

Entering a Death Record



Easy Reference Guide

Funeral Home



Enter a Death Record

This guide will show you how to:

- Enter a Death Record in GAVERS
- Submit the record electronically
- Select “Drop to Paper” if the record cannot be completed electronically

Directions:

Follow these directions to enter a **Death Record** using Georgia Vital Events Registration System (GAVERS).

Requirements:

- Turn Off Pop-up Blockers
- Use either IE or Mozilla
- **Do Not Use Chrome**
- See User Registration and Confidentiality Agreement for minimum system requirements

Log in and open the “**Death Module.**” Here’s how...

1. Type <https://gavers.dph.ga.gov/Welcome.htm> into your browser (to get to the internet).

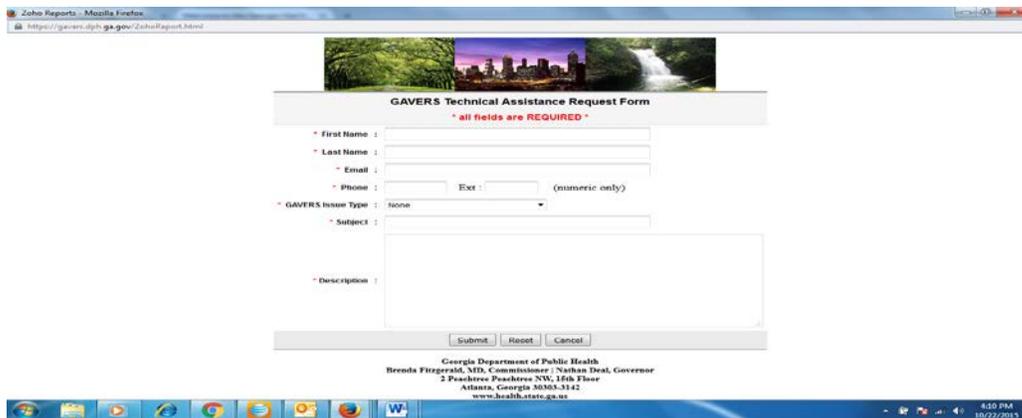
What happens? The Welcome Page appears. (See image below.)

2. Click **Log on to GA Vital Events Registration System** at the bottom of the screen. **Option:** You can also log on at the top of the screen where you see the **Login** button.

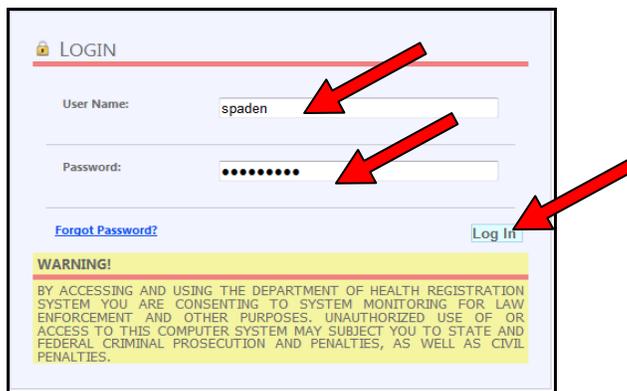
Description	Phone Number	Hours	Mailing Address:
Vital Events Registration System	404-679-4745	8:00AM - 4:45PM M-F	Division of Public Health (DPH) Vital Records Unit 2600 Skyland Drive, NE Atlanta, GA 30319-3640
Fax Number	404-679-4730	8:00AM - 4:45PM M-F	
Vital Records Customer Service	404-679-4702	8:00AM - 4:45PM M-F	Email Address: VEISAdmin@dhr.state.ga.us

Notice the link for **Reporting GAVERS Issues** that you can use whenever you have a problem with GAVERS.

3. When you use the ‘Report GAVERS Issue(s)’, the following page will open to the GAVERS Technical Assistance Request Form. Complete each field and click submit.



4. What happens? The **Login** screen appears.



5. Enter your **User Name**.

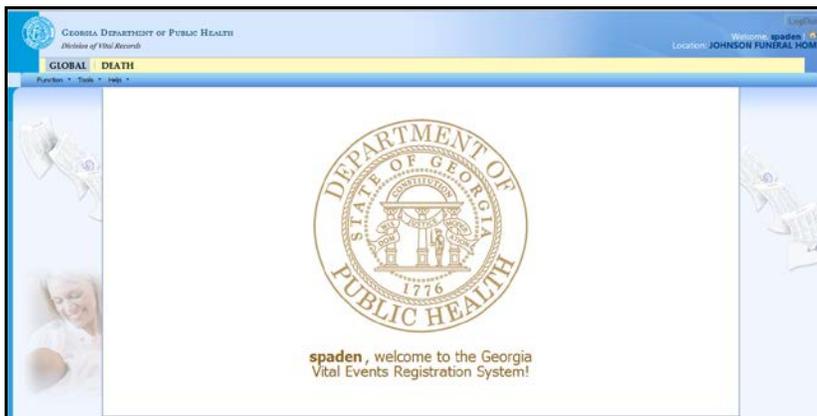
6. Enter your **Password** (NOT your PIN). **IMPORTANT:** Do not share credentials or PIN.

7. Click the **Log In** button.

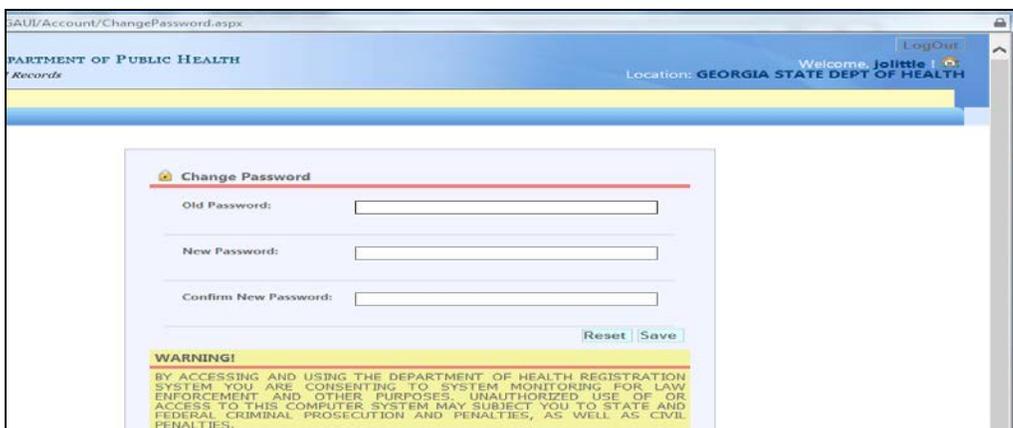
What happens? The **Select Location** screen appears.



