



**Improving the Quality of Cause of Death Data**  
**on Mortality Records**  
**“Pending Investigation Records” for Coroners**  
**and Medical Examiners**  
**2017**

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## **STATEMENT OF PURPOSE**

The State of Nevada, Office of Vital Records (OVR), per the National Center for Health Statistics (NCHS) contract, is currently working to improve the quality of cause of death information reported to NCHS. In order to improve reporting, OVR is striving to accomplish the following two (2) goals:

**Goal #1:** Obtain at least 80% of mortality records with cause or manner of death as, “unknown” or “pending” being submitted to NCHS within ten (10) days of the date of death.

**Goal #2:** No more than 5% of the mortality records with a drug poisoning death, containing only the code of T50.9 (other or unspecified drugs) within 150 days after submission to NCHS.

The information obtained from death certificates is essential for mortality statistics. Though improving cause of death information is the overall intent, nearly all the information on a certificate is pulled for statistical data analysis. Ensuring the data entered on a death record is completed as thoroughly and accurately as possible, will provide cleaner and more precise data that is useful for mortality statistics, research and monitoring. This includes information entered by both the funeral home and the certifier. A large factor in the usefulness of the data provided by the certificates is the timeliness of the data received.

To better achieve the two (2) goals, OVR will be requiring death records that are pending investigation to be submitted to NCHS within ten (10) days of the date of death. OVR will allow the cause of death data to be more easily updated by the certifier after the investigation is complete. Also, providing more specific information on drug poisoning deaths allows for more useful and applicable data to be reported back to the NCHS and for the State of Nevada.

The changes established to accomplish the indicated goals will affect all persons that are responsible for the completion of a certificate such as the funeral home, certifier and registrar.

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## **GOAL #1: PENDING INVESTIGATION DEATH RECORDS**

In order to meet goal #1, OVR is requiring all death records pending investigation by a Coroner or Medical Examiner to be completed as described in this manual. The Coroner or Medical Examiner shall complete their portion of the “pending investigation” death record within ten (10) days from the decedent’s date of death. Proper completion will ensure that County and State Registrar offices are issuing burial permits pursuant to Nevada Administrative Code (NAC) 440. Without proper completion as described below, the County or State Registrar will not be able to issue a burial permit.

NAC 440 indicates that the State Registrar or Local Registrar of vital statistics may issue a burial or removal permit without a completed certificate of death, or a certificate eligible to be registered, for:

1. A case of a coroner or medical examiner which is pending investigation; or
2. Any case requiring significant difficulty or expense to the applicant.

OVR is requesting from all funeral homes that ALL death records are started immediately upon receipt of the decedent even if the decedent may be transferred to another funeral home.

Once the death record is started by the funeral home, the Coroner or Medical Examiner may complete their portion of the “pending investigation” record. The Coroner or Medical Examiner should monitor their system work queues regularly to ensure there are no records pending their completion, which includes the approval of burial permits.

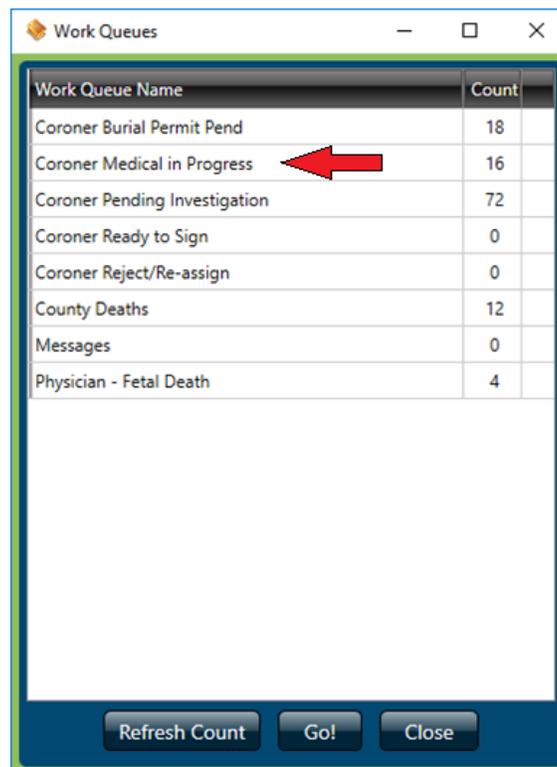
Creating and submitting a death record to NCHS takes the cooperation of several people. The funeral home starts the record and enters the personal information, the certifier enters the cause of death, and the registrar completes the registration. Do not forget OVR still needs to submit the death record to NCHS.

