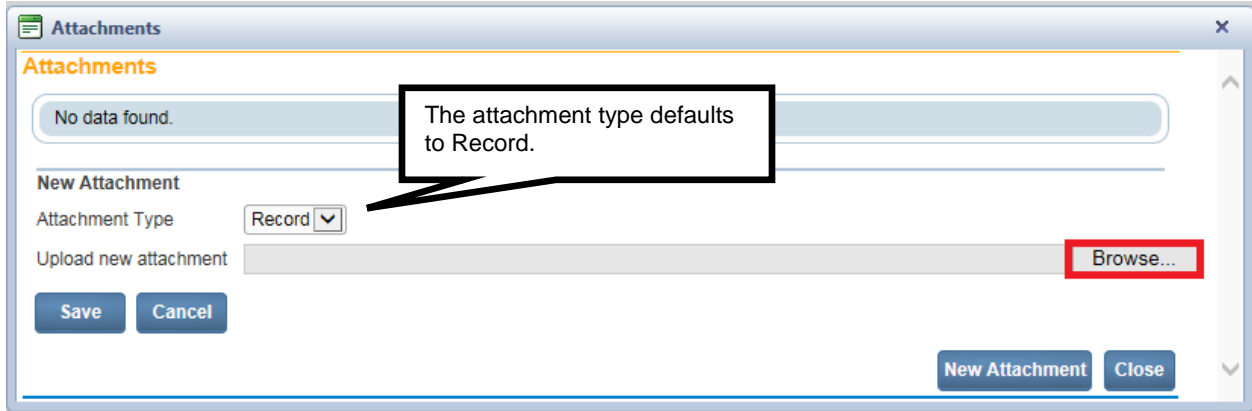
6. When you have finished entering the comment, select the **Save** button to save the comment, **Clear** to clear the entry, or **Cancel** to close the comment window without saving changes.
7. Selecting **Save** will write the comment to the **DAVE™** database and return you to the main **Comments** window, shown below. Notice that a portion of the comment can be read in the **Comment** window. Lengthy comments will have to be opened to be read in their entirety. Clicking the [Edit](#) link will open the **Update Existing Comment** tab for you to view and, if necessary, edit the comment.

- Once a comment has been added to a record, a checkmark will appear next to the **Comments** link in the **Other Links** sub-menu. This serves as a visual cue to all users that comments exist on a record.

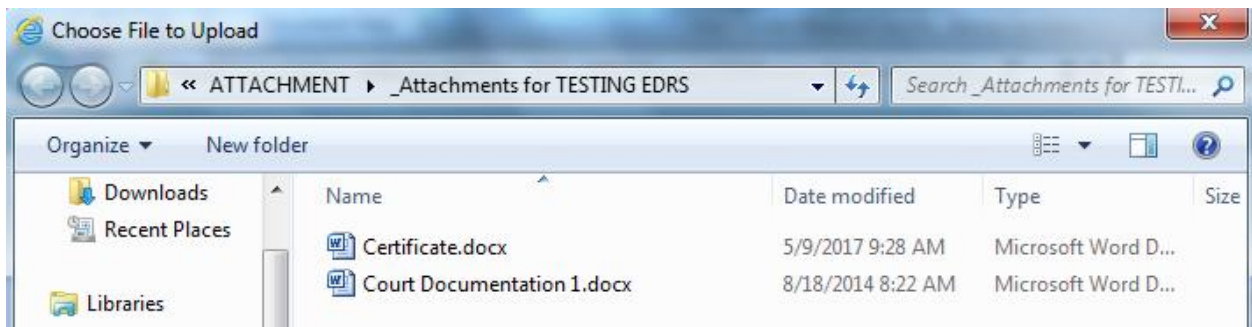
Note: The ability to Edit or Delete comments is determined by the individual user's security configuration.

- Another indication that there is a comment on the record can be found on the Search Results page and the Registration queues.

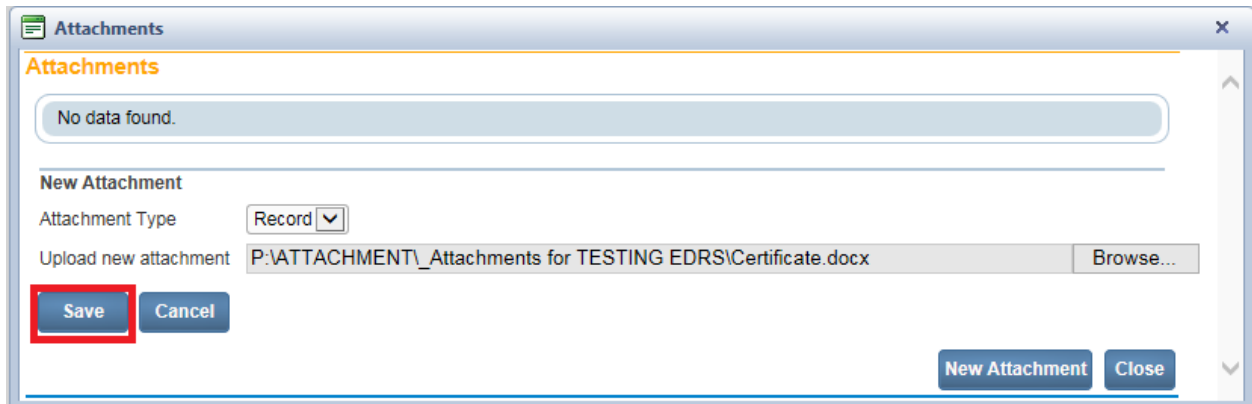
5. The **Attachment** tab will open allowing you to add an attachment.
6. Click on the **Browse** button.



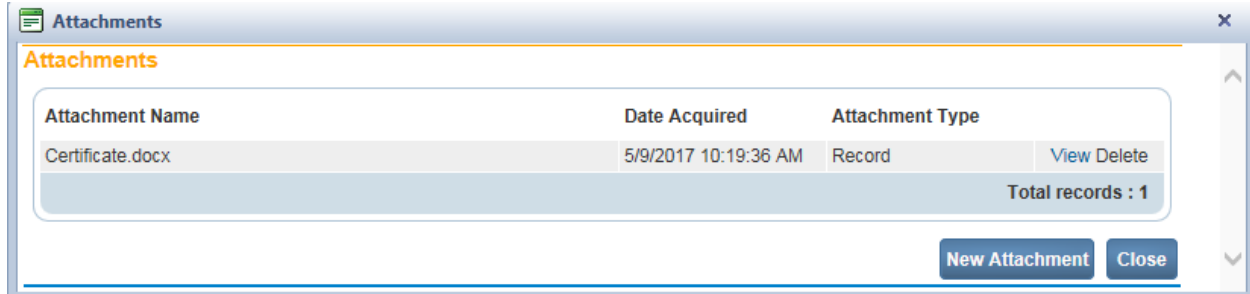
7. Clicking on the **Browse** button will open the Choose File to Upload directory.
8. Click on the file to attach to the record.