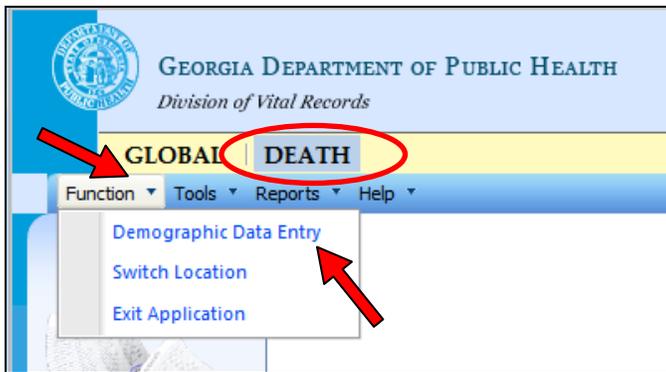
8. Click the dropdown arrow and select your funeral home. Click **OK**.



9. The first time you login, you are asked to change your password. Please choose a word that is a minimum of 9 characters in length, including one of the following symbols (!, #, @, or \$), a capital letter, and a number.



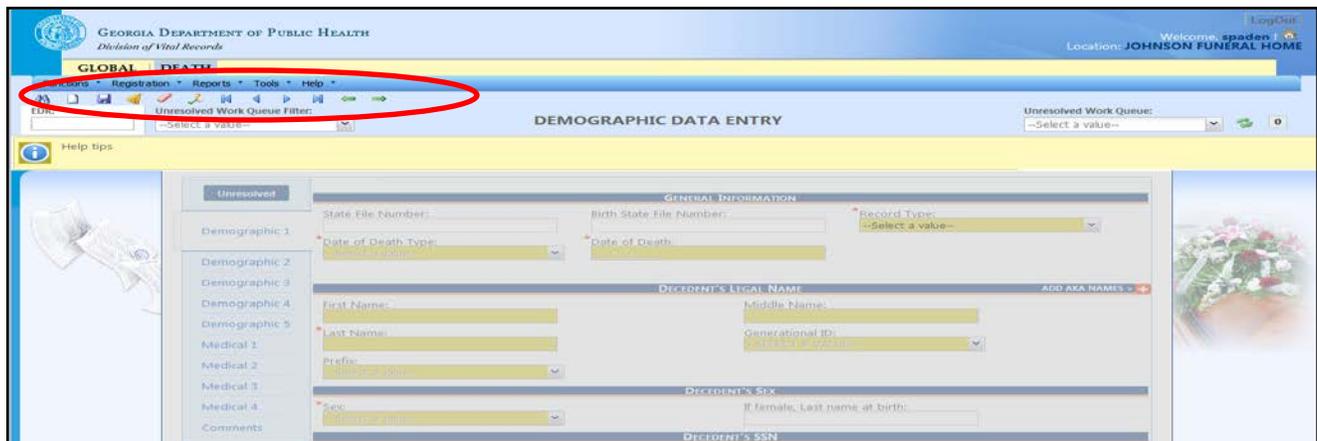
10. Click the **Death** tab at the top of the screen (shown with the red circle below).
11. Click the **dropdown arrow** next to **Function** and click **Demographic Data Entry**.



12. The **Demographic Data Entry** screen appears (See below). The system loads the application and the death worksheet displays, but immediately becomes disabled.

Note: An additional **Registration** menu is available as well as a series of icons.

Note: If you run your cursor or mouse over an icon, the function of the icon is displayed. These same functions are also available under the **Registration** menu.



Add a new Death record. Here's how...

1. Select the **New** button. (Notice the arrow below pointing to sheet of paper icon.)

What happens? A New Record screen displays and the **Date Of Death Type** field is highlighted.

The screenshot shows the 'New Record' form for a death record. The 'Date Of Death Type' dropdown menu is highlighted with a red circle. A red arrow points to the 'New' button icon in the top left navigation bar. The form includes sections for 'GENERAL', 'DECEDENT', and 'PLACE OF DEATH'. The 'GENERAL' section contains fields for 'Date Of Death Type', 'Date Of Death', 'SSN', 'SSN Missing Value Variable', 'Record Type', and 'EDR Number'. The 'DECEDENT' section contains fields for 'First Name', 'Middle Name', 'Last Name', 'Generational ID', 'Date Of Birth', and 'Gender'. The 'PLACE OF DEATH' section contains fields for 'Type Of Place Of Death', 'Place Of Death', and 'County Of Death'. The 'Find Record' and 'Cancel' buttons are at the bottom.

2. Click the **Date Of Death Type** dropdown arrow and choose the appropriate option from the drop down box.

The close-up screenshot shows the 'Date Of Death Type' dropdown menu. The dropdown is open, showing options: 'ACTUAL DATE OF DEATH', 'ACTUAL DATE OF DEATH', 'PRESUMED DATE OF DEATH', 'APPROXIMATE DATE OF DEATH', 'COURT DETERMINED DATE OF DEATH', and 'FOUND ON'. A red arrow points to the dropdown arrow.

3. Tab through all fields and enter information in all required fields (see red asterisks). Include information for each drop-down (Unidentified vs. Identified, SSN, etc.) Every field you complete will transfer over to the actual death record.
4. Once the mandatory fields are entered, click the **Find Record** button at the bottom.

The screenshot shows the 'DEATH' application interface. At the top, there's a menu bar with 'Reports', 'Tools', and 'Help'. Below it is a toolbar with navigation icons. The main window title is 'DEMOGRAPHIC DATA ENTRY'. A 'New Record' dialog box is overlaid on top. It has two main sections: 'GENERAL' and 'DECEDENT'. The 'GENERAL' section includes 'Date Of Death Type' (set to 'ACTUAL DATE OF DEATH'), 'Date Of Death' (06/01/2014), 'SSN' (234-56-7890), 'SSN Missing Value Variable' (set to '--Select a value--'), and 'Record Type' (set to 'IDENTIFIED'). The 'DECEDENT' section includes 'First Name' (JOHN), 'Middle Name' (M), 'Last Name' (DOE), 'Date Of Birth' (03/27/1966), and 'Gender' (MALE). Below these is a 'PLACE OF DEATH' section with 'Type Of Place Of Death' (HOSPITAL-INPATIENT), 'Place Of Death' (GRADY MEMORIAL HOSPITAL), and 'County Of Death' (set to '--Select a value--'). At the bottom of the dialog are 'Find Record' and 'Cancel' buttons. A red arrow points to the 'Find Record' button.

