Entering a Death Record



Easy Reference Guide

County Office

(Long Form)



Version 2.00

Enter a Death Record – Long Form

Complete a Record from Start to Finish (Long Form)

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

	GEORGIA DEPARTMENT OF PUBLIC HEALTH Division of Vital Records
Fu	Inctions * Registration * Reports * Tools Help *
	Home General Data Entry
u	Legal View
	Switch location Exit Application
	Field List

3. Click the white paper icon to start a new record. The worksheet displays but it is disabled until you select or create a record.

General Data Entry -	Internet Explorer 19.dph. ga.gov /GAUI/Death/GUI/General%20Data%20Ent	y/GeneralDataEntry.aspx	
GEOR	IGIA DEPARTMENT OF PUBLIC HEALTH		LogOut Welcome, bonnie ! A Location: DEKALB COUNTY
GLOBAL	L DEATH		
Functions * Regi	istration * Reports * Tools Help *		
EDR:	Unresolved Work Queue Filter: Select a value	GENERAL DATA ENTRY	Unresolved Work Queue: Select a value V 50
Help tips			
	Unresolved		
	Demographic1		
	Demographic 2		
4	Demographic 3		34 CO
	Demographic 5		
	Medical 1		
	Medical 2		
	Medical 3	Application loading. Please wait	
	Medical 4		
	Comments		
	Αςτινιτγ:		×

4. A New Record screen displays. Tab through all fields and enter information. Click the **Find Record** button.

🥝 General Data Entry - Internet Ex	plorer			
🖉 https://gaverstraining.dph.ga.g	ov/GAUI/Death/GUI/General%20Data%20Entry/GeneralDataEr	try.aspx		≙
GEORGIA DEP. Dicision of Vital k	artment of Public Health Records		v Locati	Velcome, bonnie 1.0 on: DEKALB COUNTY
Functions * Registration *	Reports * Tools Help *			
M D G V N	New Record			
EDR: Unresolv	Cruster	Deeport	je:	
Select	Date Of Death Type:*	First Name: Middle Name:	Last Name:*	v 30 0
	ACTUAL DATE OF DEATH	MICHAEL	CORCORAN	
	07/25/2014	SELECT A VALUE V 01/01/1954	MALE ~	
	SSN:			
	897-65-4321 SSN Missing Value Variable			
Tradition of the	Select a value 💌			
De De	Record Type:*	PLACE OF DEATH		Same
164768	EDR Number:	Type Of Place Of Death:		
De		Place Of Death:		K LATO
De	n	-Select a value-	15 1	
De	1	County Of Death:		- Succession -
De				
	1	<i>₩</i>		
/Me				
Me		Find Record Cancel		
Me	edical 3	Decensurie Sev		
Me	vdical 4 *Sex			
		×		
Co	mments	DECEDENT'S SSN		
	ACTIVITY: ZSM.	CCN: Marification, Station		

5. GAVERS searches the database to see if there is a duplicate record. Click **OK**.

General Data Entry - Inte https://gaverstraining.d	ernet Explorer	General%20Data%20Er	ntry/GeneralDataEr	ntry.aspx				
GEORGIA Dicision of CLOBAL	A DEPARTMENT OF PUT (Vital Records	hic Health						Welcome, bonnie 1.0. Location: DEKALB COUNTY
Sendon - Devision	tion * Reports * Tools	11 (c.*						_
	Date Of Death Typ ACTUAL DATE O Date Of Death.*	GENERAL DE:*	v	First Name: MICHAEL Generational ID:	DECEDENT Middle Name: Date Of Birth: 01/01/1954	Last Name:* CORCORAN Gender:* MALE	×	ve:
	SSN: 897-65-4321 SSN Missing Value Record Type:* IDENTIFIED	e Variable:	lew Record	record was found. Do	you want to create a new re	cord?		
	EDR Number:	_		Ok Selari Q County Of Death: DEKALB	Cancel	×		
				Find Record	Cancel			

6. The General Data Entry worksheet is now enabled and you are on Demographic 1 tab. You will need to tab through all fields even if the information is not required (e.g. middle name). If you skip any field, the system will ask you if you want to leave the field blank. Resolve all yellow fields until they turn white.