## **GOAL #1: FINAL COMPLETION OF PENDING INVESTIGATION DEATH RECORDS**

When the investigation is complete, the Coroner or Medical Examiner will be able to enter the death record and update all the medical information and resubmit to the County or State Registrar. An Affidavit for Correction of a Record form will no longer be required. The system will allow a Coroner or Medical Examiner to update the death record.

## **GOAL #1: HOW TO COMPLETE PENDING INVESTIGATION DEATH RECORDS**

- Select the work queue “Coroner Medical in Progress” and click the “Go!” button at the bottom of the window or double click on the work queue to display.



- Double click on the death record from the generated list that you wish to review and certify.

## CERTIFIER TAB

Certifier

Assigned To			
21a. / 22a. Certifier Type		23a. Name	Certifier Associated Facility
Coroner		Coroner, Shannon	
Certifier			
Title	Degree	23b. License Number	
		999999	
Address			
State		City	Zip Code
NV		Reno	89509
Email Address		Administrative Assistant EMail	
Attending Physician, if other than Certifier			
Full Name		Title	Attending ID
21. Certifier			
Military Time of Death	Is this TIME approximate?	21c. Time of Death	
22. Coroner			
Coroner Case Number	22d. Pronounced Dead	Military Time Pronounced	22e. Time Pronounced
			9999

### The following fields should be completed as follows:

- Confirm that the death record is assigned to you under the “Assigned To” section of this tab and that the information automatically populated in the “Certifier” section of this tab is correct.
- “Military Time of Death” – Enter time of death in military time format or 9999 (if the information is unknown at this time).
- “Is this TIME approximate?” – Enter “Y” for Yes, “N” for No or “U” for Unknown.
- “Coroner Case Number” – Enter the coroner case number.
- “22d. Pronounced Dead” – Enter the appropriate date or 9999 (if the information is unknown at this time).
- “Military Time Pronounced” – Enter the appropriate time or 9999 (if the information is unknown at this time).

# CAUSE OF DEATH TAB

Cause of Death

Pending Investigation  Death due to communicable disease?

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death)

Approx. Interval - Onset to Death

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of

Approx. Interval - Onset to Death

c. Due to or as a Consequence of

Approx. Interval - Onset to Death

d. Due to or as a Consequence of

Approx. Interval - Onset to Death

Cause of Death (Part 2)

Other significant conditions contributing to death.

Autopsy?  Were Autopsy Findings Used?  Did Tobacco Use Contribute to Death?

If Female

Was Coroner Contacted?  Coroner Contacted Reason

## The following fields should be completed as follows:

- "Pending Investigation" – Enter "Y" for Yes.
- "Death Due to Communicable Disease" – Enter "Y" for Yes, "N" for No or "U" for Unknown.
- "Immediate Cause" – Enter "Pending".
- "Autopsy" - Enter "Y" for Yes, "N" for No or "U" for Unknown.
- "Were Autopsy Findings Used?" - Enter "Y" for Yes, "N" for No or "U" for Unknown.
- "Did Tobacco Use Contribute to Death?" – Enter "Y" for Yes, "N" for No, "P" for Probable or "U" for Unknown.

- “If Female” – Select appropriate response from the drop down list. If decedent is male, this field will be locked and will read “Not Applicable”.

## CAUSE OF DEATH (CONT) TAB

Cause of Death(cont)

Cause of Death (cont)

28a. Manner of Death Edit Counter  
 Pending Investigation

Injury

28b. Date of Injury   Is this DATE approximate?   Military Time of Injury  Is this TIME approximate?  28c. Time of Injury

28d. Describe how Injury occurred

Injury at work?  28f. Place of Injury

Transportation Injury?  Specify

State  Injury County

City  Zipcode

28g. Location Street Address

**The following fields should be completed as follows:**

- “Manner of Death” – Should read “Pending Investigation”. This will be automatically populated, if the previous tab was properly completed.