5. The system searches either to find a duplicate record or to determine that there is no match to the search criteria.
6. If no record is found, the following message is displayed.

The screenshot shows a 'New Record' dialog box with a light blue background. The text inside reads: 'No matching record was found. Do you want to create a new record?'. At the bottom of the dialog are two buttons: 'Ok' and 'Cancel'.

7. Click **OK**. The worksheet becomes enabled indicating you are now creating a new record. The Demographic 1 tab becomes enabled. If a matching record is found, follow the steps below:
 - Enter the required information only in the New Record Screen.
 - Select the SSN Missing Variables as “Unknown” and select the Record Type as “Unidentified”.
 - Click “Find Records” and you will receive this message, “No Matching Record Was Found”.
 - Once the application loads, change the Record Type back to “Identified” and save it.

Following these steps will allow you to unlock the SSN field so that you can complete the entry.



Important information when entering a worksheet for the decedent

- Complete all tabs as a funeral home user (Demographics 1-5 and Medical 1).
- GAVERS requires that you Tab through each field (**touch every field**) whether you entered data or not. **Note:** If you do not touch each field, GAVERS considers that field **Unresolved**, and you will not be able to verify the record.
- A yellow-colored field indicates the field is unresolved; a white field indicates a resolved field; and a blue field shows where you have focus (meaning the cursor is pointing to it).
- Save after entering data in each tab.
- The EDR number is an internally generated number for the worksheet you are entering- not a number you need to input.

Complete the fields on the **Demographic 1 Tab**. Here's how...



Notice the **Activity** box at the end of the tab list. This box appears on each worksheet page and indicates the current focus of your cursor.

1. Tab through and complete the fields on the **Demographic 1 Tab**.

The screenshot displays the GAVERS software interface for entering decedent information. The left sidebar shows a list of tabs: Unresolved, Demographic1, Demographic2, Demographic3, Demographic4, Demographic5, Medical 1, Medical 2, Medical 3, Medical 4, Comments, and ACTIVITY. The ACTIVITY box is circled in red. The main form area is divided into several sections:

- GENERAL INFORMATION:** Includes fields for State File Number, Birth State File Number, Record Type (dropdown), Date of Death Type (dropdown), and Date of Death (text input).
- DECEDENT'S LEGAL NAME:** Includes First Name, Middle Name, Last Name, Prefix (dropdown), and Generational ID (dropdown).
- DECEDENT'S SEX:** Includes Sex (dropdown) and If female, Last name at birth (text input).
- DECEDENT'S SSN:** Includes SSN (text input) and SSN Verification Status (text input).
- DECEDENT'S DATE OF BIRTH:** Includes Date Of Birth (text input), Age Units (dropdown), and Age (text input).
- DECEDENT'S BIRTHPLACE:** Includes State/Country (dropdown), City Of Birth (dropdown), and City(Other) (text input).

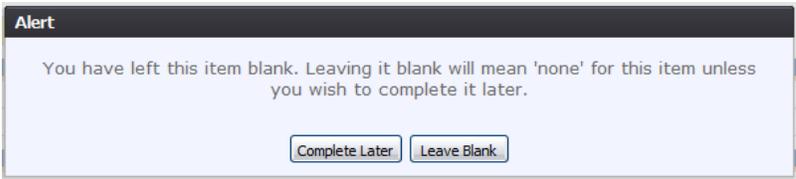
Red arrows point to the 'Date Of Birth' and 'State/Country' fields, which are highlighted in yellow, indicating they are unresolved. The 'Date of Birth' field contains the value '03/27/1966'. The 'Date of Death' field contains the value '06/01/2014'. The 'Last Name' field contains the value 'DOE'. The 'Sex' field is set to 'MALE'. The 'SSN' field contains the value '100-56-7890'. The 'SSN Verification Status' field contains the value 'NEW'. The 'Middle Name' field contains the value 'M'. The 'Generational ID' field is set to '--SELECT A VALUE--'. The 'Age Units' field is set to '--Select a value--'. The 'City Of Birth' field is set to '--Select a value--'. The 'State/Country' field is set to '--Select a value--'. The 'City(Other)' field is empty. The 'Previous', 'Save', and 'Next' buttons are visible at the bottom of the form.

2. Tab through each field and enter the information requested.

Note: If you do not have the age of the decedent, you need to calculate the Age based on the Date of Death and Date of Birth.

Note: If the decedent is born out of the country, select the green world icon to select a country. If a country of birth is selected, the **City of Birth** field becomes disabled and the **City (Other)** field becomes enabled. If the State/Country is not located, please utilize “Report GAVERS Issue (s)” to have the location added to GAVERS by the State Office of Vital Records.

3. Enter information in all fields.

If...	Then...
If you choose to leave a mandatory field blank...	You will see this message: 
If a field does not have a value, such as decedent's middle name...	You will see this message: 

4. When you are finished, click the **Save** button. After you save information on each tab, the system goes out to an Online Verification System (OVS) to verify the first, middle and last name, Date of Birth, Gender, and SSN with the Social Security Administration (SSA).

If GAVERS indicates there is a mismatch, please proceed with record based on the name and SSN information you have available for the decedent. The Best Practice is to secure a copy of the decedent's Social Security Card before initiating a record in GAVERS.

5. Click the **Next** button.

What happens? The **Demographic 2 Tab** will appear.

Complete the fields on the **Demographic 2 Tab**. Here's how...

1. Tab through and complete the fields on the **Demographic 2 Tab**. Always be certain the zip code entered populates the proper state, city, and county. If it does not, manually adjust the necessary field(s), and use the “Report GAVERS Issue(s)” link on the homepage to notify the State Office of Vital Records of the discrepancy.

2. When you are finished, click the **Save** button.
3. Click the **Next** button.

What happens? The **Demographic 3 Tab** will appear.

Complete the fields on the **Demographic 3 Tab**. Here's how...

1. Tab through and complete the fields on the **Demographic 3 Tab**.

Note: If the education level is not known, select "Unknown".