🧿 General Data Entry - Int	ternet Explorer		and the second sec			
https://gaverstraining.c	.dph. ga.gov /GAUI/Death/	GUI/General%20Data%20Entry/General	DataEntry.aspx			<u> </u>
GEORGI. Division o	A DEPARTMENT OF 1	Public Health			Wel Location	LogOut
GLOBAL	DEATH	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
Functions * Registre	ration * Reports * Too	ls Help *				
EDR: 000000295394	s://gaverstraining.dph.ga.gov/GAUI/Deat GEORGIA DEPARTMENT OF Dicision of Vital Records GLOBAL DEATH Inclons * Registration * Reports * 1 GU295334 Unresolved Work Que -Select a value Please enter Decedent's First Name Unresolved Demographic 2 Demographic 3 Demographic 4 Demographic 4 Demographic 3 Medical 1 Medical 3 Medical 4	Filter:	× 🤹 0			
Please enter De	ecedent's First Name					
	Unresolved		General	LINFORMATION		
	Demographic1	State File Number: *Date of Death Type:	Birth State File Number	er: Record Type: IDENTIFIED	۲	Alter.
	Demographic 2	ACTUAL DATE OF DEATH	• 07/25/2014			Marton 1
L Z	Demographic 3		DECEDEN	t's Legal Name	ADD AKA NAMES > 👫	
	Demographic 4	First Name:		Middle Name:	_	
	Demographic 5	MICHAEL I	×	Generational ID:		1.1.1
	Medical 1	CORCORAN		SELECT A VALUE	•	
	Medical 2	Prefix: Select a value	~			
	Medical 3		Dece	EDENT'S SEX		
	Medical 4	*Sex:		If female, Last name at birth:		
	Comments	MALE	*			
	ACTIVITY:	CON	DECE	DENT'S SSN		~

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7. On Demographics 1 tab, enter the decedent's date of birth and age. (GAVERS does not calculate age but will display a warning message if you enter the wrong age.) If you click the green globe, when you pick the birthplace, you will only get US cities and foreign countries. You will need to manually enter any foreign city. Click Save.

	Demographic 2	ACTUAL DATE OF DEATH	*	07/25/2014					1
1	Demographic 3								
24				DECEI	DENT'S LEO	GAL NAME	ADD	AKA NAMES >	1. Come
	Demographic 4	First Name:				Middle Name:			-
	Demographic 5	*Last Name				Concrational ID:			1.
	Medical 1	CORCORAN				SELECT A VALUE	~		
	Medical 2	Prefix: Select a value	~						
	Medical 3			- 1	DECEDENT	S SEX			
	Medical 4	*Sex:			1	If female, Last name	at birth:		
	Commonte	MALE	~						
	Comments			D	ECEDENT'	s SSN			
	Αςτινιτγ:	SSN:				SSN Verification Stat	us:		
	Field Status:	897-65-4321							
	Unresolved	Social Security Missing Value	e Variable:						
	Updating Record	-perect a value-							
		Dete Of Birth	ENT'S DATE OF BIR	ан		State (Country)	DECEDENT'S BIRTHPLACE	_	
		Date Of birth.	01/01/1954			state/country.	Select a value	*	
		Age Units:	YEARS	N	~	City Of Birth:	Select a value	~	
		Age:	1	63	<u> </u>	City(Other):			
				Previous	Save	Nevt			
				11041003	Cave	ITCAL			

8. Click Demographic 2 and enter all fields. When you tab in a field, enter the first letter of what you are searching for, and the system will show the first item it finds with that letter. Click **Save**.

