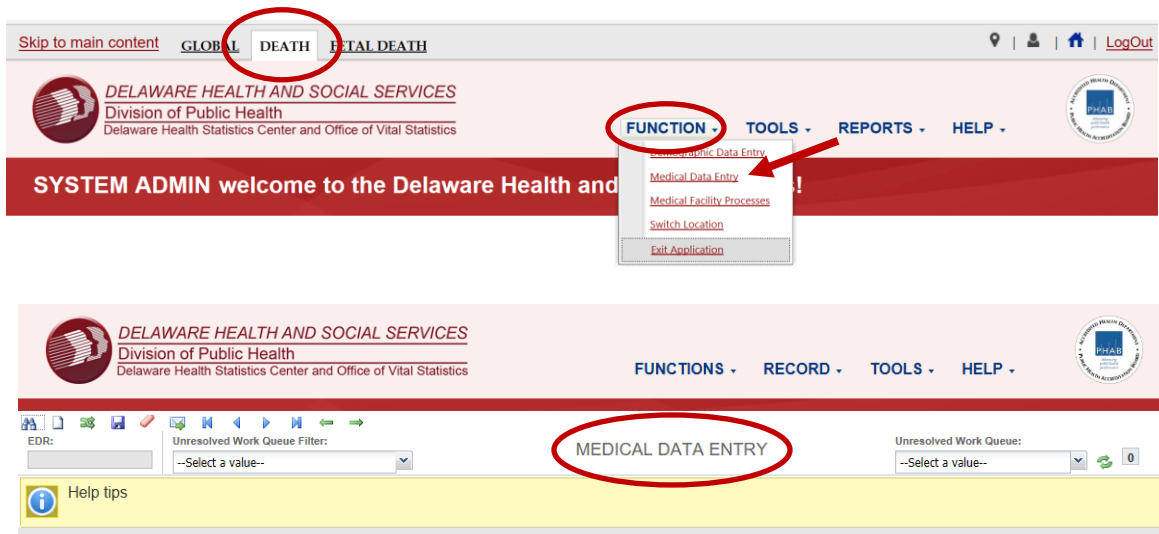
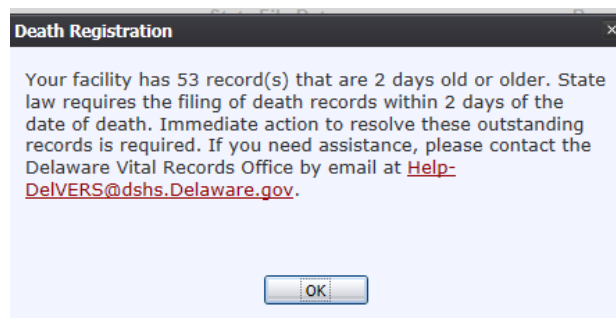


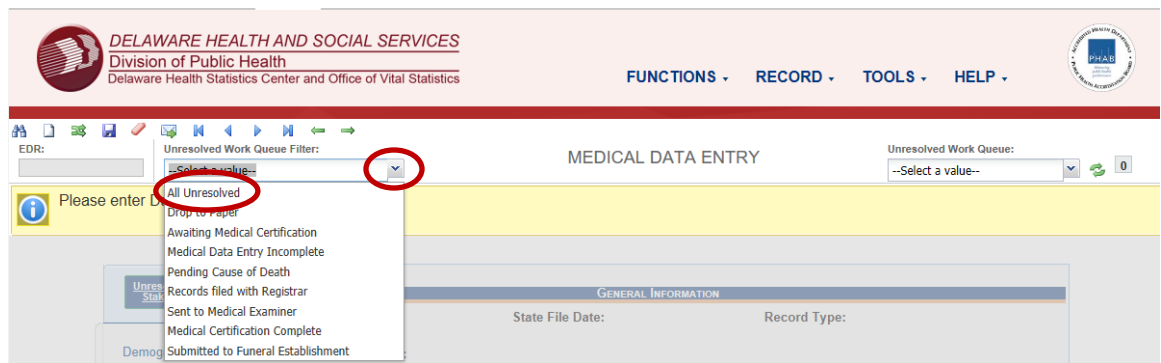
1. Launch your internet browser (Preferably Google Chrome, or Mozilla Firefox, etc.)
2. Enter the following address in the URL box or select from Favorites:
<http://deevrstrain.hosting-by-genesis.com/DEUI/Welcome.htm>
3. The main menu of the application appears:
- 4.
5. Select the **Death/Function/Medical Data Entry**.



ere are any records in the Late Records work queue, the application will issue a message alerting the user to the presence of these late records as shown below.



