

## Office of Vital Records

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# Nevada Vital Records



# Death Records Training For Funeral Homes Updated August 25, 2017

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#### **Welcome and Introduction**

Welcome to the Vital Records System (VRS) training program. This training module focuses on creating death records and it is designed for funeral homes. If you are new to VRS, this training module will show you how to create and update an accurate death record. If you have experience in VRS, this module will serve as a refresher and may give you some helpful hints moving forward.

#### **Intended Outcome**

it's the law.

It's very important to enter death information accurately and completely. Not only is it required by statute, but it can be difficult and costly for families to change records at a later date.

This module is designed to give you some tips and tricks to navigating VRS and also addresses many frequently asked

## questions. By the end of the training you should be comfortable with completing a death record accurately and completely. Remember, it's important to fill out records to the best of your ability, and

### What is Required and When?

When you first meet with the family of someone who has died, you start collecting information that will be important for the death record. With all death records it is helpful to start entering information as soon as it is obtained because there are some processes that cannot begin until certain information is recorded.

Also, Nevada statute requires the death certificate to be completed in 72 hours, or a total of three days, unless an autopsy is required.

Information that will be required to start a death record is:

- First Name and Last Name of Decedent (if there are any questions about this, it's best to default to a photo identification or social security card).
- Date of Death
- City, State and County of Death
- Date of Birth

Details of how to enter this and other information into VRS can be found later in this document, but here are the Nevada Revised Statutes that apply directly or indirectly to funeral homes.

The funeral director or person acting as undertaker shall obtain the personal and statistical particulars required from the person best qualified to supply them...

## As a funeral home, we are often the primary contact for the family. What does NRS say about getting the facts from the family or informant?

NRS 440.360 **Authentication of personal and statistical information concerning certificate.** The personal and statistical particulars of the death or stillbirth certificate shall be authenticated by the name of the informant, who may be any competent person acquainted with the facts.

#### Who is authorized to sign off on a record concerning disposition of a body?

NRS 440.370 **Signature required on statement of facts concerning disposition of body.** The statement of facts relating to the disposition of the body must be signed by the **funeral director** or person acting as undertaker or by an authorized representative of the crematory if the body is cremated.

#### Who should sign a death certificate and what information is required?

#### NRS 440.380 Medical certificate of death: Signature; contents.

1. The medical certificate of death must be signed by the physician or advanced practice registered nurse, if any, last in attendance on the deceased, or pursuant to regulations adopted by the Board, it may be signed by the attending physician's associate physician, the chief medical officer of the hospital or institution in which the death occurred, or the pathologist who performed an autopsy upon the deceased. The person who signs the medical certificate of death shall specify:

(a) The social security number of the deceased.

(b) The hour and day on which the death occurred.

(c) The cause of death, so as to show the cause of disease or sequence of causes resulting in death, giving first the primary cause of death or the name of the disease causing death, and the contributory or secondary cause, if any, and the duration of each.

2. In deaths in hospitals or institutions, or of nonresidents, the physician or advanced practice registered nurse shall furnish the information required under this section, and may state where, in his or her opinion, the disease was contracted.

#### What do I need to know about stillbirths as a funeral director?

NRS 440.070 **"Stillbirth" defined**. As used in this chapter, "stillbirth" means a birth after at least 20 weeks of gestation, in which the child shows no evidence of life after complete birth.

NRS 440.350 **Form and contents of certificate of death or stillbirth.** The certificate of death or of stillbirth that shall be used is the standard form approved by the United States Public Health Service.

NRS 440.390 **Certificate of stillbirth.** The certificate of stillbirth must be presented by the **funeral director** or person acting as undertaker to the physician or advanced practice registered nurse in attendance at the stillbirth, for the certificate of the fact of stillbirth and the medical data pertaining to

stillbirth as the physician or advanced practice registered nurse can furnish them in his or her professional capacity.

What does NRS say about my duties as a funeral director?

NRS 440.420 Duties of funeral director, health officer, coroner and coroner's deputy when death occurs without medical attendance.

1. In case of any death occurring without medical attendance, the **funeral director** shall notify the local health officer, coroner or coroner's deputy of such death and refer the case to the local health officer, coroner or coroner's deputy for immediate investigation and certification.

2. Where there is no qualified physician or advanced practice registered nurse in attendance, and in such cases only, the local health officer is authorized to make the certificate and return from the statements of relatives or other persons having adequate knowledge of the facts.

3. If the death was caused by unlawful or suspicious means, the local health officer shall then refer the case to the coroner for investigation and certification.

4. In counties which have adopted an ordinance authorizing a coroner's examination in cases of sudden infant death syndrome, the **funeral director** shall notify the local health officer whenever the cause or suspected cause of death is sudden infant death syndrome. The local health officer shall then refer the case to the coroner for investigation and certification.