1	Unresolved Work Queue	Filter:			Unresolved Work Queue:	
295394	Select a value	~	GENERAL DA	ATA ENTRY	Select a value	× 3
ease enter [Decedent's Residence St	reet Number				
Δ.	Unresolved		DECI	DENT'S RESIDENCE ADDRESS		
	Demographic1	Street Number:		Pre Direction:	~	- Carl
31		Street Name		Street Type:		
	Demographic 2	Succernance		Select a value	*	200
		Post Direction:		Apt:		100
2	Demographic 3	Select a value	~	Standard		1 Star
	Demographic 4	Lip.		-Select a value	~	1
	Demographic 5	County:		City/Town:		
	Medical 1	Select a value	*	Select a value	*	
	Medical 2	City(Other):		ZID EXC		
	Medical 3	Inside City Limits:				
	Medical 4	Select a value	*			
	Comments	Armed Forces:	T EVER IN US ARMED FORCES	Decedent's Usual Occupation:	CUPATION INFORMATION	
	Comments	1000 COLOR	Select a value	Kind of Business/Industry:		
	ACTIVITY: Decedent's Residence			Employer:		
	Street Number: Field Status:		DECEDENT'S MADITAL STATUS A	TTIME OF DEATH SOURCE/IE WIRE GUE MAIDEN	IAME)	
	Unresolved	Marital Status:	DECEDENT S MARITAL STATUS A	Spouse First Name:	TANL)	
	Updating Record	Select a value	~			

9. Click Demographic 3, enter information and tab to resolve all fields. Click **Save**.

🍯 General Data Entry - I 🍯 https://gaverstrainin	Internet Explorer	GUI/General%20Data%20Entry/General	DataEntry.aspx#2			
Geord Division	GIA DEPARTMENT OF P	UBLIC HEALTH				LogOut Welcome, bonnie ! 🔕 ion: DEKALB COUNTY
GLOBAL	DEATH					
Functions * Regis	stration * Reports * Tool	s Help *				
EDR:	Unresolved Work Queue I	Filter:			Unresolved Work Queue:	
000000295394	Select a value	~	GENERAL DAT	A ENTRY	Select a value	× 🧐 0
Ŕ	Unresolved Demographic1 Demographic 2 Demographic 3	DECEDEN First Name: Middle Name: Last Name: Suffix:	T'S FATHER'S NAME I SELECT A VALUE	First Name: Middle Name: Last Name:	DECEDENT'S MOTHER'S MAIDEN NAME	
2	Domographic 4	Decedent's Education:	Select a va	ue	*	1 Ander
	Demographic 5	INFOR First Name:	RMANT'S NAME	Street Number:	INFORMANT'S MAILING ADDRESS	-
	Medical 1	Middle Name:		Pre Direction:	Select a value	~
	Medical 2	Last Name:		Street Name:		
	Medical 3	Generational ID:	SELECT A VALUE	Street Type:	Select a value	×
	Medical 4	Relationship to Decedent:		Post Direction:	Select a value	×
	Comments			Apt:		
	Comments			Zip:		
	ACTIVITY:			state/Country:	CaralSelect a value	~

10. Click Demographic 4, enter information and tab to resolve all fields. Click **Save**.

General Data Entry - I	nternet Explorer g,dph.ga.gov/GAUI/Death/Gi HA DEPARTMENT OF P of Vital Records DEATH	ul/general%20Data%20Entry/generalDataEnt ublic Health	ry.aspx#4	Loc	LogOut Welcome, bonnie ! A ation: DEKALB COUNTY
Functions Regis	tration * Reports * Tools UNresolved Work Queue Fi Select a value Decedent's Origin - No, no	: Help *	GENERAL DATA ENTRY	Unresolved Work Queue —Select a value—	× S 0
	Unresolved Demographic1 Demographic 2 Demographic 3 Demographic 4 Demographic 5 Medical 1 Medical 2 Medical 3 Medical 4 Comments	HISPANIC (No, Not Spanish/Hispanic/Latino Yes, Mexican/Mexican-American/C Yes, Puerto Rican Yes, Cuban Yes, Other Spanish/Hispanic/Latino Refused Not Obtainable	Datan	DECEDENT'S RACE? or African-American (can Indian or Alaska Native e of the enrolled or principal tribe) Indian se o ese n amese Asian(Specify)	

Click Demographic 5, enter information and tab to resolve all fields. Make sure the County is correct for all addresses. If the wrong County is designated as the County of Death, the record will be sent to the wrong County and the correct County won't be able to see the record. Verify the name and address of all cemeteries. Click the green magnifying glass to search for the funeral facility.