The initial **Medical Data Entry** screen will appear.



- **All Unresolved:** All records that have been started but the information is not yet complete.
- **Drop to Paper:** All records that have been dropped to paper.
- **Awaiting Medical Certification:** All records that have not yet had medical certification.
- **Medical Data Entry Incomplete:** All records with incomplete medical data entry.
- **Pending Cause of Death:** All records that have cause of death pending whether or not the record has been registered.
- **Records Filed with Registrar:** All records that have been filed with the registrar.
- **Sent to Medical Examiner:** All records that have been sent to the Medical Examiner.
- **Medical Certification Complete:** All records on which medical certification has been completed, but the funeral home has not yet performed demographic verification
- **Submitted to Funeral Establishment:** All records that have been submitted to a funeral establishment for demographic verification.

The following additional filter option will be available for Medical Examiners:

- **Cremation Authorization Pending:** All records that have a cremation authorization pending.
1. From the record list, select the appropriate record by clicking on it, or with the focus on the list, start typing the decedent's last name (if available).

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Delaware Health Statistics Center and Office of Vital Statistics

FUNCTIONS RECORD TOOLS HELP

Medical Data Entry

Unresolved Work Queue: --Select a value--

- SUNLAW, SUNLAW, 2019/04/20
- JONES, PETER, 2019/04/20
- LLL, , 2019/04/22
- ZZZ, A, 2019/04/23
- PPP, A, 2019/04/25
- MMM, A, 2019/04/26
- VVV, A, 2019/04/26
- OOO, A, 2019/04/26
- BORDER, KANE, 2019/05/01
- ASDD, , 2019/05/03

- The selected record will be retrieved by the system and its information will appear on the screen as an active record for additional review and/or processing.

Unresolved List Record Stakeholders

DEMOGRAPHIC 1	DEMOGRAPHIC 2	DEMOGRAPHIC 3
- Decedent's Age Units	- Decedent's Residence Street Name	- Father First Name
- Decedent's Age	- Decedent's Residence State/Country	- Father Middle Name
- Decedent's State/Country Of Birth	- Decedent's Residence County	- Father Last Name
- Decedent's City Of Birth	- Decedent's Residence City/Town	- Father Suffix
- Was ME Contacted?	- Decedent's Residence Zip	- Mother First Name
- Actual Time Of Death Type	- Decedent's Residence Inside City Limits	- Mother Middle Name
- Actual Time Of Death	- Marital Status	- Mother Last Name
- Actual Time Of Death Indicator	- Decedent Ever in US Armed Forces?	- Informant's First Name
	- Decedent's Residence Street Number	- Informant's Middle Name
	- Decedent's Residence Street Type	- Informant's Last Name
	- Decedent's Occupation	- Informant's Relationship
	- Decedent's Business/Industry	- Informant's Street Name
	- Decedent's Employer	- Informant's State/Country
		- Informant's City
		- Informant's Zip
		- Decedent's Education
		- Informant's Street Number
		- Informant's Street Type
		- Informant Suffix
		- Mother Suffix

RECORD STATUS
Medical Certification Not Complete

- Some data items can be left blank, even though they are marked required. If you need to leave one of these fields blank, either click the **Leave Blank** button or press the **Tab** key to move from the **Complete Later** button to the **Leave Blank** button and press **Enter**.

Alert

You have left this item blank. Leaving it blank will mean 'none' for this item unless you wish to complete it later.

Complete Later Leave Blank

- Enter the **Date and Time of Death** Fields. **Date of Death** should be filled in from the **New Record** screen. **Tab** to the **Time of Death Type** field. Start typing "Actual" to populate the field with "Actual Time of Death." Press **Tab** to advance to the **Time of Death Field**.
- Enter the Time of Death and press **Tab** to advance to the **Time of Death Indicator** field. Enter "A" for "am" or "P" for "pm."
- Save the record and advance to the next screen.
- The Medical 2 tab contains Cause of Death information.

6. Enter an **Immediate Cause of Death** and **Tab** to the **Approximated Interval: Onset to Death** field and enter a time period. **Tab** through the following information entering any information you wish.