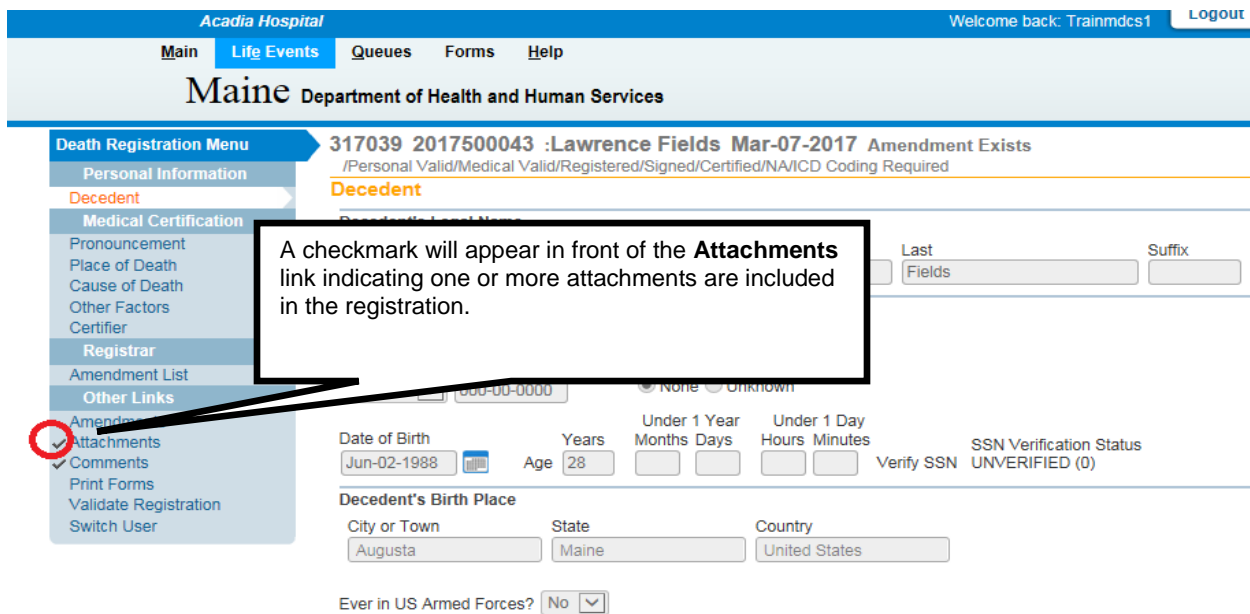
9. The file name will show in the Upload new attachment box.



10. Select **Save**.
11. Once the file is saved, the attachment can be viewed or deleted. (This is based on user security privileges.)



12. A checkmark indicator will be shown in front of the [Attachments](#) link when there is an attachment included with the record.



Exercise 5.5 – Print Forms - Working Copy

Skill Learned: How to send working copies of death certificates to an installed printer.

Working Copies can be used to proof data, as a file copy, etc.. A **Working Copy** contains a watermark so the certificate cannot ever be used as a legal document.

Note: The ability to print a Working Copy of a registration is based on user security privileges.

1. Open a record.

2. Select **Death Registration Menu -> Other Links ->Print Forms.**

Death Registration Menu 317039 2017500043 :Lawrence Fields Mar-07-2017 Amendment Exists
/Personal Valid/Medical Valid/Registered/Signed/Certified/NA/ICD Coding Required

Decedent

Decedent's Legal Name
Prefix First Middle Other Middle Last Suffix
Fields

Aliases
Add/Edit Alias Names
Sex Social Security Number
Male 000-00-0000 None Unknown

Date of Birth Years Under 1 Year Under 1 Day
Jun-02-1988 Age 28 Months Days Hours Minutes
Verify SSN SSN Verification Status UNVERIFIED (0)

Decedent's Birth Place
City or Town State Country
Augusta Maine United States

Ever in US Armed Forces? No

Validate Page Next Clear Save Return

3. Click on the underlined [Working Copy](#) link.

Print Forms

Drop to Paper Medical

[Working Copy](#)

Return

4. Clicking any form link will open the **File Download** dialog box and launch the document.

Do you want to open or save **WorkingCopy.pdf** (152 KB) from **gatewaytest.state.me.us?**

Open Save Cancel

5. Click **Open** to view the [Working Copy](#).

6. Click on the Printer icon to print the [Working Copy](#).



Printer icon

Name Known to Physician (a.k.a)		Department of Health and Human Services				118- 2017-500043		
		Certificate of Death				State File Number		
Decedent	1a. First Name Lawrence		1b. Middle Name << >>		1c. Last Name Fields		1d. Suffix << >>	
	2. Date of Death Actual date of death March 07, 2017		3. Sex Male	4. Social Security Number 000-00-0000	5a. Age (yrs) 28 Last Birthday	5b. Under 1 Year Months: Days:	5c. Under 1 Day Hours: Minutes:	6. Date of Birth June 02, 1988
	7. Birthplace Augusta, Maine			8. Was Decedent Ever in U.S. Armed Forces? No		9. Place of Death Hospital-Inpatient		
	10. Facility Name Acadia Hospital			11. County of Death Penobscot		12. City or Town of Death Bangor		
	13. Marital Status at Time of Death Never Married		14. Surviving Spouse/Partner		15. Decedent's Usual Occupation Teacher		16. Kind of Business / Industry Education	
	17. Education Master's Degree			18. Ancestry Unknown		19. Race White		
	20. Residence State Maine		21. Residence County Kennebec		22. Residence City or Town Augusta		23. Residence Street and Number 10 Rural Route	
	24a. Parent First Name Paul		24b. Middle Name Unknown		24c. Last Name Prior to First Marriage Fields		24d. Suffix Unknown	
	25a. Parent First Name Laura		25b. Middle Name Unknown		25c. Last Name Prior to First Marriage Winger		25d. Suffix Unknown	
	Informant		26. Informant Name John Fields		27. Mailing Address 98 West Avenue Augusta, ME 04330			
Disposition	28. Method of Disposition Burial		29. Date of Disposition March 07, 2017			30. Was Body Embalmed? No		
	31a. Place of Disposition Brackett Cemetery				31b. Location (City or town, state) Augusta, Maine			
	32a. Signature of Funeral Practitioner or Authorized Person → Ron Sargent <i>Signature Electronically Authenticated</i>				32b. Name and Address of Facility or Authorized Person Albert & Burpee Funeral Service, Inc. 253 Pine St. Lewiston, Maine 04240			
Certifier	33a. Signature and Title of Certifier → Mark Mann Doctor of Medicine <i>Signature Electronically Authenticated</i> - To the best of my knowledge, death occurred at the time, date, and place, due to the cause(s) and manner as stated.						33b. Date Signed March 07, 2017	
	33c. Name and Address of Certifier Mark Mann, 123 Any Street NW, Bangor, Maine 04401					34. Was Body Viewed After Death? No		
Cause of Death	35. Time of Death 08:00 AM Actual time of death		36. Manner of Death Natural			37. Medical Examiner Case Number		
	38. Part I.						Approximate Interval Between Onset and Death 2 days	
	Immediate Cause of Death (Final disease or condition resulting in death)		→ a. Heart Attack Due to (Or as a consequence of):					
			→ b. _____ Due to (Or as a consequence of):					
Sequential list of other conditions, if any, leading to immediate cause. The underlying cause (Disease or injury which initiated events resulting in death) is entered last.		→ c. _____ Due to (Or as a consequence of):						
		→ d. _____ Due to (Or as a consequence of):						
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.								
Registrar		39. Signature of Registrar → Kim E. Haggan <i>Signature Electronically Authenticated</i>				40. Date Filed March 08, 2017		

Exercise 5.6 – Print Forms - Drop to Paper - Medical

Skill Learned: How and when to use the [Drop to Paper Medical](#) feature. The [Drop to Paper Medical](#) feature should only be used if the Personal Information on the death certificate will be completed on paper instead of electronically. Once a certificate is “dropped to paper”, previously authenticated signatures are printed along with all filled-in data. The paper document is then considered the official source of the death certificate information. At this point, **DAVE™**

locks all “authenticated” information from further update to ensure the paper document matches the electronic record. Authorized users, such as state users, has the ability to update “locked” fields once the paper document is filed.