00295394	Unresolved Work Queue	Filter:	GENERAL DA	ATA ENT	ſRY	Unresolved Work Que Select a value	de:	v 🤹 0
Please enter	Place Of Disposition (Spe	crify)						
	Unresolved		PLACE OF DEATH	1	Метнос	OF DISPOSITION		
	Demographic1	Type of Place: Other(Specify):	DECEDENT'S HOME	~	Method: (Specify):	BURIAL	~	Arches
King	Demographic 2	Place of Death:		~	Place of Disposition Type:	OTHER	~	APE
\sim	Demographic 3	Street Number:	234		Place of Disposition	JOHN BAPTIST CHURCH CEM	×	AN DEAL
- J.	Demographic 4	Street Pre Direction:	Select a value	~	Place of Disposition:	-Select a value-	~	2010
2	0	Street Name:	SOUTH		Street Number:			Service .
	Demographic 5	Street Type:	AVENUE	~	Pre Direction:	Select a value	~	-
		Street Post Direction:	Select a value	~	Street Name:			
	Medical 1	Zip:	30319		Street Type:	Select a value	~	We and
	Medical 2	State/Country:		~	Post Direction:	Select a value	~	
	Medical 3	County:	DEKALB	*	Zip:			
	Medical 4	City/Town:	ATLANTA	~	State/Country:	-Select a value	~	
	Commonte	Zıp Ext:			City/Town:	Select a value	~	
	comments				Zip Ext:	Sciele & Value		
	ACTIVITY: Place Of Disposition (Specify):		•		Date Of Disposition:			
					No. Contraction of the second s			

11. Enter the name of the Funeral Home and click **Search** to find it in the table. Click **OK**.

ieneral Data Entry -	Internet Explo	rer		_	-		h			Sec. Sec.	
https://gaverstrainii	ng.dph.ga.gov	/GAUI/Death/GUI/General%20Data%20	Entry/GeneralDataEnt	ry.aspx#4		CILV/TC	own:	LAT	TANTA		1
	Comr	nents				Zin Evt					
	A	TIVITY:				ZIP EXU					
	Date Of Di	sposition:				Date C	of Disposition:		/25/2014		
	Eiold Statu	NA	ME AND ADDRESS O	F FUNERAL FA	СШТҮ			EMBALMER INF	ORMATION		
	Unresolve	d Filing On Behalf:				First N	ame:				
	Action:	Record Facility Name:				 Middle 	Name				
	opuutina	Sean Funeral Facility									
					2						
		Туре	FUNERAL HO	DME X Y							
		Facility Name	* JOHNSON								
					Search Cle	ar					
		Name Of Facility	Street Number	Pre-Direction	Street Name	Street Type	Post-Direction	State/Country	County		
		JOHNSON AND SON FUNERAL HOP	ME		249 SOUTH MAIN			GEORGIA	TERRELL		
		JOHNSON CHAPEL CEMETERY			JOHNSON CHAPE			GEORGIA	JENKINS		
		JOHNSON FUNERAL HOME			427 N MAIN ST			GEORGIA	EMANUEL		
		JOHNSON FUNERAL HOME	2600	NORTH	SKYLAND	DRIVE	SOUTH	GEORGIA	DEKALB		
		JOHNSON MEMORIAL CHAPEL			P O BOX 403 1646			GEORGIA	MCDUFFIE	1	
		OTHER						GEORGIA	BARTOW		
		<			· · · /	/			>		
					OK CAN	FI					

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12. If you pick a Funeral Service Licensee and there is no Funeral Director name showing, you can select **Add New** from the drop-down list.