## SIGNATURES TAB

Signatures

Burial Permit			
County Coroner Name	Coroner Signature	Date Coroner Signed	Completed By
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
County of Death Registrar Name			
<input type="text"/>			
Registrar Signature	Registrar Approval Date	Completed by	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Burial Permit Number	Permit Print Date		
<input type="text"/>	<input type="text"/>		

Facility		
Facility Complete? (Y,N,R)	Complete Date	Completed by
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>

Funeral Home		
Personal Info Complete (Y/N/R)?	Complete Date	Completed by
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Director Signed?	Date Signed	Funeral Director Name
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Physician Signing Certificate		
Medical Info Complete (Y/N/R)?	Complete Date	Completed by
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Physician Signed?	Date Signed	
<input type="checkbox"/>	<input type="text"/>	

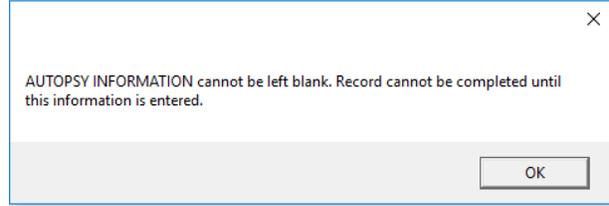
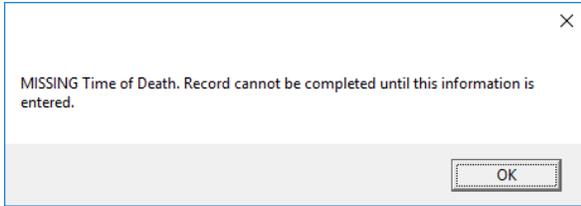
  

Coroner Signing Certificate		
Medical Info Complete (Y/N/R)?	Complete Date	Completed by
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Coroner Signed?	Date Signed	
<input type="checkbox"/>	<input type="text"/>	

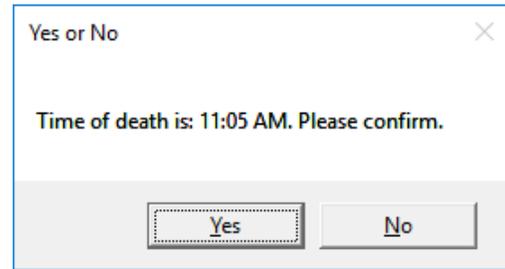
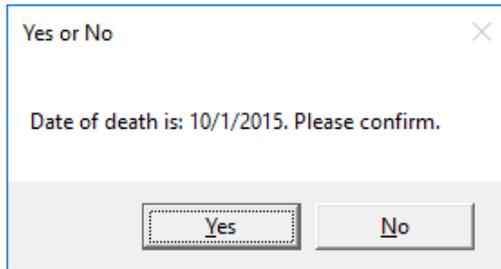
### The following fields should be completed as follows:

- “County Coroner Name”– Select your name from the drop down.
- “Coroner Signature” – Enter “Y” for Yes.
  - By signing the burial permit, you are approving the issuance of a burial permit.
  - If the death is due to a communicable disease and the disposition is not cremation, please contact OVR.

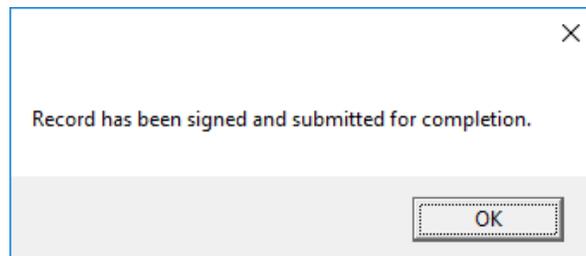
- “Medical Info Complete” – Enter “Y” for Yes.
  - If any field was not completed, you will be prompted with a message as shown below and then redirected to complete the indicated field.