1. From the **Death Registration Menu**, select **Other Links -> Print Forms -> Drop to Paper Medical**. (Note: Case must be certified)

Death Registration Menu 38163 :James Bush Oct-31-2013
 /Personal Invalid/Medical Valid/Not Registered/Unsigned/Certified/NA/FIPS Coding Required/ICD Coding Required/Personal Pending
 Print Forms
 Medical Examiner Release Form
 Drop to Paper Medical
 Interstate Exchange Copy Cannot be printed unless e...
 Working Copy

The case must be Certified for the Drop to Paper Medical link to be enabled.

Note: Access to the Drop To Paper link is limited by both user security configuration AND the status of the record in question. Even with the proper security profile, you may or may not have access to the Drop to Paper link. Once a record is dropped to paper, the certifier will no longer be able to edit the record. However, if the case has not yet been registered, the certifier can cancel the drop to paper as instructed below.

2. The form will launch in PDF format for printing.



NAME KNOWN TO PHYSICIAN		DEPARTMENT OF HEALTH AND HUMAN SERVICES						State File Number
CERTIFICATE OF DEATH								
1a. FIRST NAME James		1b. MIDDLE NAME			1c. LAST NAME Bush		1d. JR., etc.	
2. DATE OF DEATH Actual date of death October 31, 2013		3. SEX Male	4. SOCIAL SECURITY NUMBER Unknown	5a. AGE (Yrs) Last Birthday	5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH Unknown

The status bar will indicate when a record has been **Drop to Paper Medical**.

317370 :Britney Burns May-11-2017

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

Print Forms

- Drop to Paper Medical
- Working Copy

Return

The record will automatically drop into a Drop to Paper Medical Work Queue assigned to the Office of Vital Records for completion of the **Personal Information**.

Search by Registration Work Queue

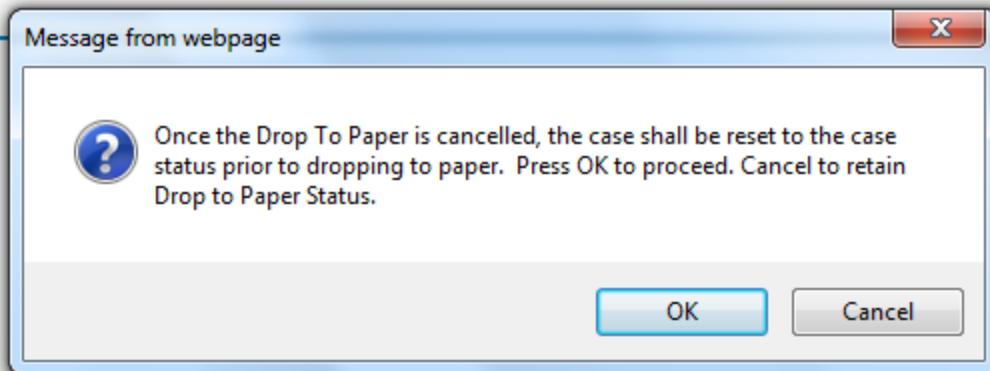
Queue: Search Type: Value:
Display rows per page. Filter:

All	Case Id	File Number	Registrant	Date of Event ↑	Data Provider
<input type="checkbox"/>	317370		Burns, Britney	May-11-2017	

- To cancel the drop-to-paper select **Other Links ->Cancel Drop to Paper**.
- Select **Ok** on the popup message as shown below.

Print Forms

- Drop to Paper Medical
- Working Copy



Exercise 5.7 – Refer To Medical Examiner

Skill Learned: How to refer a case to the medical examiner for review. The purpose of the **Refer to Medical Examiner** page is to notify a medical examiner of a death that was due or may have been due to unnatural causes.

1. From within the registration (case) requiring referral, select **Other Links -> Refer to Medical Examiner**.

The screenshot shows the 'Death Registration Menu' on the left with 'Refer to Medical Examiner' highlighted in red. The main content area displays case information for '317360 :Bryan Berry May-09-2017'. The 'Decedent' section includes fields for 'Decedent's Legal Name' (Prefix, First: Bryan, Middle, Other Middle, Last: Berry, Suffix) and 'Aliases'. The 'Date of Birth' section includes fields for Age (Years, Months, Days) and Under 1 Year (Months, Days). The 'Decedent's Birth Place' section includes fields for City or Town, State, and Country (United States). There is also a dropdown for 'Ever in US Armed Forces?'. At the bottom right, there are buttons for 'Validate Page', 'Next', 'Clear', 'Save', and 'Return'.

2. This will launch the **Refer to Medical Examiner** page as shown below. Notice, that the **Message** field is auto-filled with a pre-formatted message. This message can be sent as is, edited, or deleted and replaced entirely.

The screenshot shows the 'Refer to Medical Examiner' page. The 'Office Name' field is filled with 'Office of Chief Medical Examiner'. The 'Message' field is auto-filled with the text: 'Please review Case Id: 317360 - Bryan Berry, Date of Death: May-09-2017 referred by Acadia Hospital. This message can be edited.' At the bottom right, there are buttons for 'Clear', 'Save', and 'Return'.

3. Click **Save** to complete the referral process. The next time the medical examiner logs in, this case will appear in his/her work queue and in the **Messages** menu.
4. Once the message is saved, the information on the page and the SAVE button is disabled. The status bar will show ME Review Required as shown below.

317360 :Bryan Berry May-09-2017

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

Refer To Medical Examiner

Office Name

Message

The medical examiner will be able to go into the case and select Accept, Decline, Pending or Take Control of Case as shown below.

ME Review Case

Referral Action ▶
ME Case Number ▶
Message

The medical certifier will receive both a **DAVE™** message and email indicating the action taken from the medical examiner. Below is an example of the message the medical certifier will receive.

Messages

From	Message Text	Date Sent	<input type="checkbox"/>
Med Exams	Case Id: 38157 - Johnny Caper, Date of Death:Oct-30-2013 has been reviewed. This referral action for this case was: Accept Referral.	11/1/2013 8:14:14 AM	<input type="checkbox"/>

The status bar on the case will show “Under ME Review” when the medical examiner has taken one of the following actions: Accepted, Pending, Take Control of Case. If the Medical Examiner selects Accept Referral or Take Control of Case, the certifier will no longer have access to the case.

