Entering a Death Record



Easy Reference Guide

Medical Certifier:

(Doctors, Coroners, and Medical Examiners)



Last Updated: 1-12-2016

Medical Certification of a Death Record

Directions:

Follow these directions to certify a **Death Record** using Georgia Vital Events Registration System (GAVERS). You will receive an email notifying you of a death record assignment.

Log in to GAVERS using either Internet Explorer or Mozilla Firefox. **Do Not** use Chrome. After you have logged in, open the "Death Module." Here is 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.)

Log on to: GAVERS	Welcome to the Georgia Welcome to the "Georgia Vital	Vital Event	s Registration S	ystem!	
	GAVERS is the vital records registr of Public Health (DPH), Vital Recor DPH Vital Records of the hours are Department of Human Resourc State vital records are considered Contacting the Division of Publ Telephone Numbers: Description	ation and issuance ds Unit by Genes 8:00AM - 4:45Ph es Access Polici to be private and ic Health Phone Number	e software that was deve is Systems, Inc. 4, Monday - Friday. es confidential. Access to vi Hours	tal records is restricted by statute. Mailing Address: Division of Public Health (DPH) Vital Records Unit	Notice the link for Reporting GAVERS Issues.
	Vita Example Registration System Fax NDS Pr Vital Record Customer Service	404-679-4745 404-679-4730 404-679-4702 to GA Vita <u>Repo</u>	8:00AM - 4:45PM M-F 8:00AM - 4:45PM M-F 8:00AM - 4:45PM M-F 11 Events Registr rt GAVERS Issue(s)	Addates Skyland Dirve, NE Atlanta, GA 30319-3640 Email Address: VEISAdmin@dhr.state.ga.us	Use it whenever you have a problem with GAVERS.
		com C	2011, Cenesis Systems, Inc.		

GAVERS. 2. Click Log on to GA Vital Events Registration System at the bottom of the screen. Option: You can

LOGIN User Name: spaden Password: Forgot Password? Log In WARNING! ACCESSING AND USING THE DEPARTMENT OF HEALTH REGISTRATION STEM YOU ARE CONSENTING TO SYSTEM MONITORING FOR LAW ORCEMENT AND OTHER PURPOSES. UNAUTHORIZED USE OF OR ORCEMENT AND OTHER PURPOSES. UNAUTHORIZED USE OF LAW ORCEMENT AND OTHER PURPOSES. UNAUTHORIZED USE OF CESS TO THIS COMPUTER SYSTEM MAY SUBJECT YOU TO STATE AND URAL CRUINIAL PROSECUTION AND PENALTIES, AS WELL AS CIVIL

also log on at the top of the screen where you see the **Login** button.

What happens? The Login screen appears.

3. Enter your User Name.

- 4. Enter your **Password** (NOT your PIN).
- 5. Click the **Log In** button.
- 6. What happens? The **Select Location** screen appears. Click the dropdown arrow and select the facility name of your location. Click **OK**.

4/23/2 Message: Welcome to GAVERS	1014 3:21:18 PM
	Select Location:
Select Location:	DEKALB COUNTY DEKALB MEDICAL AT NORTH DECATUR - (DEATH)
ок	DEKALB MEDICAL AT NORTH DECATUR - (BIRTH) GEORGIA STATE DEPT OF HEALTH JOHNSON FUNERAL HOME

What happens? The **Home Page** appears.

(**NOTE**: The first time you login, you are asked to change your password. Please choose a password with upper and lower case letters, a minimum of 9 characters in length including one of the following symbols: #, @, \$, or a number.)



4/23/2014 3:21:18 PM

Medical Certifier assigned to certify a record

The following procedure describes what happens when the death record is assigned for certification to a medical certifier, including coroners and medical examiners.

If you need to certify a death record, follow these procedures:

- 1. Click the **Death** tab at the top of the screen (shown with a red circle).
- 2. Click the dropdown arrow next to Function and click Medical Data Entry.