Note: The term **Informant** refers to the person who is providing the information about the Decedent.

ork Queue Filter: Unresolved Work Q

JE-- --Select a value--

ame

Unresolved

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Medical 4

Comments

ACTIVITY:

Father's First Name:

Field Status: **Unresolved**

Action: **Updating Record**

DECEDENT'S FATHER'S NAME		DECEDENT'S MOTHER'S MAIDEN NAME	
First Name:	<input type="text"/>	First Name:	<input type="text"/>
Middle Name:	<input type="text"/>	Middle Name:	<input type="text"/>
Last Name:	<input type="text"/>	Last Name:	<input type="text"/>
Suffix:	<input type="text"/>		

DECEDENT'S EDUCATION	
Decedent's Education:	<input type="text"/>

INFORMANT'S NAME		INFORMANT'S MAILING ADDRESS	
First Name:	<input type="text"/>	Street Number:	<input type="text"/>
Middle Name:	<input type="text"/>	Pre Direction:	<input type="text"/>
Last Name:	<input type="text"/>	Street Name:	<input type="text"/>
Relationship to Decedent:	<input type="text"/>	Street Type:	<input type="text"/>
		Post Direction:	<input type="text"/>
		Apt:	<input type="text"/>
		Zip:	<input type="text"/>
		State/Country:	<input type="text"/>
		City/Town:	<input type="text"/>
		Zip Ext:	<input type="text"/>

 **NOTE:** The green icon next to the **State/Country** for the informant's mailing address is for selecting a country where the informant resides if it is not in the United States. If a country is selected, the system displays an additional field named **City (Other)** which is used to enter the city within the country.

2. When you are finished, click the **Save** button.
3. Click the **Next** button.

What happens? The **Demographic 4 Tab** will appear.

Complete the fields on the **Demographic 4 Tab**. Here's how...

1. Tab through and complete the fields on the **Demographic 4 Tab**.

Work Queue Filter: [UE--] [v] DEMOGRAPHIC DATA ENTRY [Unresolved Work Q] [--Select a value--]

Origin - No, not Spanish/Hispanic/Latino

Unresolved

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Medical 4

Comments

ACTIVITY:

Decedent's Origin - No, not Spanish/Hispanic/Latino: **false**

Field Status: **Unresolved**

Action: **Updating Record**

HISPANIC ORIGIN

No, Not Spanish/Hispanic/Latino

Yes, Mexican/Mexican-American/Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, Other Spanish/Hispanic/Latino(Specify)

Refused

Not Obtainable

DECEDENT'S RACE?

White

Black or African-American

American Indian or Alaska Native (Name of the enrolled or principal tribe)

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian(Specify)

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander(Specify)

Other (Specify)

Refused

Not Obtainable

Previous Save Next

2. Select one option in the **HISPANIC ORIGIN** section and then select one or more options in the **DECEDENT'S RACE** section. If "Other" is a selection, you will be given an opportunity to type in the specifics.
3. When you are finished, click the **Save** button.
4. Click the **Next** button.

What happens? The **Demographic 5 Tab** will appear.

Complete the fields on the **Demographic 5 Tab**. Here's how...

1. Tab through and complete the fields on the **Demographic 5** tab.

Note: Please review the **Place of Death** and the **Funeral Facility** information for accuracy.

If the Method of Disposition section does not include the Place of Disposition, go to Place Disposition Type and use the drop down arrow menu to select your cemetery.

***If you don't see your cemetery information, choose Other.**

The screenshot shows a web-based form titled "DEMOGRAPHIC DATA ENTRY". On the left, a sidebar contains tabs for "Demographic 1" through "Demographic 5", with "Demographic 5" currently selected. Below the tabs are sections for "Medical 1-4" and "Comments". The main form area is divided into four columns:

- PLACE OF DEATH:** Includes fields for Type of Place, Other(Specify), Place of Death, Street Number, Street Pre Direction, Street Name, Street Type, Street Post Direction, Zip, State/Country, County, City/Town, and Zip Ext.
- METHOD OF DISPOSITION:** Includes fields for Method, Place of Disposition Type, Place of Disposition (Specify), Place of Disposition, Street Number, Pre Direction, Street Name, Street Type, Post Direction, Zip, State/Country, City/Town, Zip Ext, and Date Of Disposition.
- NAME AND ADDRESS OF FUNERAL FACILITY:** Includes a checkbox for Filing On Behalf, Facility Name (pre-filled with "JOHNSON FUNERAL HOME"), Street Number, Pre Direction, Street Name (pre-filled with "427 N MAIN ST"), Street Type, Post Direction, State/Country (pre-filled with "GEORGIA"), City/Town (pre-filled with "SWAINSBORO"), Zip (pre-filled with "30401"), Zip Ext, Funeral Service Licensee, License Number, Additional Funeral Service Provider, and Date Verified.
- EMBALMER INFORMATION:** Includes fields for First Name, Middle Name, Last Name, and E2 4C number.

At the bottom of the form, there are three buttons: "Previous", "Save", and "Next". A red arrow points to the "Save" button.

2. When you are finished, click the **Save** button.
3. Click the **Next** button.

Please remember that AOF entries are added to a temporary database. You will need to notify the State Office of Vital Records if your entry needs to be permanent. This can be done by clicking on the “Report GAVERS Issue(s) link on the main page (<https://gavers.dph.ga.gov/Welcome.htm>).

What happens? The **Medical 1 Tab** will appear.

Complete the fields on the **Medical 1 Tab**. Here’s how...

1. Tab through and resolve each field on the **Medical 1 Tab**.

The screenshot shows the 'DEMOGRAPHIC DATA ENTRY' form with the 'Medical 1' tab selected. The form is divided into several sections: 'MRN AND DECEDENT'S PRESUMED NAME', 'DATE AND TIME OF DEATH', 'PRONOUNCER INFORMATION', and 'DATE AND TIME PRONOUNCED DEAD'. The 'Pronouncer Type' dropdown is set to 'ATTENDING/ASSOCIATE PHYSICIAN'. The 'Pronouncer' dropdown is currently empty and circled in red. A red arrow points to the 'Pronouncer Type' dropdown. The 'Date of Death' is set to 12/12/2012. The 'Date Pronounced Dead' and 'Time Pronounced Dead' fields are empty. The 'Action' is 'Updating Record'.

2. When entering the **Pronouncer Information**, first select **Pronouncer Type** from the dropdown. A magnifying glass is displayed.
3. Click the magnifying glass. The search screen for a pronouncer is opened. Based on the Type, enter the **last name** and a listing of pronouncers with the same last name and/or derivatives of the same name may appear in the grid.
4. Select the correct Pronouncer from the grid and click **OK**. The Pronouncer information is automatically filled in.