Comments				City/Town:	ATLANTA	~
Αςτινιτγ:				Zip Ext:		
Facility Name:				Date Of Disposition:	07/25/2014	
HOME	NAME AND ADD	RESS OF FUNERAL FACILITY		Емв	ALMER INFORMATION	
Field Status: Resolved	Filing On Behalf:			First Name:		
Action: Updating Record	Facility Name:	JOHNSON FUNERAL HOME	*	Middle Name:		
	Facility Name(Other):			Last Name:		
	Street Number:			E2 4C number:		
	Pre Direction:		~			
	Street Name:	SKYLAND	_			
	Street Type:		~			
	Post Direction:		~			
	State/Country:		~			
	City/Town:		*			
	Zip:	30319				
	Zip Ext:					
	Funeral Service Licensee:	-Select a value-	× Jh			
	Funeral Service Licensee (Other): License Number:	Add New	4			
	Additional Funeral Service Provider: Date Verified:					
		Previous	Sa	ve Next		

Note: This triggers the Add On The Fly (AOF) table. Someone at the State will verify the Funeral Director information and will add the name to the permanent Funeral Director's table.

13. If you don't know the Funeral Director's email address, enter gaversdeath@dhr.state.ga.us and Vital Records will change it at a later time. Click **OK**.

🧉 General Data Entry - Interr	met Explorer		-	-		The second second	
https://gaverstraining.dpl	h.ga.gov/GA	UI/Death/GUI/General%20Data%20En	try/GeneralDataEntry.aspx#4	and the second sec			
	Comment	ts		CI	y/ rown:		×
	ACTIVI	ΠΥ:		21) EXE		
E	AOF	- Funeral Director		.Da	te or Disposition:	07/25/2014	
	AOF SOME SOME Seave kesove keton: Jpdatin	F- Funeral Director Prefix First Name Middle Name Last Name Suffix Funeral Homes License Number Email efix First Name Mic	Select a value JASON JOHNSON Select a value JOHNSON FUNERAL HO 3425 gaverdeath@dhr.statl × de Name LastName	V V Suffix Funeral Home	License Number Email		
				OK CANCEL			

14. As a County, you can tab through the **Date Verified** field. Enter the **E2 4C number** which is the embalming license number. Click **Save**.

Comments				City/Town:	ATLANTA	×
A crea crea	_			Zip Ext:		
Embalmer First Name:				Date Of Disposition:	07/25/2014	
Joason Field Status:	NAME AND ADD	DRESS OF FUNERAL FACILITY		Емв	ALMER INFORMATION	
Resolved	Filing On Behalf:			First Name:	JASON	×
Action: Updating Record	Facility Name:	JOHNSON FUNERAL HOME	~	Middle Name:	R 2 PO SHOOL S	
	Facility Name(Other):			Last Name:		
	Street Number:			E2 4C number:	3456	
	Pre Direction:		~		E. C.	
	Street Name:					
	Street Type:		×			
	Post Direction:		~			
	State/Country:		~			
	City/Town:		~			
	Zip:		_			
	Zip Ext:					
	Funeral Service Licensee:	JASON JOHNSON	~			
	Funeral Service Licensee					
	License Number:					
	Additional Funeral Service					
	Date Verified:	11				
				\mathbf{k}		
		Previous	Sa	ve Next		
			G			

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15. Click the Medical 1 Tab and review the Pronouncer Information section. Compare it to the information that the Funeral Home faxed or delivered to you. Tab through to resolve all fields and click **Save**.