- “Coroner Signed” – Enter “Y” for Yes.
  - You will be prompted with notices to confirm the date of death and the time of death.



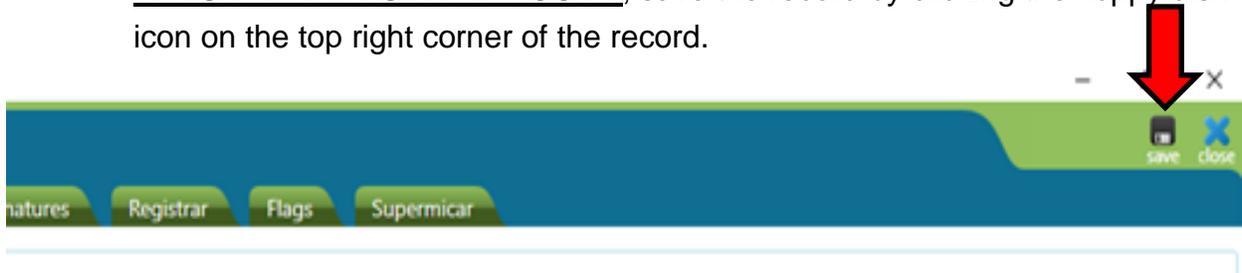
- If you select “No” to either confirmation, you will be redirected to that field to correct the information.
- After correcting or completing missing information, you will need to re-enter the “Y” in “Medical Info Complete”.
- If “Medical Info Complete” and “Coroner Signed” is marked with a “Y”, there is no missing information and “Yes” has been confirmed for the date and time of death, you will then be prompted that your portion is now complete.



- Upon clicking OK, you will then be redirected to the Decedent tab;

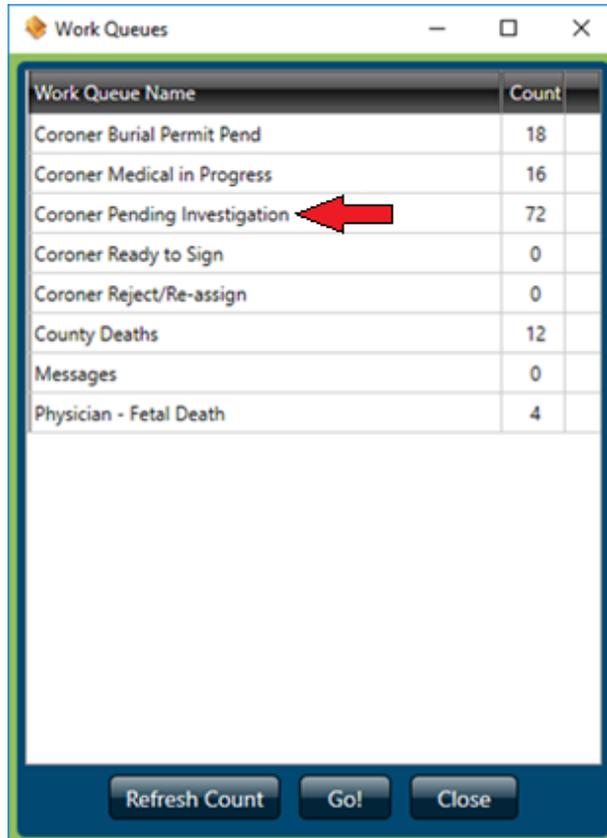
**Decedent** however, you will not need to complete anything on this tab as your portion is complete.

- **BEFORE EXITING THE RECORD**, save the record by clicking the floppy disk icon on the top right corner of the record.



## GOAL #1: HOW TO UPDATE PENDING INVESTIGATION DEATH RECORDS

- Select the work queue “Coroner Pending Investigation” and click the “Go!” button at the bottom of the window or double click on the work queue to display.



- Select the record from the generated list that you wish to review and certify and click on the “Display” button on the bottom of the window or simply double click.

When the investigation has been completed, all the fields previously completed in the death record should be reviewed and updated.

## CAUSE OF DEATH TAB Cause of Death

Pending Investigation  Death due to communicable disease?