5. Continue filling in the information on the Medical 1 Tab. When you are finished, click **Save**.
6. Click the **Unresolved** button just above the Demographic 1 tab after completing all the tabs. As a funeral home user, Demographics 1-5 and Medical 1 must be resolved. When all fields are resolved, the user will see:

7. If you click **Unresolved** and have not resolved all fields, you will see an image similar to the one below. You must resolve all fields. By clicking on and completing each deficiency, you will be able to resolve the discrepancies and proceed. **Be sure to click 'Save' if you make any changes.**

Demographic Data Entry - Windows Internet Explorer

Please enter Decedent's Residence Street Number

Unresolved

DECEDENT'S RESIDENCE ADDRESS

DEATHDEMO4	DEATHDEMO2
- Decedent's Race - White	- Decedent's Residence Street Number
- Decedent's Race - Guamanian or Chamorro	
- Decedent's Race - Filipino	
- Decedent's Race - Black or African American	
- Decedent's Race - Japanese	
- Decedent's Race - Samoan	
- Decedent's Race - American Indian or Alaska Native	
- Decedent's Race - Korean	
- Decedent's Race - Other Pacific Islander	
- Decedent's Race - Vietnamese	
- Decedent's Race - Asian Indian	
- Decedent's Race - Chinese	
- Decedent's Race - Native Hawaiian	
- Decedent's Race - Other Asian	
- Decedent's Race - Other (Specify)	
- Decedent's Race - Unknown	
- Decedent's Race - Refused	
- Decedent's Race - Not Obtainable	

RECORD STATUS

Demographic Data Entry Incomplete

Decedent's Residence Street Number: 123

Field Status: Resolved

Action: Updating Record

DECEDENT'S MARITAL STATUS AT TIME OF DEATH SPOUSE (IF WIFE, GIVE MAIDEN NAME)

Marital Status: NEVER MARRIED

Spouse First Name:

Spouse Middle Name:

Spouse Last Name:

SELF EMPLOYED

Previous Save Next

9:55 AM 10/23/2015

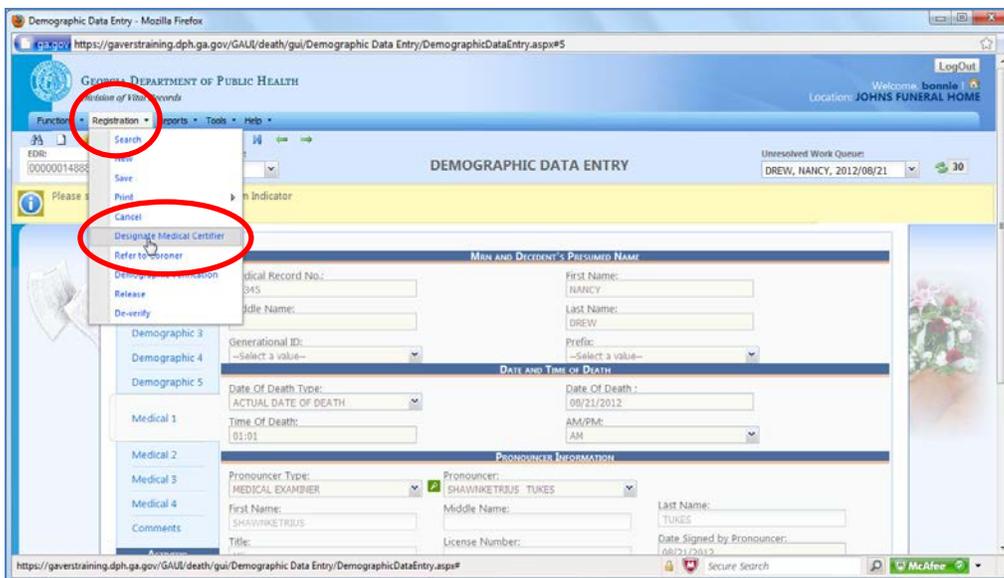
Selecting a Medical Certifier

 **Best Practice: Contact Medical Certifier to determine if the certifier is participating electronically in the GAVERS system.**

As a funeral home, if the certifier is participating in GAVERS electronically, select **Designate Medical Certifier** in the **Registration** menu. Select a Medical Certifier to complete the Certification electronically.

To Select a Certifier:

1. Click the **Registration** menu and select **Designate Medical Certifier**.



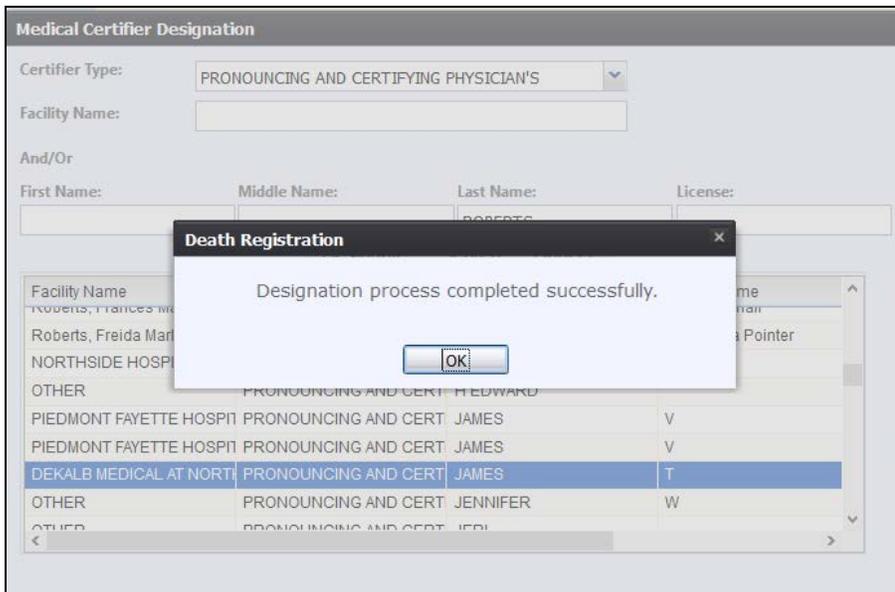
The screenshot shows the 'Demographic Data Entry' web application. The 'Registration' menu is open, and 'Designate Medical Certifier' is highlighted. The main form displays fields for 'MAN AND DECEDENT'S PRESUMED NAME', 'DATE AND TIME OF DEATH', and 'PRONOUNCER INFORMATION'.