38157 :Johnny Caper Oct-30-2013

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

If the case has been “declined” by the medical examiner the status bar will indicate “Referral Declined” and an automated email and message will be sent to the medical certifier. The medical certifier will continue to have access rights to the case.

38158 :Paul Lane Oct-30-2013

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/Referral Declined/FIPS Coding Required/Personal Pending/Medical Pending

Exercise 5.8 – Relinquish Case

Skill Learned: How to surrender ownership of an unregistered record. Once a certifier has certified a record, no other user has “write access” to that portion of the record. That is, only the certifier that “owns” the information is allowed to edit the information.

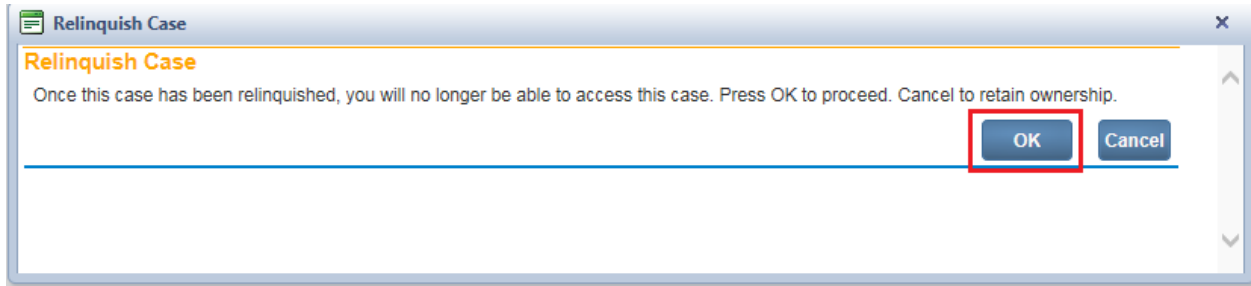
The [Relinquish Case](#) link allows a user to relinquish control of their portion of a record so that a different user can login and take ownership. If the case is “certified” it will become “un-certified” once the owner relinquishes the case giving another user access to the case. A case, however, does not need to be certified to be relinquished.

NOTE: Once the record is relinquished, the person who relinquished the record will no longer have access to the record **once the new user has taken ownership**. If the new user has not yet taken ownership, the person who relinquished the case can regain access of the record by going to **Life Events>Death>Start/Edit New Case**.

1. From the **Death Registration Menu** select **Other Links -> Relinquish Case**

The screenshot shows a web interface for a death registration system. On the left is a 'Death Registration Menu' with a dropdown list. The 'Other Links' section is expanded, and 'Relinquish Case' is highlighted with a red box. The main content area displays case information: '317361 :William Whitten May-09-2017' and a status bar with various flags. Below this, the word 'Affirmations' is shown in orange, followed by the text 'Authentication successful.' and two buttons labeled 'Clear' and 'Ret'.

2. The **Relinquish Case** window will open. Select **OK** to relinquish control of the record or **Cancel** to retain ownership of the record.



- To regain control of the record (if ownership has not yet been taken by another user), access it from the **Life Events -> Death -> Start Edit New Case**. A dialog will pop up asking the user if they want to take ownership of the case.

Exercise 5.9 – Request Non-Affiliated Certification

Skill Learned: How to request certification from a user who is not affiliated with the medical facility that started the case.

There may be occasions when the certifier on record does not have an in-depth knowledge of the decedent’s medical history to complete the cause of death. In cases such as this, the certifier may request certification from a non-affiliated user (different facility). The non-affiliated user must be a DAVE™ user.


Note: This option may or may not be available based on security privileges.


- From the **Death Registration Menu** select **Other Links -> Request Non-Affiliated Certification**.

The **Request Non-Affiliated Medical Certification** page will appear.

Request Non Affiliated Medical Certification

Certifier Information

Certifier Name: 

Facility/Office Name: 

First Name:

Middle

Last

Office:

Message Please complete the medical certification for: Case Id: 317362 - Mike Maples, Date of Death: May-09-2017.

Clear Save Return


2. Click on the Certifier Name LOV. The **Lookup Certifier** page will popup.



Request Non Affiliated Medical Certification

Certifier Information

Certifier Name:  **LOV**

Facility/Office Name: 

First Name:

Middle

Last

Office:

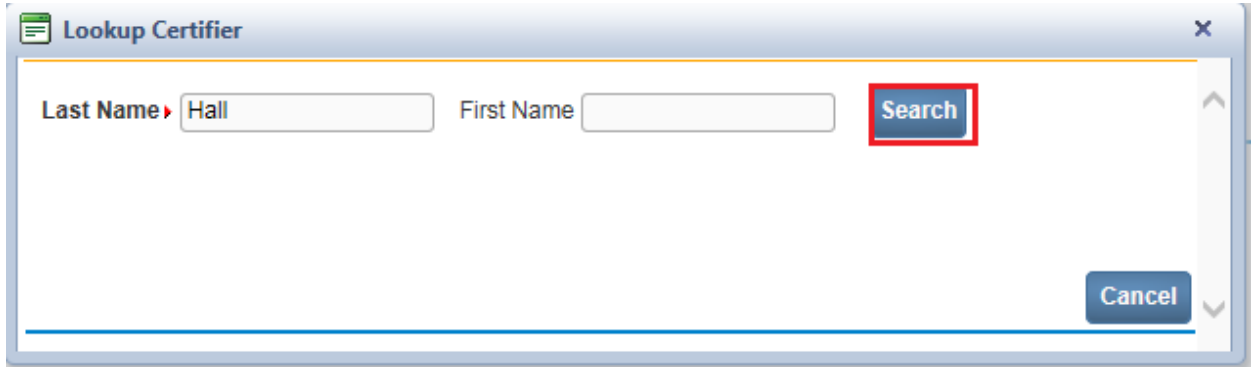
Message Please complete the medical certification for: Case Id: 317362 - Mike Maples, Date of Death: May-09-2017.

Lookup Certifier

Last Name First Name **Search**

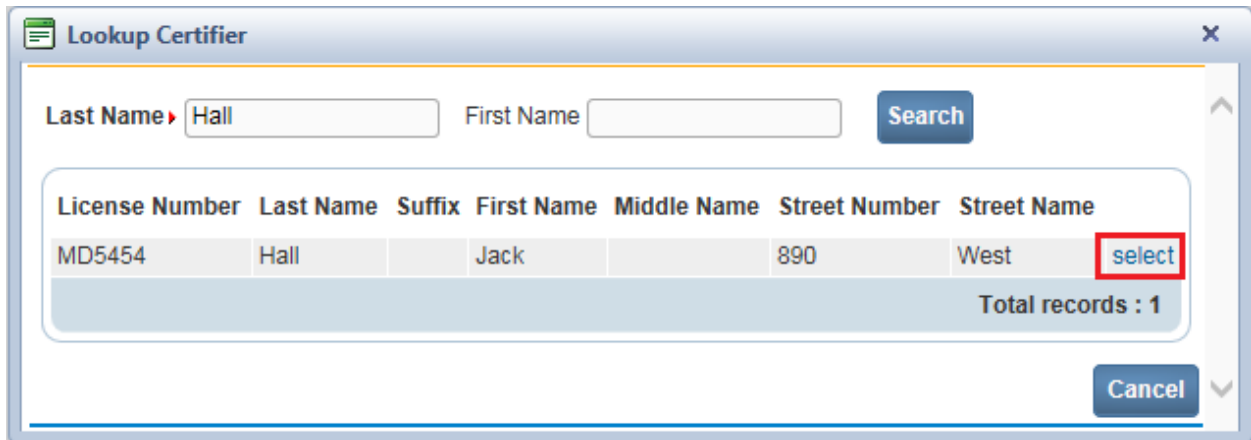
Cancel

3. Key in the Last Name of the certifier for whom non-affiliated medical certification is requested.
4. Click the **Search** button.