5. The coroner or the coroner's deputy may certify the cause of death in any case which is referred to the coroner by the local health officer or pursuant to a local ordinance.

#### What are my duties as a funeral director as they relate to a person of an unknown identity?

#### NRS 440.440 Duties of funeral director and sheriff upon death of unknown person.

1. In any case of a death occurring to anyone whose identity is unknown, before burying the body the funeral director shall annex to the certificate of death a certificate from the sheriff that the sheriff has on file in his or her office the fingerprints of the body.

2. Sheriffs of the respective counties shall maintain in their respective offices a file known as the unidentified deceased persons file. Sheriffs shall, without further compensation, see that such fingerprints are obtained as provided in this section and placed in the file as a public record.

#### What does NRS say I need legally to bury or cremate a body?

NRS 440.450 **Prerequisites to disposal of body.** The funeral director or person acting as undertaker is responsible for obtaining and filing the certificate of death with the local health officer, or his or her deputy, in the registration district in which the death occurred, and for securing a burial or removal permit prior to any disposition of the body.

#### What does NRS say about how to collect personal information and where to put it?

NRS 440.460 **Personal and statistical information.** The funeral director or person acting as undertaker shall obtain the personal and statistical particulars required from the person best qualified to supply them, over the signature and address of his or her informant.

#### What does NRS say about my duties as a funeral director as they relate to the physician or coroner?

NRS 440.470 **Presentation of certificate**. The funeral director or person acting as undertaker shall present the certificate to the attending physician or attending advanced practice registered nurse if any, or to the health officer or coroner, for the medical certificate of the cause of death and other particulars necessary to complete the record unless attending physician or attending advanced practice registered nurse initiated the record of death and provided the required information at the time of death.

#### What do I need to know about burial permits?

NRS 440.520 Disposition of burial or removal permit. The funeral director shall:

1. Deliver the burial permit to the sexton or person in charge of the place of burial, before interring or otherwise disposing of the body.

2. Attach the removal permit to the box containing the body, when shipped by any transportation company.

NRS 440.530 **Burial permit to accompany body**. The permit shall accompany the body to its destination, where, if within the State of Nevada, it shall be delivered to the sexton or to any other person in charge of the place of burial.

## NRS 440.540 **Necessity for permit to inter more than 72 hours after death; removal of body to another registration district.**

1. Except as provided in subsection 2, the body of any person whose death occurs in this state shall not be interred, deposited in a vault or tomb, cremated or otherwise disposed of, removed from or into any registration district, or be held temporarily pending a further disposition more than 72 hours after death, until a permit for burial or removal or other disposition thereof has been properly issued by the local health officer of the registration district in which the death occurred.

2. If the person who is to certify the cause of death consents, a body may be moved from the place of death into another registration district to be prepared for final disposition.

NRS 440.560 **Interment without burial permit prohibited.** No sexton or other person in charge of any premises in which interments are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, removal or transit permit as provided in this chapter.

#### How long do I have to finish the death certificate if no autopsy is required?

NRS 440.490 **Presentation of completed certificate of death to local registrar.** The funeral director or person acting as undertaker shall present the completed certificate of death to the local registrar within 72 hours after the occurrence or discovery of the death. If a case is referred to the coroner, he or she shall present a completed certificate to the local registrar upon disposition of the investigation.

#### What is written about disinterment?

#### NAC 440.190 Disinterment. (NRS 440.120)

1. Within 72 hours after any disinterment or removal of human remains, the funeral director or person who performed the disinterment shall send a copy of the permit for the disinterment and file an affidavit for correction of a certificate pursuant to NAC 440.026 to the State Registrar.

2. Upon receipt of the copy of the permit and the affidavit, the State Registrar shall:

(a) Change the statement of the place of interment on the certificate of death to show the new place of interment if the remains have been interred in a new place; and

(b) Send a copy of the changed certificate to the local registrar in the county of the new place of interment.

NAC 440 (Section 7)

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

## **Creating a Record**

To create a death record, start by opening the Netsmart VRS home webpage and going to File on the top left corner of the screen, and then New Event, then Death.

Search Fee/CAS	Work Queue Tools Batch Blank Forms	Administration	Help
New Event +	Death	CTRL+D	
New Special +	Death Alias Names	CTRL+N	
Re-Login	Birth Fetal Death		
Close	Disinterment of Human Remains		
	Legal Change to Certificate	CTRL+L	
NEVADA	Hearing Information	CTRL+I	
	Hearing Screening	CTRL+E	
SSAGE OF THE DAY	Hearing Audio	CTRL+H	
tem Message Board	Supplies		
ated 02/12/2015	Message System		
	Data Dictionary Edits		
	Change Management		
	Report fields		
	Report Name		
	Audit Log		
	Document Tracking		
	Document Sequence		
	Registration Type Wizard		
	Modification Type Wizard		

## Tabs

You will then come to this screen with two rows of green tabs. If you expand this window, you should see one row of green tabs, as shown below. (Some browsers or screen resolutions may still show two rows even when the window is maximized).