MAN AND DECEDENT'S PRESUMED NAME	
Medical Record No.:	945
First Name:	NANCY
Last Name:	DREW
Middle Name:	
Prefix:	--Select a value--

DATE AND TIME OF DEATH	
Date of Death Type:	ACTUAL DATE OF DEATH
Date of Death:	08/21/2012
AM/PM:	AM
Time of Death:	01:01

PRONOUNCER INFORMATION	
Pronouncer Type:	MEDICAL EXAMINER
Pronouncer:	SHAWNKETRIUS TUKES
First Name:	SHAWNKETRIUS
Middle Name:	
Last Name:	TUKES
Title:	
License Number:	
Date Signed by Pronouncer:	08/21/2012

2. The search screen to select a medical certifier is displayed (Medical Certification Designation).
3. Select the Certifier Type from the 4 available options. **The recommended choice when it is not a Coroner/ME case is Pronouncing and Certifying Physicians.**
4. Enter the Certifier's **last name only** and click the **Search** button.
5. Select the Medical Certifier (which includes the correct facility name) from the grid and click **Designate**.
6. Upon Death Registration, the user receives the following message: **Designation process completed successfully.**



7. Click the **OK** button.
8. Click **Medical 4 Tab**, where the user can view the medical certifier information.



9. The Medical Certifier (or a representative for the Medical Certifier) receives a notice to either Accept or Reject the record, then complete the Certification process.
10. The Funeral Home receives an E-mail from the Medical Certifier via GAVERS indicating the medical certification assignment is accepted or rejected. **Note:** If you do not receive an email notification from GAVERS, please use the "Report GAVERS Issue(s)" function.
11. If accepted, the Funeral Home selects **Registration -> Demographic Verification** to verify the demographic information.



NOTE: This process does not drop the document to paper. When the certifier is participating electronically in GAVERS, there is no need to drop to paper.

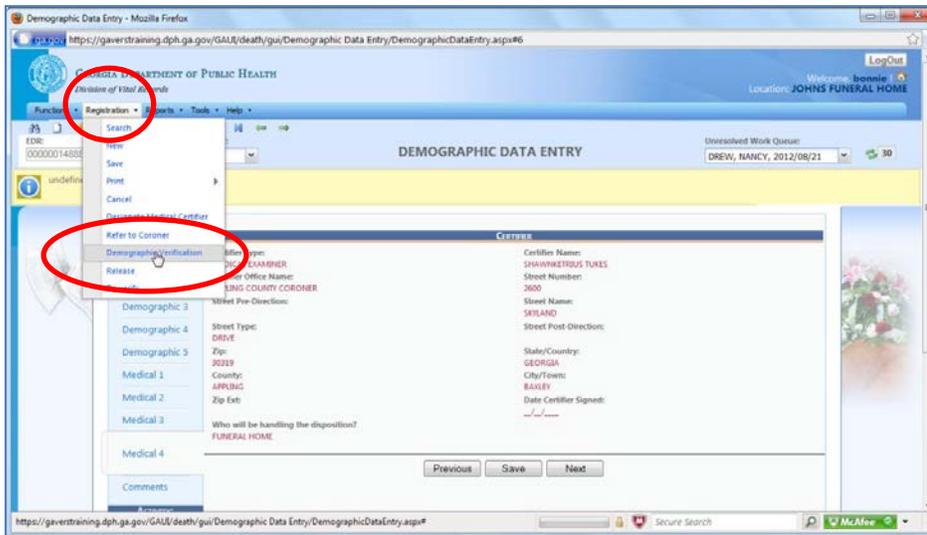
Drop to Paper After Designating a Medical Certifier

If the Medical Certifier:

- does not accept the designation to complete the medical portion of the worksheet,
- is not in the system, or
- has not accepted in a timely manner,

the Funeral Home can choose to verify the demographic information and the record is dropped to paper.

1. Select the **Registration** menu and click **Demographic Verification**.



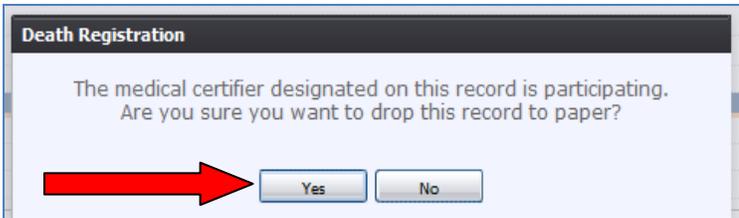
2. The verification page is displayed.

The screenshot shows a 'Demographic Verification' form. The form is divided into two sections: 'DECEDENT'S INFORMATION' and 'DEATH INFORMATION'. The 'DECEDENT'S INFORMATION' section includes fields for First Name (WALTER), Middle Name, Last Name (MATHAU), Generational ID, Prefix, Sex (MALE), and Date of Birth (12/12/1912). The 'DEATH INFORMATION' section includes fields for Date of Death (12/12/2012), Funeral Director (JASON JOHNSON), and Place of Death (ALBANY HEALTH CARE INC). At the bottom right of the form, there are three buttons: 'Preview', 'Cancel', and 'Verification'. The 'Preview' button is circled in red.

- Click **Preview** to review, save, and/ or print the Georgia Death Certificate (NOT A LEGAL COPY).