The screenshot shows a dialog box titled "Lookup Certifier". It has a search form with two input fields: "Last Name" containing the text "Hall" and "First Name" which is empty. To the right of these fields is a blue button labeled "Search", which is highlighted with a red rectangular box. At the bottom right of the dialog is a blue button labeled "Cancel".

5. Click the **Select** button on the same row as the desired certifier.



The screenshot shows the same "Lookup Certifier" dialog box, but now it displays search results. The search fields and "Search" button are still visible. Below them is a table with the following data:



License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name	
MD5454	Hall		Jack		890	West	select



Below the table, it says "Total records : 1". A blue "Cancel" button is at the bottom right. The "select" button in the table row is highlighted with a red rectangular box.

The certifier's name is system-filled on the **Request Non-Affiliated Medical Certification** page.

Request Non Affiliated Medical Certification

Certifier Information

Certifier Name:  

Facility/Office Name:  

First Name: Jack
Middle
Last Hall



Office:


Message Please complete the medical certification for: Case Id: 317362 - Mike Maples, Date of Death: May-09-2017.

- Next, click on the Facility LOV.

Request Non Affiliated Medical Certification

Certifier Information

Certifier Name:  

Facility/Office Name:  

First Name: Jack

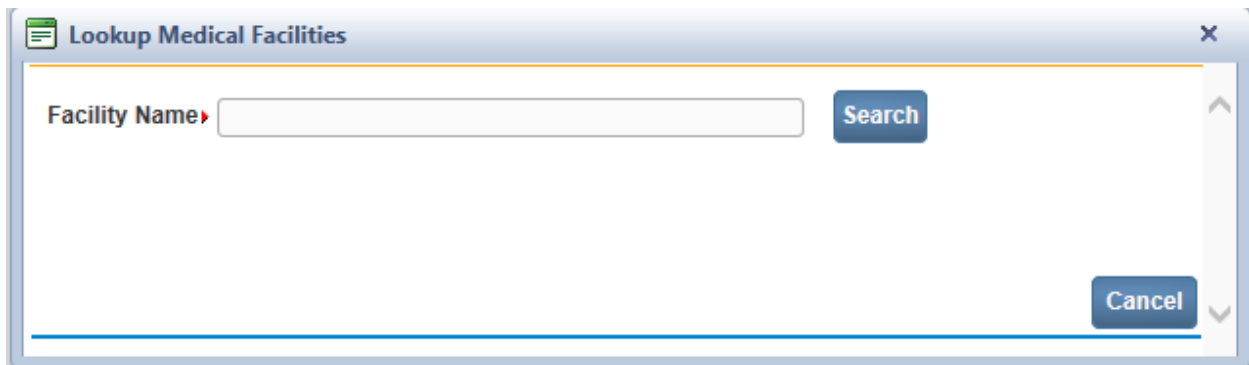
Middle

Last Hall

Office:

Message Please complete the medical certification for: Case Id: 317362 - Mike Maples, Date of Death: May-09-2017.

The Facilities popup will appear.



The image shows a popup window titled "Lookup Medical Facilities" with a close button (X) in the top right corner. Inside the window, there is a text input field labeled "Facility Name" with a dropdown arrow on the left. To the right of the input field is a blue "Search" button. At the bottom right of the window is a blue "Cancel" button. The window has a light blue border and a white background.

- Key in the name of the facility. Type in either the entire facility name, or use a wild card (Augus%) as done in the example below.

Lookup Medical Facilities

Facility Name ▶ Augus% Search

Cancel

8. Click the **Search** button.
9. Click the **Select** button on the same row of the desired facility.

Lookup Medical Facilities

Facility Name ▶ Augus% Search

Facility Name	Address	City	
Augusta Family Medicine	15 Enterprise Drive	Augusta	select

Total records : 1

Cancel

The office name is system-filled with the selected facility.

Request Non Affiliated Medical Certification

Certifier Information

Certifier Name: ▶ 🔍 📝

Facility/Office Name: ▶ 🏢 📝

First Name: Jack

Middle

Last Hall

Office: Augusta Family Medicine

Message ▶
▼

Please complete the medical certification for: Case Id: 317362 - Mike Maples, Date of Death: May-09-2017.

Clear Save Return

10. Click the **Save** button.

Both an external email and an internal message will be sent to the requested certifier as shown below.

The screenshot shows an email header with the following information:

- From: DAVE-no-reply@smtp.state.me.us
- To:
- Cc:
- Subject: Case id 317362 - Medical Certification Requested

The email body contains the following text:

Jack Hall

Please complete the medical certification for: Case Id: 317362 - Mike Maples, Date of Death: May-09-2017. Maples, Mike

Below the email is a 'Messages' section with two buttons: 'Send Message' and 'Remove from List'. A table below shows a message from Mark Mann with the same text as the email above, dated 5/9/2017 2:26:24 PM.

From	Message Text	Date Sent	
Mark Mann	Please complete the medical certification for: Case Id: 317362 - Mike Maples, Date of Death: May-09-2017. Maples, Mike	5/9/2017 2:26:24 PM	<input type="checkbox"/>

The Status Bar will then show that a **Non-Affiliated Medical Certification** has been requested.

The screenshot shows a case status bar with the following information:

- Case ID: 317362
- Decedent Name: Mike Maples
- Date: May-09-2017
- Status: /New Event/New Event/Not Registered/Unsigned/Uncertified/NA/Non Affiliated Medical Certification Requested

Below the status bar is a 'Decedent' section with the following information:

Decedent's Legal Name

Prefix	First	Middle	Other Middle	Last	Suffix
	Mike			Maples	

Both the certifier who started the case and the certifier who received a non-affiliated medical certification request can access the case. The Certifier who started the case can access the case from the **LifeEvents>Death>Locate Case** menu. The Certifier who received the request can access the case only through **Messages** by clicking on the decedent name link in the message received. Once a **Non-Affiliated Medical Certification** has been requested, only the certifier who received the request is able to certify the case.

In this example, the certifier who received the non-affiliated certification request completed the cause of death.