3. Click the Unresolved Work Queue Filter and select **All Unresolved** to view all options.

Georgia Di Division of Vita	EPARTMENT OF PUBLI	c He. rh			W ocation: DEKALB MEDICAL /	LogOut Velcome, spaden 1 2 AT NORTH DECATUR
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Functions * Registration	Reports * Tools *	Help *				
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	Horecolved		Division	of Vital Records		
	ormesonrea	State File Number:	CLOBAL	DEATH		
	Demographic1	Date of Death Type:	Eurotions T Perist	ration * Reports * Tools * Help *		- 500
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	Demographic2		FDR.		ADD AKA NAMES >	7 Starley
12/2	Demographic3					
			Help tips	Awaiting Medical Certification		
				Medical Data Entry Incomplete		
				Pending Cause of Death		
				Records filed with Registrar		
				Rejected		
				Sent to Medical Examiner/Coroner	le Ni	
				Submitted to Funeral Establishm pf	Deat	
			CONTRACTOR AND A STALL WAY			

4. All records that are not completed are listed in the unresolved work queue dropdown (upper right-hand corner). Select the record from the list of decedents' names.

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Registration • Tools • Help • ISS / II • I • Unresolved Work Queue All Unresolved	Filter:	MEDICAL DATA ENTRY	6	Unresolved Work Queue: Select a value FOX: BONNIE: 2013/06/03
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Unresolved:		GENERAL INFORMATION	Nie	BLACK, JDHN, 2013/05/28 GREEN, JACK, 2013/07/23
Demographic 1	State File Number: Date of Death Type:	Birth State File Number: Date of Death:	Record Type:	GREEN, MARY, 2013/08/08 MORSE, ALVIN, 2013/08/19 BUSH, JOHN, 2013/08/19
Demographic 2				JANE, BAEY, 2014/07/17
Demographic 3		DESEDENT'S LEGAL NAM	ALS.	ADD AKA NAMIS -
Demographic 4	First Name:	Middle N	lamet	
Demographic 5	Last Name:	Generatio	onal ID:	
Medical 1	Preflac			
Medical 2		Decedent's Sex		
Medical 3	Sent	17 feemale	, Last name at hirth:	
Medical 4		Dicedent's SSN		
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Note: You will get a message that says, "You have been designated on this record for <u>Medical Certification</u>. Click "**Accept**" to complete certification **or** you can "**Reject**" this record." If you reject it, the record goes back to the Funeral Home and they have to find someone else to certify the record.

5. When the record is accepted, Medical tab 1 opens. That medical information was already completed by the Funeral Home and the Medical Facility can edit the information, if needed.

00000295288	Unresolved Work Queu All Unresolved	e Filter:	MEDICAL DATA	NTRY	Une	esolved Work Queue: ACK, JOHN, 2013/06/28	- S 88
Please Enter M	tedical Record Number		Man and Dece	DENT'S DOSUMED MAME			
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Kas	Demographic 2	Middle Name:		Last Name:			TAR BY
A Can	Demographic 3	Generational ID:		Prefix			No Dan I
1	Demographic 4	SELECT A VALUE	PATE AN	Select a value	~		
	Demographic 5	Date Of Death Type:		Date Of Death :			
	Medical 1	Time Of Death: 12:59		AM/PM:	~		
	Medical 2		PRONOUN	CER INFORMATION			
	Medical 3	Pronouncer Type: ATTENDING/ASSOCIATE PHYSICIAN	Pronouncer:				3
	Medical 4	First Name:	Middle Name:		Last Name:		
	Comments ACIMITY:	Title:	License Number		Date Signed by Pronouncer 06/28/2013		
	Medical Record Numbers		DATE AND TIM				
	Resolved Action: Updating Record	Date Pronounced Dead : 06/28/2013	Time Pronounced De 12:59	adi:	AM/PM: AM	~	
			Previous	Save Next			

6. **IMPORTANT:** Click **Save** and then Click **Next** or Medical 2 tab to move to the next page.

7. On Medical 2 Tab, fill in the immediate cause and any contributing causes of death. Add manner of death and fill in autopsy information, if applicable.

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Unresolved	<u> (</u>		CAUSE OF DEATH - PART I	
Demographic 1	0 c	ause Of Death Is Pending		
Demographic 2	Enter	the chain of events - diseases, injuries, or complicati terminal events such as cardiac arrest, respiratory ar	ons that directly caused the death, DO NOT rest, or ventricular fibrillation without showir	q
Demographic 2	the et	iology, DO NOT ABBREVIATE. Enter only one cause AMEDIATE CAUSE (Final disease or condition result)	on a line:	Approximate Interval: Onset to Death
Demographic 3 Demographic 4 Demographic 5 Medical 1	a.	The search of the second of the second s	A	
	D	UE TO (or as a consequence of.)		
	b.		<u></u>	
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Medical 2	6	or to (or as a consequence or.)		
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Medical 3	D	VE TO (or as a consequence of.)		
Medical 4	d,		~	
Comments			~	
Commenta			CAUSE OF DEATH - PART II	
ACTIVITY:	Alz	heimer's Disease	🔲 Asthma	
- that caused the death:	D 810	od Alcohol Content field (BAC Value)	Dementia	
and the second se				

TIP: Use the Tab key to navigate through the information.