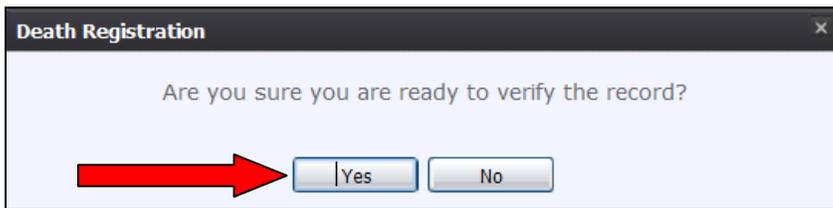
GEORGIA DEATH CERTIFICATE						State File Number			
1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) JERRY JONES			1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2. SEX MALE		3a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 08/17/2014		
3. SOCIAL SECURITY NUMBER 017-82-5872		4a. AGE (Years) 42		4b. UNDER 1 YEAR Mo. Days Hours Mins.		5. DATE OF BIRTH (Mo., Day, Year) 12/15/1971			
6. BIRTHPLACE MASSACHUSETTS		7a. RESIDENCE - STATE MASSACHUSETTS		7b. COUNTY ESSEX		7c. CITY OR TOWN BEVERLY			
7d. STREET AND NUMBER 1 A TRAFFICWAY			7e. ZIP CODE 01915		7f. INSIDE CITY LIMITS? YES		8. ARMED FORCES? NO		
9a. USUAL OCCUPATION PAINTER			9b. KIND OF INDUSTRY OR BUSINESS PAINTING						
9. MARITAL STATUS NEVER MARRIED			10. SPOUSE NAME			11. FATHER'S FULL NAME (First, Middle, Last) JOHN COOMBS			
12. MOTHER'S MAIDEN NAME (First, Middle, Last) LOIS DARIE			13a. INFORMANT'S NAME (First, Middle, Last) BONNIE STONE			13b. RELATIONSHIP TO DECEDENT SRD/OU SIN			
13c. MAILING ADDRESS 1 B STREET APT 2 BEVERLY MASSACHUSETTS 01915			14. DECEDENT'S EDUCATION UNKNOWN						
15. ORIGIN OF DECEDENT (Italian, Russian, French, English, etc.) NO, NOT SPANISH/SPANIC/LATINO			16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) WHITE						
17a. IF DEATH OCCURRED IN HOSPITAL INPATIENT			17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify)						
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) DEKALB MEDICAL AT NORTH DECATUR			19. CITY, TOWN, LOCATION OF DEATH DECATUR			20. COUNTY OF DEATH DEKALB			
21. METHOD OF DISPOSITION (Specify) BURIAL			22. PLACE OF DISPOSITION ATYLING MEMORIAL GARDENS, INC 122 BELLEYS ROAD N.W. HWY 1 NORTH (5 MIL SABLEY GEORGIA 31515)			23. DISPOSITION DATE (Mo., Day, Year) 08/17/2014			
24a. EMBALMER'S NAME			24b. EMBALMER LICENSE NO.		25. FUNERAL HOME NAME JOHN SON FUNERAL HOME				
25a. FUNERAL HOME ADDRESS 427 N MAIN ST SWAINSBORO GEORGIA 30401			26a. SIGNATURE OF FUNERAL DIRECTOR		26b. LICENSE NUMBER AMENDMENTS				
TESTAMENTER									

- Click **Verification**. The following message displays. This message does not mean the certifier is participating electronically. It only means that the doctor is in the database.

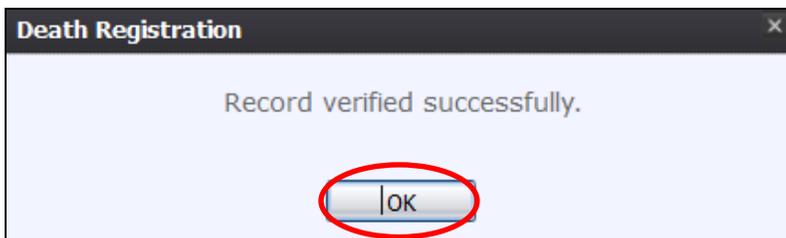


- Click **Yes** to drop this record to paper.

- Click the check box and enter your PIN as a GAVERS user. Click **OK**.



7. The following message displays indicating the record verified successfully.



8. Once the record is verified successfully, a pdf version of the record is displayed for printing.
 - a. Print the document and forward page 2 to the medical certifier (E-mail, fax, etc.)
 - b. The electronic copy of the record is automatically sent to the county of death when the record is verified electronically by the funeral home (Demographic Verification).

https://gaverstest.dph.ga.gov/GAUI/death/GUI/Report/ReportGenerator.aspx?GenerateHtml=true&TicketNumber=9172014124017PM299

Page: 2 of 2 Automatic Zoom

GEORGIA DEATH CERTIFICATE WORKSHEET- MEDICAL INFORMATION

1. DECEDENT'S LEGAL NAME (First, Middle, Last) JERRY JONES		2. AGE - Last Birthday (Years) 42	3. SEX MALE	4. DATE OF DEATH (Mo/Day/Yr) ACTUAL DATE OF DEATH
ITEMS 5-9 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		5. DATE PRONOUNCED DEAD (Mo/Day/Yr) 09/17/2014		6. TIME PRONOUNCED DEAD
7. SIGNATURE OF PERSON PRONOUNCING DEATH (Only When applicable) Print/Sign PAUL SMITH		8. LICENSE NUMBER 12345	9. DATE SIGNED 09/17/2014	
10. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) 09/17/2014		11. ACTUAL OR PRESUMED TIME OF DEATH 01:00 AM		12. WAS CASE REVIEWED BY MEDICAL EXAMINER
CAUSE OF DEATH				
13. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <i>(Enter only one cause per line for A, B, C and D)</i>				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. _____ Due to, or as a consequence of		
Sequentially list conditions, if any, leading to the cause listed on line A.		B. _____ Due to, or as a consequence of		
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		C. _____ Due to, or as a consequence of		
		D. _____ Due to, or as a consequence of		



TIP: You can print an uncertified copy of the death record before verifying.

Drop to Paper When a Medical Certifier is Not Designated

1. After completing **Demographic Tabs 1 through 5**, and the **Medical 1 Tab**, click **Registration** and select **Demographic Verification**.

Demographic Data Entry - Mozilla Firefox
https://gaverstest.dph.ga.gov/GAU/Death/gui/DemographicDataEntry/DemographicDataEntry.aspx#

Georgia Department of Public Health
Division of Vital Records

Welcome, mjcoombs !
Location: JOHNSON FUNERAL HOME

GLOBAL DEATH

Functions Registration Reports Tools Help

Demographic Verification

DECEDENT'S INFORMATION

First Name: JIM
Middle Name:
Last Name: PLUNKETT
Generational ID:
Prefix:
Sex: MALE
Date Of Birth: 12/13/1971

DEATH INFORMATION

Date of Death: 09/17/2014
Funeral Director: TEST T TESTER
Place of Death: DEKALB MEDICAL AT NORTH DECATUR

Preview Cancel Verification

CAUSE OF DEATH - PART II

Medical 3 Alzheimer's Disease Asthma
Medical 4 Blood Alcohol Content field (BAC Value) Dementia

2. Click **Preview** to review the Georgia Death Certificate (NOT A LEGAL COPY). Once satisfied with the information, click **Verification**.
3. The following message is displayed:

Death Registration

You have not identified a medical certifier for this record using the 'Designate Medical Certifier' feature. The system will assume that this means that the medical certifier is not participating in the electronic system. If this is the case, you must drop this record to paper and manually provide it to the medical certifier for completion before it can be filed.
Do you wish to drop this record to paper and process it manually? Yes/No

Yes No

4. Click **Yes** to drop the record to paper and the verification page is opened.

Demographic Verification

DECEDENT'S INFORMATION

First Name: CHARLES
Middle Name:
Last Name: HOUSE
Generational ID:
Prefix:
Sex: MALE
Date Of Birth: 12/12/1912

DEATH INFORMATION

Date of Death: 12/26/2012
Funeral Director: JASON JOHNSON
Place of Death: ALBANY HEALTH CARE INC

PLEASE ENTER PIN

I verify that to the best of my knowledge the demographic information on this record is complete and accurate
Verifier Pin:

Preview Cancel Verification
Ok Cancel

5. Check the verification box and enter the User Pin (Electronic Signature).

Death Registration

Are you sure you are ready to verify the record?