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	Immediate Cause (Final disease or condition resulting in death) Hemorrhagic Shock	Minutes
Line b	Due to or as a consequence of Disseminated intravascular coagulopathy	Hour
Line c	Due to or as a consequence of Abruptio placenta	13 Hours
Line d	Due to or as a consequence of	
PART II Other significant conditions	Gestational hypertension 36 weeks into pregnancy	

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

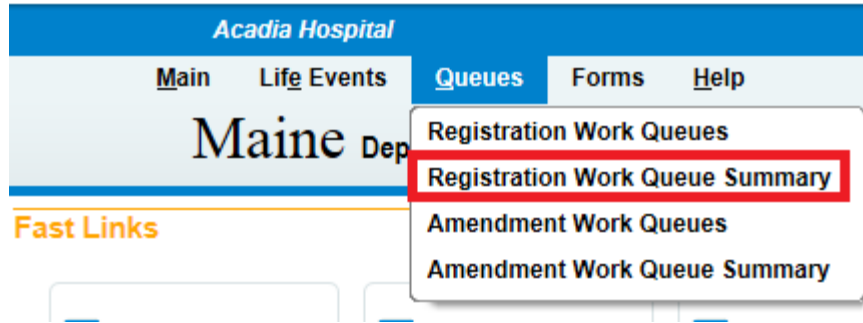
Section 6: Work Queues

In this section, you will learn how to navigate through the various **DAVE™** work queues. From the **Home** page, select the **Queues** menu. Queues are used to group death cases together based on the amount of work that has been done with them and the amount of work that still needs to be done. This grouping is accomplished through the assignment of work queue statuses based on validation rule failures.

Exercise 6.1 – Work Queue Summary

Skill Learned: How to access records via work queues. As registrations work their way through **DAVE™**, they will pass from one work queue to another. **Queues** represent the statuses assigned to records in **DAVE™**.

1. From the **Home** page, select **Queues>Registration Work Queue Summary**. This will bring up a listing of all the available work queues containing cases. **Queues** contain registrations, or amendments having a work queue status. If a queue does not contain any records the queue will not be displayed in the list.



Acadia Hospital Welcome back: Trainmdcs1 Logout

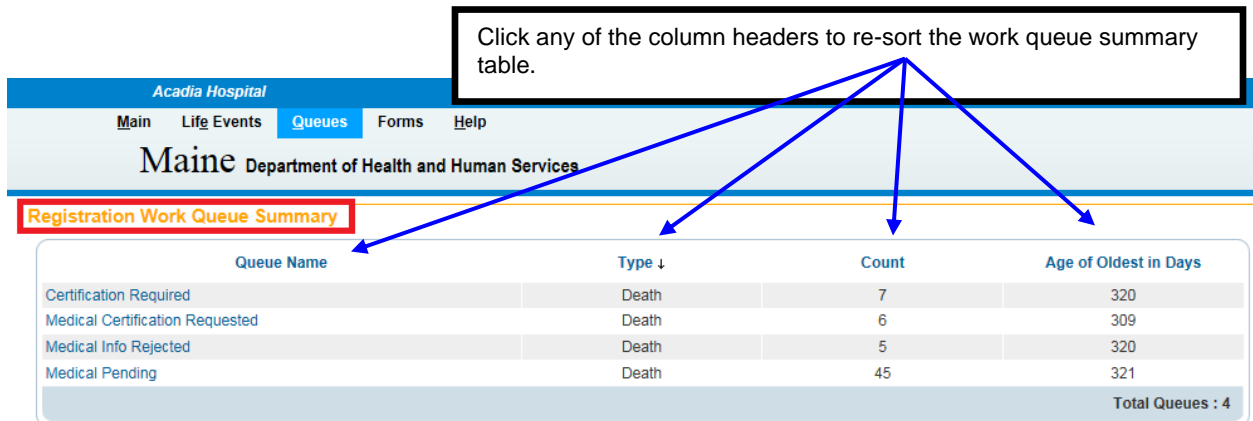
Main Life Events **Queues** Forms Help

Maine Department of Health and Human Services

Registration Work Queue Summary

Queue Name	Type ↓	Count	Age of Oldest in Days
Certification Required	Death	7	320
Medical Certification Requested	Death	6	309
Medical Info Rejected	Death	5	320
Medical Pending	Death	45	321
Total Queues : 4			

- The default sort order is by **Queue Name**. Notice however, that the column headers in the summary table are all hyperlinks. Clicking any of these header links will change the sort order of the table based on that column's content.



Note: The actual work queues available will vary based on user type and user security setup.

3. **Type** indicates the kind of record being presented. (e.g., Death, Birth).
4. **Count** indicates how many records are in the queue. **Age of Oldest in Days** indicates the age of the oldest record in the queue.
5. Click the **Queue>Certification Required-Death** queue to view a list of the records currently found in that queue. In the example shown here there are 7 records in the **Certification Required** queue.

Search by Registration Work Queue

Queue: Certification Required - Death Search Type: Value:

Display 200 rows per page. Filter:

All	Case Id	File Number	Registrant	Date of Event ↑	Data Provider
<input type="checkbox"/>	317048		Day, Dahlia	Mar-08-2017	
<input type="checkbox"/>	316997		Jumper, Jack	Feb-28-2017	Albert & Burpee Funeral Service, Inc.
<input type="checkbox"/>	316956		Jones, Gerard	Feb-22-2017	Albert & Burpee Funeral Service, Inc.
<input type="checkbox"/>	316849		Jenkins, John	Feb-06-2017	Albert & Burpee Funeral Service, Inc.
<input type="checkbox"/>	316823		Paterson, Paul	Feb-01-2017	Albert & Burpee Funeral Service, Inc.
<input type="checkbox"/>	308878		Grisby, Noe Qq7	Aug-05-2016	
<input type="checkbox"/>	308607		Atencio, Allie Qq7	Jun-24-2016	
					Total records : 7

6. Click any [Registrant](#) name or [Case Id](#) link to open that record for review or editing.

Search by Registration Work Queue

Queue: Certification Required - Death Search Type: Value:

Display 200 rows per page. Filter:

All	Case Id	File Number	Registrant	Date of Event ↑	Data Provider
<input type="checkbox"/>	317048		Day, Dahlia	Mar-08-2017	
<input type="checkbox"/>	316997		Jumper, Jack	Feb-28-2017	Albert & Burpee Funeral Service, Inc.
<input type="checkbox"/>	316956		Jones, Gerard	Feb-22-2017	Albert & Burpee Funeral Service, Inc.

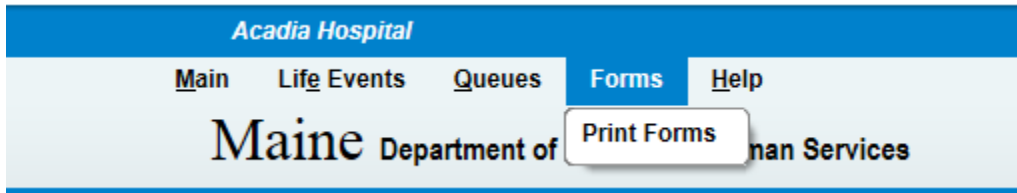
Section 7: Forms

Exercise 7.1 – Vital Records Forms

Users can access forms from the DAVE™ application. Restricted forms will no longer be located on Vital Records Data, Research, and Vital Statistics web site.