8. Tab to resolve all fields and click Save.

ner of death

the second se		AUSE OF DEATH - PART II							
ACTIVITY:	C.	AUSE OF DEATH - PART II							
Tobacco use contribute to	Alzheimer's Disease	Asthma							
Select a value	Blood Alcohol Content field (BAC Value)	Dementia							
Field Status:		Hypertension							
Action	Diabetes	Prescription Drug (Opioid) Overdose							
Updating Record	Obesity								
	Enter other significant conditions contributing to death but no	ot resulting in the underlying cause given in Part 1:							
	Summarized Significant Conditions								
	ALZHEIMER'S DISEASE								
		MANNER OF DEATH							
	Manner of death:	Coroner Contacted:							
	NATURAL M	NO							
		AUTOPSY INFORMATION							
	Was an Autopsy Performed:	Were Autopsy Findings Available to Complete Cause of Death:							
	NO	-Select a value -							
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	Tobacco use contribute to death:								
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9. Click **Next** or Medical 3 tab to move to the next page.

10. On Medical 3 tab, choose yes, no, or unknown, if an accident occurred. **Note**: If yes, choose none or unknown under **What Safety Device(s) Did Decedent Use/Employ**.

	Unresolved			DATE AND T	IME	OF INJURY	
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1	Demographic 2	YES D			1	AM/PMI	into a
\sim	Demographic 3	UNKNOWN				-Select a volue-	100
	Demographic 4	Place of Injury:				Seat Belt	2010
	Demographic 5	Injury at Work:		*		Child Safety Seat	and the second
	Medical 1	Street Number:				Helmet	
	Medical 2	Street Pre Direction:		~		Air Bag	1
	Medical 3	Street Type: Street Post Direction:		> >		Unknown	
	Medical 4	Apt					
	Comments	Zip: State/Country:		*			
	ACTIVITY: Any Injury Information To	County:		*			
	Select a value Field Status Unresolved	Zip Ext:		*			
	Action: Updating Record	Discer Describe how injury occurred	IF HOW INJURY OCCURED. IF T	ANSINITATIO	N IN	HURY, STATE THE TYPE(S) OF VEHICLES INVOLVED	-

11. When you get to Medical 4 Tab, the Certifier is already identified. If the certifier is incorrect, it can be changed.

12. Click **Save**. Click the **Unresolved** tab to see if you have missed any tabs. Be sure to save any changes.

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1	Demographic 2	Certifier Office Name:	Street Number		A PARA
N	Demographic 3	Street Pre-Direction:	Street Name:		9100
1	Demographic 4	-Selint a value-			
	Demographic 5	Street Type:	Street Post-Direction:	×	
	Medical 1	Zip:	State/Country:		
	Medical 2		Select a value-	*	X
	Medical 3	County:	City/Town:	~	
	Medical 4	Zip Ext:	Date Certifier 7 and:		
		Who will be handling disposition?			

13. Go to the **Registration** menu and choose **Medical Certification**. It will give you a synopsis of the decedent.

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		The Factor	Date Certifier Signed:		
	Medical 4	zip exc			

14. Click **Preview** to view the death record, save, and/ or print it, if desired. **TIP:** Proofread your entries here.

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15. Review the death certificate to make sure everything is correct. Click the X to close the screen.

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16. Click **Certification**.

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	ACTIVITY					

17. Click the box (circled below) next to the statement, "To the best of my knowledge, this certification is correct." Enter your PIN and click, "OK' to certify the record. It is sent to the County to be registered.

GEORGIA Distance of GLOBAL	A DEPARTMENT OF	Public Health			Loca	LdgOur Welcome, bonnie I a tion: DEKALB MEDICAL	
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The system displays a message that the record has been certified. Click **OK**. The record is sent to the county of death to be registered. This now completes the certification process.