	-					
AV	Unresolved			MRN AND DECEDENT'S PRESUMED NA	AME	
	Demographic1	Medical Record No.:		First Name: MICHAEL		J. Peste
K	Demographic 2	Middle Name:		Last Name:		
	Demographic 3	Generational ID:		Prefix:		15 3
1	Demographic 4	SELECT A VALUE	~	Select a valu	ie 👻	23.1
1	Demographic 5			DATE AND TIME OF DEATH		-
	Demographico	Date Of Death Type:	×	Date Of Death 07/25/2014	1:	-
	Medical 1	Time Of Death:		AM/DM:		
		08:00		AM	~	
	Medical 2	PRONOUNCER INFORMATION				
	Medical 3	Pronouncer Type: Select a value	××	Pronouncer:	×	
	Medical 4	ATTENDING/ASSOCIATE PHYSICIAN		Middle Name:	Last Name:	
	Comments	NON-ATTENDING PHYSICIAN PRONOUNCING REG. NURSE	î	License Number:	Date Signed by Pronouncer:	
	ACTIVITY:	MEDICAL EXAMINER				
	Select a value	TEMPORARY OR ASST. ME		DATE AND TIME PRONOUNCED DEA		
	Field Status: Unresolved	CORONER	~	Time Pronounced Dead :	AM/PM:	
	Action: Updating Record				Select a value	
	and the second design of the second se					

16. Click the Medical 2 Tab and enter in the Cause of Death. Put in exactly what is on the paper. If you can't read it, call the Funeral Home to verify the information. Resolve all fields and click **Save**.

24	Unresolved	CAUSE OF DEATH - PART I	
	Demographic1	Cause Of Death Is Pending	
Y	Demographic 2	Enter the chain of events - disease, 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 eticlowy DO NOT ABREVIATE. Fore only one cause on a line: Approximate Interval. Onset to Death	SA.J
	Demographic 3	IMMEDIATE CAUSE (Final disease or condition resulting in death.)	
1	Demographic 4		
1	Demographic 5	DUE TO (or as a consequence of.)	and a
	Medical 1	b.	
1		DUE TO (or as a consequence of.)	
	Medical 2	c.	
	Medical 3	DUE TO (or as a consequence of.)	
	Medical 4	d.	
	Comments	Current Deams Dans II	
	Αςτινιτγ:	Alzheimer's Disease	
	 that caused the death: Field Status: 	Blood Alcohol Content field (BAC Value)	
	Unresolved Action:	Hypertension	
	Updating Record	Diabetes Prescription Drug (Opioid) Overdose	
		Obesity	

17. Click the Medical 3 Tab and identify if there was an accident involved. Select "No" if there was no accident and the fields will be disabled. Select "Yes" if there was an accident. It is probably a Coroner's case and you will need to enter the accident information. Click **Save**.

🧉 General Data Entry - Ir	nternet Explorer		-			X
https://gaverstraining	.dph.ga.gov/GAUI/Death/G	UI/General%20Data%20Entry/Gene	ralDataEntry.aspx#6		Data at Jawas	A
X	Demographic1	-Select a value-	×Y			- Pelo -
	Demographic 2	YES			AM/PM:	Carl and
	Demographic 3	NO 🔓			Select a value	and an
	Demographic 4	Place of Injune				
		Injury at Work:			Seat Belt	Stranger 1
	Demographic 5 Medical 1 Medical 2 Medical 3	Street Number: Street Pre Direction: Street Name: Street Type: Street Post Direction:	Select a value	*	Child Safety Seat	
				Helmet	State State	
				·	Air Bag	
				×	None	
				~	Unknown	
	Medical 4 Comments ACTIVITY:	Apt:				
		Zip:				
		County: City/Town:		~		
				~		
	Any Injury Information To Report:			~		
	Field Status:	Zip Ext:				
	Action:	DESCRIE	BE HOW INJURY OCCURED. IF TR	ANSPORTATION	INJURY, STATE THE TYPE(S) OF VEHICLES INVOLVED	
	Updating Record	Describe how injury occurred	E.			
			TRAN	ISPORTATION IN	jury Information	_
		Was injury related to a trans	portation accident:		-Select aug	
		(Specify):				
			Prev	ious Sa		×

18. Click the Medical 4 Tab and identify the Medical Certifier if the Funeral Home has not already done so. Look at the fax or document the Funeral Home delivered to you and enter the date that the certifier signed. Click **Save**.