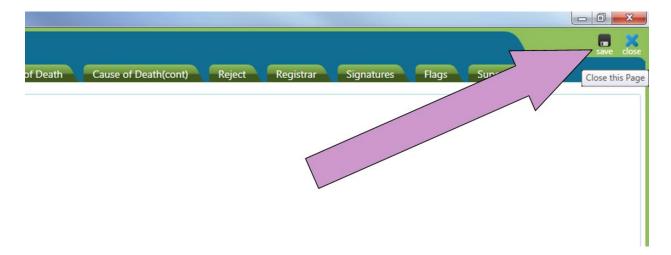
	earth (Event Year = 2015)	
2	e Search Fee/CAS Requests Actions Work Queue Linking Tools Help	
	ecedent Dec History Dec History Disposition Trade Call Court Ordered Certifier Cause of Death Cause of Death(cont) Reject Registrar Signatures Flags Su	permicar
	stem	
	tate File Number Out of State File Number Case File Number Reg Type Paper or Electronic Filing?	
	Iron to Paner Printed. Dron to Paner Print Date	

On each tab is a field or box where information is usually required. In this manual, each field or text box is highlighted with grey, like this <field>, so that you can easily see when the manual is directly referencing a specific field.

It is very important that you <u>use the</u> (TAB) key on your keyboard to move from field to field, and not by using your mouse to drop your cursor from field to field. There are data validation messages or "edit boxes" that will appear only when this key is used. Using the mouse to drop your cursor from field to field can sometimes bypass the data validation messages and could cause you to miss a field.

#### How to Save and Fix Your Work

If you are new to VRS, it's important to know that there are a number of fields that require information before you can save the record. The required fields for each tab are documented later in this manual.

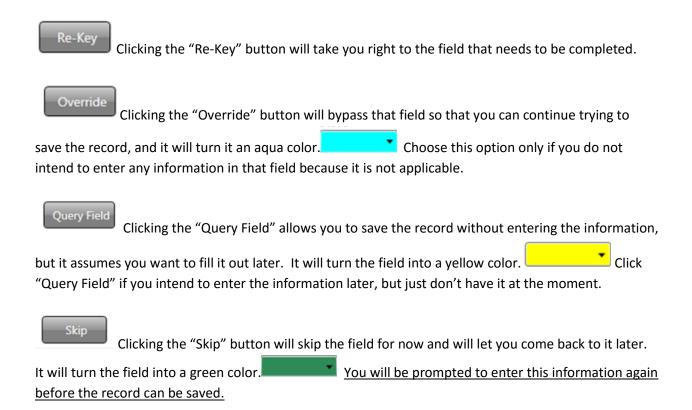


But for now, look at the top right screen of VRS and you should see a save button:

You can attempt to save the record right now, but it's best to wait until you have gone through all the tabs and filled out as much information as possible. If you continue to press the TAB button on your keyboard, you will notice that VRS gives you a validation message or "edit box."

e Search Fee/CAS <u>R</u> equests Actions <u>W</u> ork Queue	e Linking Io	xols <u>H</u> elp				
ecedent Dec History Dec History2 D	Nsposition	Trade Call	Court Ordered Certifier	Cause of Death	Cause of Death(cont)	Reject Registrar
stem						
ate File Number Out of State File Number Case	e File Number		Paper or Electronic Filing? E			
rop to Paper Printed Drop to Paper Print Date						
verall Record Status Record Status for Person	al Info Recor	d Status for Medic	al Info			
ending • Pending	• Pend	ing	•			
hanges to death record pending? Alias Names? Case	e Started by					
N CEI	NTRAL					
ceased		lata Entry Exception				
First Name Middle Name	Las		ot leave this field blank. If the			
		You cann	ot leave this field blank, if the UNKNO		U	pass Variable Values
ime (LAST FIRST MIDDLE I. SUFFIX)					Q	eried and Verified - 1
					Qu	eried - Not Verified - 2
Date of Death Is this an approximate date?		Field Name:	NAME FIRST			Review Needed - 3
11		Field Label:	1. First Name			
Place of Death	_					Query Needed - 4
ate - OOS State 3a. County of D	heath	Tab Section:	Decedent		M	ssing Variable Values
NV	reaut	Paragraph:	Deceased			*
D. City, Town, or Location of Death		Edit Number:	20			Query Location
•		Query Location:				
ounty FIPS City FIPS						
99999			Re-Key Override	Query Field Skip		
e. Place of Death		-				
-	6					
as there a Hospice Care Program? Hospice Care Pro	gram					
		•				
. Hospital or Other Institution						
	•					
ddress Med	tical Record N	umber				