CAUSE OF DEATH - 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. Enter only one cause on a line: IMMEDIATE CAUSE (Final disease or condition resulting in death.)	
a. <input type="text" value="PNEUMONIA"/>	<input type="text" value="1 WEEK"/>
DUE TO (or as a consequence of.)	
b. <input type="text"/>	<input type="text"/>
DUE TO (or as a consequence of.)	
c. <input type="text"/>	<input type="text"/>
DUE TO (or as a consequence of.)	
d. <input type="text"/>	<input type="text"/>

7. If the terminology used in the **Cause of Death** fields is determined by the system to be ill-defined, a confirmation message will pop up asking you to verify the cause of death.

VIEWS Message	
Field: Cause Of Death Line A.	Validation Type: IIIDefined
Term: Pneumonia	
Message: III Defined term "Pneumonia" found on Line1a. Please verify entries.	
Select 'Ok' to continue or 'Cancel' to correct.	
<input type="button" value="Ok"/> <input type="button" value="Cancel"/>	

8. Enter **Cause of Death – Part II**. This field is other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Enter any conditions and then **Tab** to advance to the next field.

CAUSE OF DEATH - PART II	
<input type="checkbox"/> Alzheimer's Disease	<input type="checkbox"/> Asthma
<input type="checkbox"/> Blood Alcohol Content field (BAC Value)	<input type="checkbox"/> Dementia
<input type="text"/>	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Prescription Drug (Opioid) Overdose
<input type="checkbox"/> Obesity	
Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: <input type="text"/>	

9. The next section is Autopsy Information. In the **Was an Autopsy Performed** field, type either Y for Yes or N for No. If Yes is selected, the **Were Autopsy Findings Available to Complete Cause of Death** field will be enabled. Press **Tab** to move to the **Manner of Death** field.

AUTOPSY INFORMATION	
Was an Autopsy Performed:	Were Autopsy Findings Available to Complete Cause of Death:
<input type="text" value="YES"/>	<input type="text" value="NO"/>

10. In the **Manner of Death** field, type N for Natural. Natural is the only **Manner of Death** type allowed to be entered by a Medical Certifier. All other Manner of Death Types must be referred to an ME. Press **Tab** to continue to the next field.

MANNER OF DEATH	
Manner Of Death:	NATURAL

11. In the **Did Tobacco Use Contribute To Death** field, enter Y for Yes, N for No, P for Probably, or U for Unknown. Press **Tab** to continue.
12. If the decedent is female between the ages of 5 and 59, the **If Female (Aged 5-59) Pregnant** field will be enabled. Enter the relevant information and then save and navigate to Medical 3.

Did Tobacco Use Contribute To Death	If Female (Aged 10-54) Pregnant
Tobacco use contribute to death: NO	Pregnant: NOT APPLICABLE

The screenshot shows the Delaware Health and Social Services web application. The 'RECORD' menu is open, and a red arrow points to the 'Medical Certification' option. The application header includes 'DELAWARE HEALTH AND SOCIAL SERVICES', 'Division of Public Health', and 'Delaware Health Statistics Center and Office of Vital Statistics'. The main content area is titled 'MEDICAL DATA ENTRY' and includes a 'Work Queue' filter set to 'All Unresolved'.

1. The **Medical Certification** screen will display the following information:

- General Information: Decedent's Name (First, Middle, Last, Suffix, Prefix)
- Death Information: Date of Death, Gender, Place of Death
- Certifier Information: First Name, Middle Name, Last Name

The screenshot shows the 'Medical Certification' screen. It displays the following information:

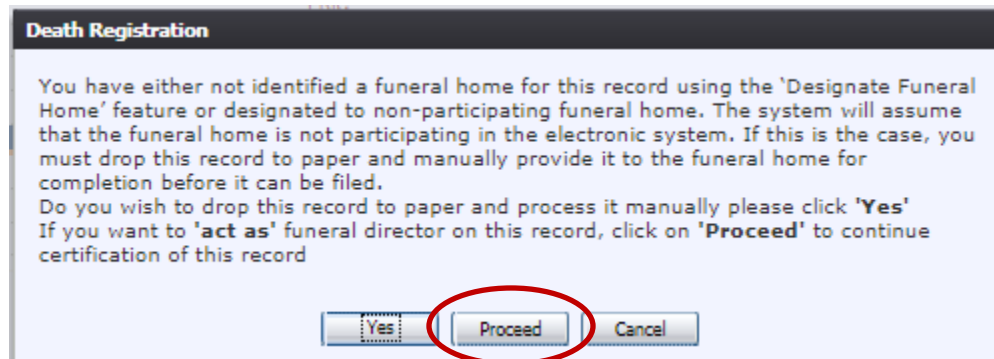
DECEDENT'S INFORMATION	
First Name:	MARVIN
Middle Name:	MAX
Last Name:	HENRY
Suffix:	