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death) Approx. Interval - Onset to Death

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of Approx. Interval - Onset to Death

c. Due to or as a Consequence of Approx. Interval - Onset to Death

d. Due to or as a Consequence of Approx. Interval - Onset to Death

Cause of Death (Part 2)

Other significant conditions contributing to death.

Autopsy?  Were Autopsy Findings Used?  Did Tobacco Use Contribute to Death?

If Female

Was Coroner Contacted?  Coroner Contacted Reason

- “Pending Investigation” – Change “Y” for Yes to “N” for No. **This must be the first thing done upon entering the record.** There will be a brief pause as the system updates.

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**The following fields should be reviewed and updated as appropriate:**

- “Death Due to Communicable Disease” – Enter “Y” for Yes, “N” for No or “U” for Unknown.
- “Immediate Cause” – Enter the immediate cause of death.
- “Due to or as a Consequence of” – Enter other causes as appropriate.
- “Autopsy” - Enter “Y” for Yes, “N” for No or “U” for Unknown.
- “Were Autopsy Findings Used?” - Enter “Y” for Yes, “N” for No or “U” for Unknown.
- “Did Tobacco Use Contribute to Death?” – Enter “Y” for Yes, “N” for No, “P” for Probable or “U” for Unknown.
- “If Female” – Select appropriate response from the drop down list. If decedent is male, this field will be locked and will read “Not Applicable”.

## CERTIFIER TAB



Assigned To

21a. / 22a. Certifier Type:       23a. Name:       Certifier Associated Facility:

Certifier

Title:       Degree:       23b. License Number:

Address:

State:       City:       Zip Code:

Email Address:       Administrative Assistant EMAIL:

Attending Physician, if other than Certifier

Full Name:       Title:       Attending ID:

21. Certifier

Military Time of Death:       Is this TIME approximate?:       21c. Time of Death:

22. Coroner

Coroner Case Number:       22d. Pronounced Dead:       Military Time Pronounced:       22e. Time Pronounced:

### The following fields should be reviewed and updated as appropriate:

- “Military Time of Death” – Enter time of death in military time format or 9999 (if the information is unknown at this time).
- “Is this TIME approximate?” – Enter “Y” for Yes, “N” for No or “U” for Unknown.
- “Coroner Case Number” – Enter the coroner case number.
- “22d. Pronounced Dead” – Enter the appropriate date or 9999 (if the information is unknown at this time).
- “Military Time Pronounced” – Enter the appropriate time or 9999 (if the information is unknown at this time).

## CAUSE OF DEATH (CONT) TAB

Cause of Death(cont)

Cause of Death (cont)

28a. Manner of Death  Edit Counter

Injury

28b. Date of Injury  Is this DATE approximate?  Military Time of Injury  Is this TIME approximate?  28c. Time of Injury

28d. Describe how Injury occurred

Injury at work?  28f. Place of Injury

Transportation Injury?  Specify

State  Injury County

City  Zipcode

28g. Location Street Address

- “Manner of Death” – Update with the appropriate response from the drop down.
  - If the manner of death is anything other than “Natural Causes”, the “Injury” section must be completed.
- “Injury” Section – Complete all fields with the appropriate information.

## SIGNATURES TAB

Signatures

### Burial Permit

County Coroner Name	Coroner Signature	Date Coroner Signed	Completed By
Coroner, Shannon	X	02/03/2017	Coroner, Shannon
County of Death Registrar Name			
McGuinness, Shannon			
Registrar Signature	Registrar Approval Date	Completed by	
Y	02/06/2017	McGuinness, Shannon	
Burial Permit Number	Permit Print Date		
000000000237323	/ /		

### Facility

Facility Complete? (Y,N,R)	Complete Date	Completed by
X	02/06/2017	Coroner, Shannon

### Funeral Home

Personal Info Complete (Y/N/R)?	Complete Date	Completed by
Y	02/02/2017	Funeral, Shannon
Director Signed?	Date Signed	Funeral Director Name
Y	02/02/2017	Funeral, Shannon

### Physician Signing Certificate

Medical Info Complete (Y/N/R)?	Complete Date	Completed by
	/ /	
Physician Signed?	Date Signed	
N	/ /	