Forms that were form-fillable on the Vital Records web site will continue to be form-fillable in DAVE™.

1. From the **Home** page select **Forms>Print Forms**.



2. Click on the desired form link.

Print Forms

All_Certaband_Certificate of Abandonment	HCP_VS7A_Hospital Application correcting Maine Certificate of Birth_Instructions
All_Fetal Death Certificate and Disposition Permit Procedure	MC_Changing Designation of Parent on Birth Certificate
All_Instructions to Renew Your DAVE Password	MC_Checklist for Issuing a Marriage License
All_VR Staff Name Listing	MC_DRVS 128th Legislation_New Laws
All_VS3_Certificate of Death	MC_Eligibility Matrix_Who can obtain a Vital Record
All_VS35_Permit for Disposition of Human Remains	MC_incounterbthform_Counter Form for Births
All_VS36_Report of Death	MC_incounterdthform_Counter form for Deaths
All_VS37_Medical Examiner's Release of Human Remains	MC_incountermarform_Counter form for Marriages
All_VS38_Application for Disinterment or Removal of Human Remains	MC_Instmunservfee_Instructions for Completing State Share Reporting Form
All_VS3A_EDRS_Medical Certification of Death	MC_Internalvrform_Clerks Vital Records Request Form

3. Click **Open** in the dialog box.



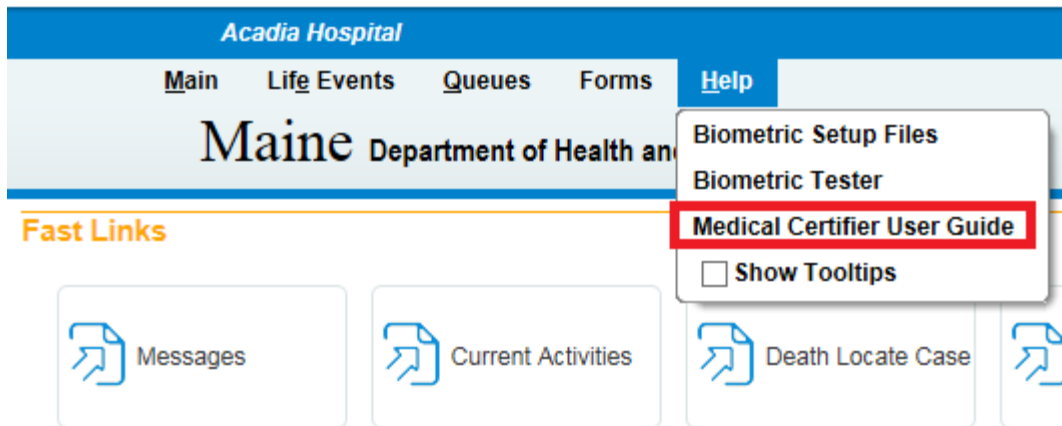
4. Print the form as you would normally print any other document.

Section 8: User Guide

Exercise 8.1 – User Guide Medical Facility

Skilled Learned: Where to locate the Medical Facility User Guide

1. On the **Home** page select the **Help** menu.



2. Click on the **Medical Certifier User Guide** link to open the manual.

Section 9: Resources

The National Center for Health Statistics (NCHS) has prepared the following handbook which contain instructions for completing death certificates:

- Physicians' Handbook on Medical Certification of Death


You can obtain this handbook at the following link:



https://www.cdc.gov/nchs/data/misc/hb_cod.pdf

Appendices

Appendix 1 – Glossary of Icons and Controls


There are several different types of **icons** and **controls** used in **DAVE™**. Many of these are industry-standard or universal controls that you may already be familiar with from using other programs and/or websites. Others, are **DAVE™** specific controls that you will not find anywhere else.

-  - **Auto-populate Button** – this control can be clicked on using your mouse's left click button. This control is used in conjunction with a dropdown list to auto-fill information relevant to the entity selected within the dropdown list. Clicking the auto-populate button below will auto-fill the Age.

Date of Birth   Age


Under 1 Year
Years Months Days

Auto-populate - **Auto-populate Tool Tip**: this is an onscreen tool-tip that appears whenever the cursor is allowed to 'hover' over an Auto-populate button. This is simply a visual indicator that the auto-populate feature can be used.

 **Calendar Icon**: this is an onscreen control that can be clicked on using your mouse's left click button. This icon is used in conjunction with Date Entry text boxes. Clicking this icon will bring up the Calendar control that can be used to select a specific date.


Calendar control: this is an onscreen control containing several other controls. There are two dropdown lists, one for selecting the month and the other for selecting the year. The default calendar displayed will be for the current month and year with the current day displayed in red. Clicking any day of any date will cause that date to be displayed in the corresponding **Date Entry** text box using a MMDDYYYY format.

Pronouncement

Date of Death 

Time of Death

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

 - **Checkboxes**: these are universal, onscreen controls that can be clicked on using your mouse's left click button. Checkboxes are used for making selections among various onscreen options. More than one checkbox can be selected at a time (compared to **Radio Buttons** that can only be selected one at a time.) **Checkboxes** exist in two states: **Checked** and **Unchecked**. Clicking unchecked checkboxes will place a checkmark (☑) in the checkbox. Clicking a checked checkbox will remove the checkmark.


- **Click Buttons**: these are universal controls that can be clicked on using your mouse's left click button. They are used to accept data inputs, write information to databases and usually trigger the processing of underlying system code.



Was ME Contacted?


- **Dropdown Lists**: these are universal, onscreen controls that can be selected from using your mouse's left click button. Clicking the down-arrow button will cause a list of selectable options to dropdown. Clicking any option in the list will select it and display it in the text box field.


Was ME Contacted?

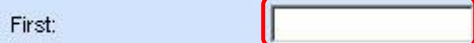
Yes
No


 - **Fix Icons**: this is an onscreen icon that appears only in the **DAVE™ Validation Frame**. Clicking this icon will send the cursor to the field containing invalid information so that it can be corrected.


Validation Results	List All Errors	Save Overrides	Hide
Error Message	Override	Goto Field	Popup
DR_6218: The time of death modifier cannot be left blank. Enter the appropriate modifier for the time of death.			


 - **Labels** –are universal controls or fields. Actually, most fields have labels. A **Label** tells you what type of information is displayed in a field or what type of information to place in a field. In our example here, the field has a label containing the word **First**. That tells you to place the Decedent’s first name in this text box field.

 - **Radio Buttons**: these are universal controls that can be selected using your mouse’s left click button. Clicking a radio button will fill in (●) the circle. Unlike **Checkboxes**, which allow for multiple selections, only one **Radio Button** per group of buttons may be selected at one time. For example, you might use a radio button to select a brand of car to purchase, but use checkboxes to add all the features you want.

 - **Text Entry Boxes**: these are universal controls used to record information. **Text Entry Boxes** can be formatted to accept only text, a combination of text and numbers, numbers only or dates. In this example, the **Text Box** is being used to record someone’s **First** name. In this case, the text entry box is formatted to prevent the entry of any numbers or special characters. Some **Text-Entry Boxes** are display only.