Yes No

6. Click **Yes**. The demographics are verified, the record is electronically sent to the county of death, and the record is dropped to paper.

Death Registration

Record verified successfully.

OK

7. Once verified successfully, a pdf version of the worksheet is displayed for printing.
8. Print the document and forward page 2 to the medical certifier (E-mail, fax, etc.)

Additional Functionality

- **De-verify** – If a user at the funeral home has done a demographic verification of a record, the record becomes read-only. If you want to change the verification mode, you can de-verify the record by going into Registration > De-verify to open the record up again. After making changes to the death record, **remember utilize the Unresolved Process, save the record and perform the Demographic Verification** to re-verify the record.
- **Relinquish** – A funeral home can relinquish ownership of a record. The ownership can then be picked up by another funeral home by selecting Function > Demographic Data Entry. After the icons appear, click the **New** icon and enter the required fields for finding the relinquished record. A message appears indicating that “one unowned exact match is found – if user accepts options, the logged-in location becomes the owner of the record.” Click **Accept** or **Cancel**.
- **Abandon** – A funeral home removes the record from GAVERS.

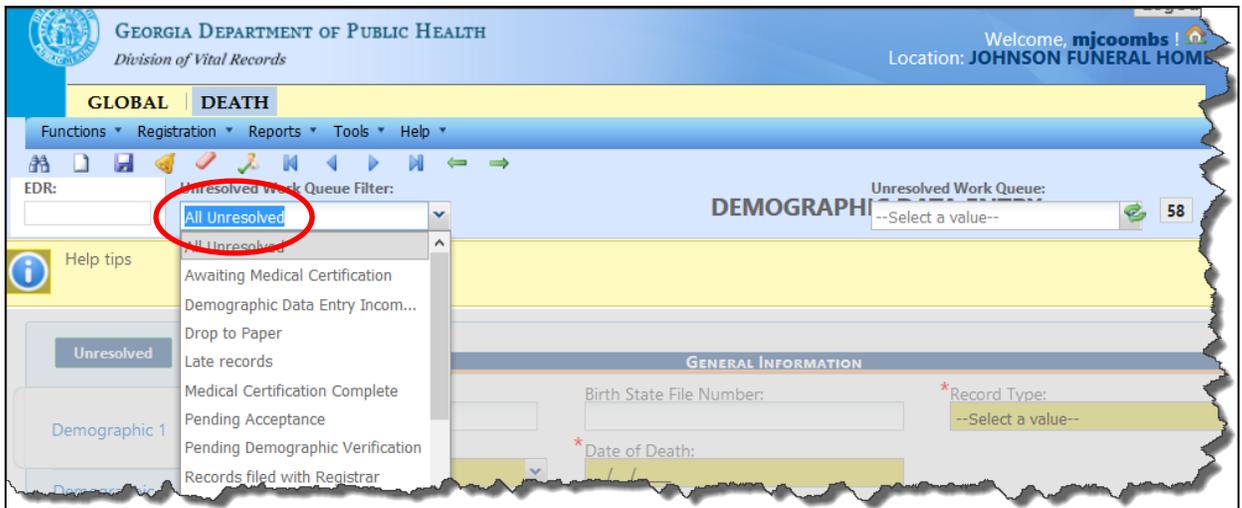
Specifications

- This application works with Internet Explorer (IE) 8 or later. This application also works with Mozilla Firefox and can be used on a Mac computer. **We recommend Mozilla Firefox.**
- You need to turn off your pop-up blocker when using this application.
- When changing your password, the following is needed in the password: A minimum of 9 characters: One capital letter, one symbol (!,@,#,\$), and a number.
- Your user ID will be set up after you complete the GAVERS User Registration form.
- The user id is not case sensitive, but your password is case sensitive.
- You need Adobe Reader 9 or later to view the record.

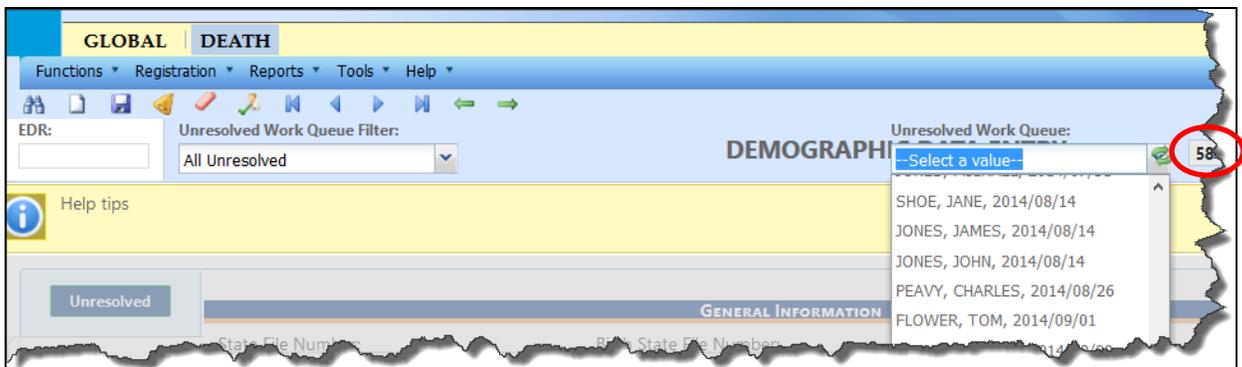
What to do if your system times out

Note: If you are interrupted while entering a death worksheet and the application times out, refer to pages 2-4 of this guide to login again.

1. Select Function - > Demographic Data Entry.
2. Then select **All Unresolved** from the Unresolved Work Queue Filter drop down menu (upper left-under the icons).



- On the right hand side, the number of unresolved records are shown (i.e. 58). By utilizing the down arrow, you can select your record.



- All records that have not been finished are listed in the unresolved work queue dropdown (upper right-hand corner).
- Select your record to display it. If you saved as you moved from tab to tab, all of your work is retrieved.