DEATH INFORMATION	
Date of Death:	08/04/2018
Time of Death:	10:01 MILITARY
Place of Death:	ABONA HOSPITAL

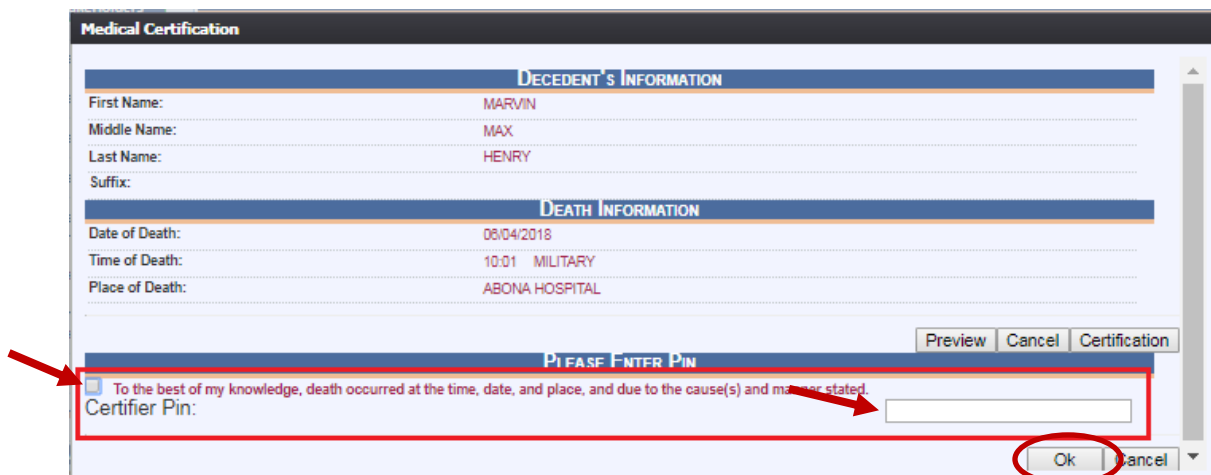
At the bottom right, there are three buttons: 'Preview', 'Cancel', and 'Certification'. The 'Certification' button is circled in red.

2. Review the information to ensure that the correct record is being electronically verified.

3. If the record is not fully electronic and the funeral home is not participating OR a funeral home is not designated on the record, the following message will be displayed:

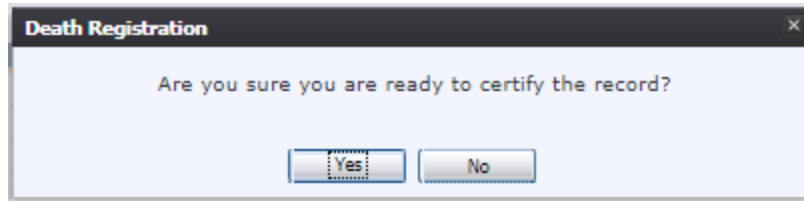


- a. Click **Yes** to drop the record to paper and continue processing the record manually.
 - b. Click **Proceed** to act as the funeral director on the record and continue to certify the record.
 - c. Click **Cancel** to return to the **Medical Data Entry** screen and discontinue the certification.
4. Click **Certification** if all data items are correct.
 - a. To view a preview of a **Death Certification Worksheet** for the record, click **Preview** to load a new browser window containing the **Death Certification Worksheet** in PDF format. The **Death Certification Worksheet** from this screen can be printed from this screen.
 - b. If data items are not correct and need to be edited, click **Cancel** to correct the information on the **Medical Data Entry** screen. Save the corrections made to the record and return to Step 1 instructions above to reinitiate medical certification.
 5. If the record is complete, the system will display the following message: *“To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.”*

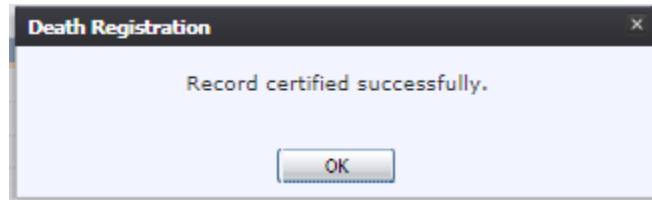


6. Check the box, enter your PIN and click **OK** to complete medical certification.

If the correct PIN has been entered, the following message will appear:



7. Click **Yes** to certify the record, and the following message will appear:



8. Click **OK** to close the **Medical Certification** screen.