General Data Entry - In https://gaverstraining.	ternet Explorer .dph.ga.gov/GAUI/Death/G ertifier Type	SUV/General%20Data%20Entry/GeneralDataEntry.aspx≑6		
	Unresolved Demographic 1 Demographic 2 Demographic 3 Demographic 3 Demographic 4 Demographic 5 Medical 1 Medical 1 Medical 2 Medical 3 Medical 3 Medical 4 Comments Comments Certifier Type: -Select a value:	Certifier Type: Select a value CERTIFYING PHYSICIAN COROÑER MEDICAL EXAMINER PRONOUNCING AND CERTIFYING PHYSICIA Street Type: Select a value- Zip: County: Select a value- Zip Ext: Who will be handling disposition? Select a value- Yne will be handling disposition?	Vicus Save Next	

19. Click the **Unresolved** button (just above Demographic 1 Tab) to validate that you have entered all required information. If you have unresolved fields, the system will display the fields that you need to resolve. (See example below.) Click the link to go to that field in the worksheet, make the correction, and click **Save**.

	Undersolved		-	Certifier	
	DEATHMED2				-
1	- Approximate Inte	erval: Onset To Death A.			100
1303	Demographic 3	JOHNSON COUNTY CORONERS			100
10	Demographic 4	Street Pre-Direction:	*	Street Name:	5.00
5	Demographic 4	Street Type:		Street Post-Direction:	and the second second
	Demographic 5	-Select a value-	~	Select a value	2
	Medical 1	Zip:		State/Country:	
	Medical 2	31096		GEORGIA	
	Medical 3	County: JOHNSON	*	City/Town: WRIGHTSVILLE	
		Zip Ext:		Date Certifier Signed:	
	Medical 4			07/25/2014	
		Who will be handling disposition?	~		
	Comments				
	Αςτινιτγ:		Prev	ious Save Next	
Da	ite Certified:				
Fie	eld Status: presolved				
0.0	tion				

20. Click the Registration menu and select Release to release the record.

General Data Entry	- Internet Explorer		
Mttps://gaverstrain	ing.dph. ga.gov /GAUI/Death/Gl	/General%20Data%20Entry/GeneralDataEntry.aspx#6	A
GEO Divisi	RGIA DEPARTMENT OF Pt	BLIC HEALTH	Vetcome, bonnie O Location: DEKALB COUNTY
СКОВА	L DEATH		
AA D	gistration • Deports • Tools	Heip *	
EDR: 000000295394	New	GENERAL DATA ENTRY	Unresolved Work Queue: Select a value 💉 🧐 0
Please e	Cancel		
r	View Net-Change History		
	De-verify	CAUSE OF DEATH - PART I	
	Relinquish Re-Designate Demographic V De-Certify Decline	construction of events - diseases, injuries, or complications that directly caused the death. DO NOT iminal events such as cardiac arrest, respiratory arrest, or venticular fibrillation without showing ogy. DO NOT ABBREVATE. Enter only one cause on a line: Approximate /EDIATE CAUSE (Final disease or condition resulting in death.) DOP OPCOMENTIAL	e Interval: Onset to Death
	Re-Designate Medical Certifie		
	Demographic 5	DUE TO (or as a consequence of.)	
	Medical 1	b, CARIDAC ARREST	
	Medical 2	DUE TO (or as a consequence of.)	
	Medical 3	DUE TO (or as a consequence of.)	
	Medical 4	d.	
	Comments		
	Αςτινιτγ:		Y

21. Enter your PIN and click **OK** to release the record and get a State file number.

General Data Entry - In https://gaverstraining.	ternet Explorer dph.ga.gov/GAUI/Death/	GUI/General%20Data%20Entry/Ge	eneralDataEntry.aspx#6			
George Division of	A DEPARTMENT OF 1	Public Health				LogBu Welcome, bonnie ! 💩 cation: DEKALB COUNTY
GLOBAL	DEATH					
Functions * Registr	ration * Reports * Too	ls Help *				
A D A	Unresolved Work Queue	Filter:	GENERAL DATA ENTR	¢.	Unresolved Work Queu Select a value	e:
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22. The system registers the record and displays a confirmation message. Click **OK**.

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