 **Pronouncement** - **Validation – Green Checkmark**: this is a display only icon. Clicking it has no effect. This icon is used in the **Death Registration Menu** and indicates that a **DAVE™** information page contains valid information.

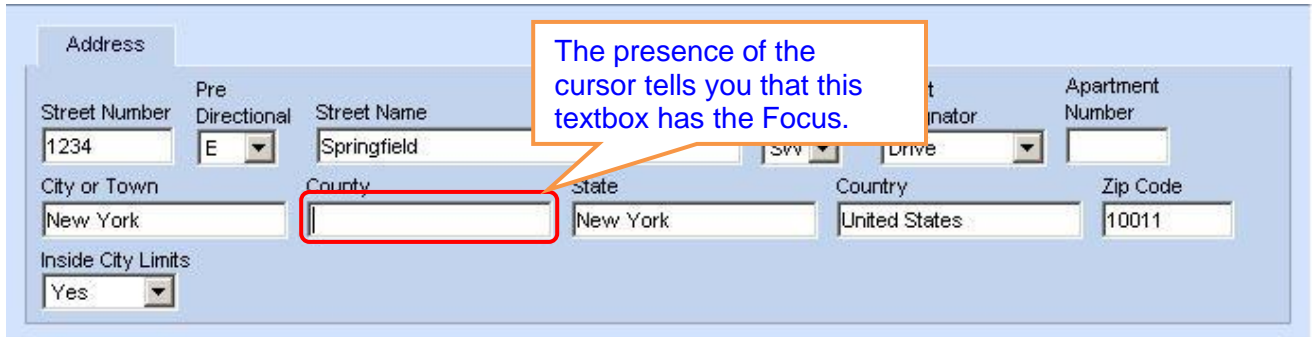
 **Cause of Death** - **Validation – Red X**: this is a display only icon. Clicking it has no effect. This icon is used in the **Death Registration Menu** and indicates that a **DAVE™** information page contains invalid information that must be corrected before certification will be allowed.

 **Place of Death** - **Validation –Yellow Circle**: this is a display only icon. Clicking it has no effect. This icon is used in the **Death Registration Menu** and indicates that a **DAVE™** information page contains information that may be invalid and must be corrected or overridden before certification will be allowed.

Appendix 2 – Usage and Common Conventions

This appendix consists of useful tips and tricks to help you become a more efficient user of the **DAVE™** application. These hints will actually help you with almost any Windows based application.

1. **Focus – Focus** determines which field on the page will receive the action. For example, if an empty text box has the focus then a flashing cursor will appear in the far left hand side of the box. Anything you type will appear in the text box.



The presence of the cursor tells you that this textbox has the Focus.

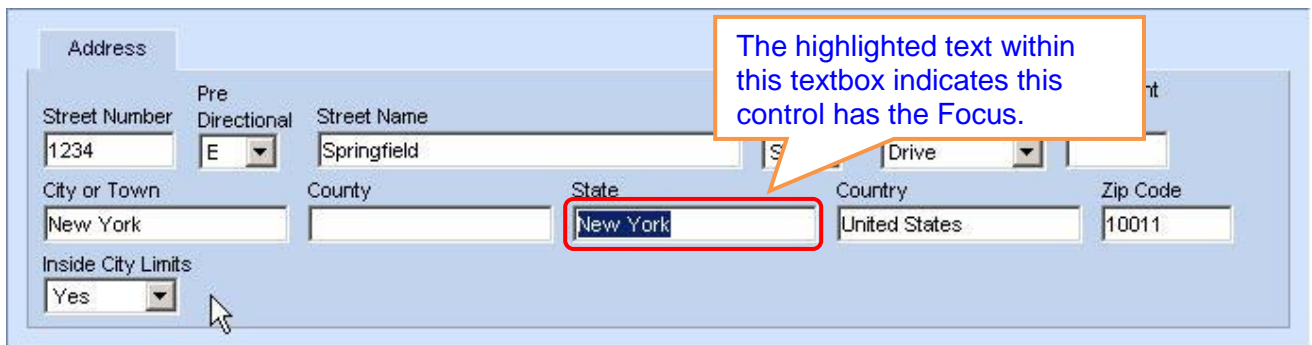
Address

Street Number: 1234 | Pre Directional: E | Street Name: Springfield | Apartment Number: []

City or Town: New York | County: [] | State: New York | Country: United States | Zip Code: 10011

Inside City Limits: Yes

If a pre-filled textbox has the focus then the text in that box will be highlighted. If you type here with the text highlighted, the current text will be deleted.



The highlighted text within this textbox indicates this control has the Focus.

Address

Street Number: 1234 | Pre Directional: E | Street Name: Springfield | Apartment Number: []

City or Town: New York | County: [] | State: New York | Country: United States | Zip Code: 10011

Inside City Limits: Yes

If a **Checkbox, Radio Button, or Click Button** receives the focus then a dotted line will surround the checkbox or radio button.



2. **Passing the Focus** There are two ways to pass the focus to a field: clicking the field with your mouse or pressing the **Tab** key until the desired field is highlighted.

The most common way of placing the focus on a field is by clicking the field with your mouse. This is also the slowest and least efficient way of passing the focus from one field to the next.

Instead, learn to use **Tab** and **Shift-Tab** to pass the focus back and forth among the fields. Using **Tab** will advance the focus forwards. **Shift-Tab**, which is triggered by holding down the **Shift** key while pressing the **Tab** key, will pass the focus back to the previous field.

Every page is structured a little differently. Exactly where **Tab** and **Shift-Tab** sends the Focus will vary, but it should always advance you logically from one field to the next.

3. **Keyboard Shortcuts** – Now that you understand what **Focus** is and how to pass it from one field to the next, let's see how you can use it to become a more efficient **DAVE™** user.

If a **Text Entry Box** has the **Focus**, then just start typing to fill in the box. Note: If the text entry box already contains text, then when it receives the focus that text will be highlighted. Anything typed while the text is highlighted will replace the old text.

If a **Checkbox** has the **Focus**, then pressing the spacebar will check or uncheck the control.

If a **Dropdown List** receives the **Focus** then you have several options:

- Use the mouse to click the down-arrow to reveal the list of selectable options. However, try to avoid using the mouse.
- If you know the first letter of the option you want to select, type just that letter. The focus will then shift down to the first option in the list beginning with that letter.
- If there are multiple selections beginning with that letter, then keep typing it until your desired option shows up. Then, **Tab** off of the list to save that selection.
- Use the **Up** and **Down Arrows** on your keyboard to scroll through the list of options. When the correct option is highlighted, use the **Tab** key to save that selection and move to the next field.
- Hold down the **Alt** key and press the **Down-Arrow** button on your keyboard to reveal the list. Then, using either your mouse or the **Up** and **Down Arrows**, make your selection and **Tab** off to the next field or hit the **Enter** button.

If a Click Button  receives the focus you have two options:

- Use the **Spacebar** to “press” the button, or
- Use the **Enter** key to “press” the button

Selecting the **F12** key while your cursor is in a Date field will auto-fill the date field with the current date.