### Coroner Signing Certificate

Medical Info Complete (Y/N/R)?	Complete Date	Completed by
	/ /	
Coroner Signed?	Date Signed	
	/ /	

The following fields should be reviewed and/or completed again:

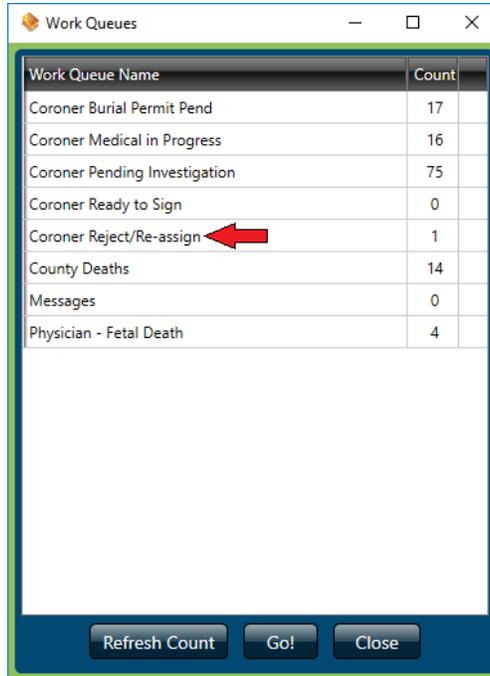
- Complete the "Burial Permit" section if it was not previously completed.
- "Medical Info Complete" – Enter "Y" for Yes.
- "Coroner Sign" – Enter "Y" for Yes.



- **BEFORE EXITING THE RECORD**, save the record by clicking the floppy disk icon on the top right corner of the record.

## REJECTED DEATH RECORDS

- Death records may be rejected back to you for additional information or corrections.
- When a death record is rejected, an email should be sent to the email address on file in the system alerting you that a record has been rejected.



Work Queue Name	Count
Coroner Burial Permit Pend	17
Coroner Medical in Progress	16
Coroner Pending Investigation	75
Coroner Ready to Sign	0
Coroner Reject/Re-assign	1
County Deaths	14
Messages	0
Physician - Fetal Death	4

Buttons: Refresh Count, Go!, Close

- Select the work queue “Coroner Reject / Re-assign” and click the “Go!” button at the bottom of the window or double click on the work queue to display.
- In the death record, go to the “Reject” tab. 
  - This tab explains the reason the death record was rejected and what should be corrected before **re-signing** the record.

## **GOAL #2: DRUG POISONING DEATHS MUST LIST A SPECIFIC DRUG OR DRUGS**

If the cause of death is due to poisoning or intoxication, the substance must be identified and listed in the death record. This can include any foreign substance including, but not limited to, drugs or alcohol. The specification of the drugs should be listed in the “Immediate Cause” field or any of the “Due to or as a Consequence of” fields and be as specific as possible. Death records that indicate “unknown or unspecified drugs” or do not list specific substance(s) will be rejected for further substance specification.

<b>Not Acceptable</b> 	<b>Acceptable</b> 
Pain Killers/Opiates	Oxycodone or Hydrocodone
Illicit Drugs	Cocaine or Heroin
Mixed Drug Intoxication	Mixed Drug Intoxication including Alcohol and Cocaine

### **MEDICAL EXAMINER’S REPORT**

If a coroner has received a Medical Examiner’s report, the cause(s) of death must be inputted exactly as indicated in the report.

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## **ADDITIONAL INFORMATION**

### **IEWS2**

IEWS2 is an available feature that is strongly recommended after inputting causes of death. IEWS2 is a service implemented by NCHS to enable improved mortality data validations. This feature reviews the causes entered for rare words, spelling, abbreviations, rare causes of death and record conflicting causes of death. If an entry is flagged for spelling, IEWS2 will return a possible correction. If a rare cause is flagged or conflicting information is being reported in the record, IEWS2 will prompt to confirm the correct information has been entered. For example, pregnancy for males or 90 year old women should be flagged by IEWS2.

To run IEWS2, click the “IEWS2” button next to “Immediate Cause” in the Cause of Death tab. OVR is planning to have this feature run automatically in the future.