You can do a few things from here:



## Searching for a Record

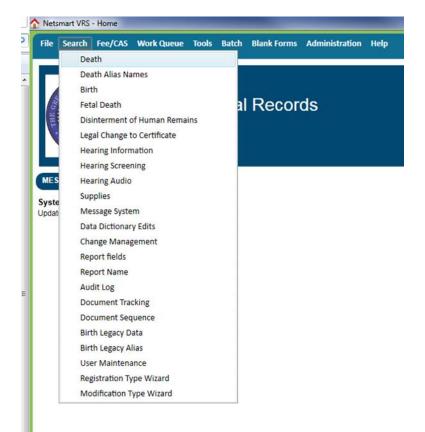
Once you have saved your record it's best to update it by going to your work queue as seen below.

File Search Fee/CAS Decedent Dec Hi	Get Work Queues	Tools Help Trade Call Court Ordered Cer
System		
State File Number	Out of State File Number Case File Number	er Reg Type Paper or Electronic Filing? E
Drop to Paper Printed	Drop to Paper Print Date	
	🔶 Work Queues	– 🗆 ×
	Work Queue Name	Count
	FH Burial Permit Pending	8
	FH Burial Permit Ready	16
	FH Personal in Progress	3
	FH Ready to Sign	0
	FH Reject/Re-assign	1
	FH waiting on MC	0
	Unassigned Certifier	7
	Refresh Count Go!	Close

- "FH Burial Permit Pending" Records awaiting the burial permit to be approved.
- "FH Burial Permit Ready" Records where the burial permit has been approved but not printed.
- "FH Personal in Progress" All records that have been created by your establishment or reassigned to you by the registrar's office and personal information has not been marked as complete or signed off by the funeral director.
- "FH Ready to Sign" Records where the personal information has been filled out and marked as complete in the signature tab, but record has not been signed off by the funeral director.
- "Funeral Reject/Re-assign" Records rejected to you from either the certifier or registrar.
- "FH waiting on MC" Records waiting to be signed by certifier.
- "Unassigned Certifier" Records that have no certifier assigned to the record.

However, if you ever need to search for a record, you will need to search for it if you would like to modify it or make any corrections.

To search for a death record that has already been created, <u>go to Search</u> on the main menu bar and select Death as seen below:



kaj Search - Death —	o x
File Search Fee/CAS Requests Work Queue Tools Batch Administration Help	close
Search Criteria Results	
State File Number         Name (L F M I. SUF)         Reg Type         Void Flag         Coroner Burial OK'd	^
Was Coroner Contacted? Year of Death BP Reg Signature Date of Death Soundex Code	
First Name     Middle Name     Last Name     Suffix       Az%     AZ%     Image: Suffix     Image: Suffix	
Social Security Number Date of Birth Place of Death County	
Overall Record Status Record Status for Personal Info	
Record Status for Medical Info	
Case File Number Medical Record Number	
Facility Name	
Funeral Home	~
Reset/Clear Search	
Search Event	

You should then see the Search Criteria below:

It's best to search by a decedent's first two letters of the first name followed by a % sign, the first two letters of the last name followed by a % sign and the year of death. If you search for too many fields, you may get no results. Also, <u>do not search by facility name</u> as the database keeps that field separate in the security role information. When you have found the record you are looking for, double click to open it.

### **Decedent Tab**

Required Fields on the Decedent Tab are:

- First Name
- Last name
- Date of Death (cannot be skipped, overridden, or queried)
- County of Death
- City, Town, or Location of Death
- Place of Death
- Hospital, or other institution

\*Some fields will not prompt you to Re-Key, Override, Query or Skip when you tab over them but will still prompt you to fill them in upon saving.

If you are sure you are the first to create this record, start by dropping your cursor in the field called <First Name> which is located in the Decedent box paragraph. All fields prior to this can be skipped. After you have entered that name, press the tab button on your keyboard to move to the next field. If you try to skip the <Last Name> field, you will notice that you are asked to re-key, override, query, or skip.

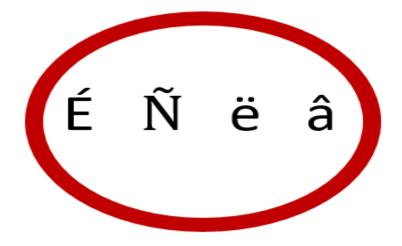
Once at the <Date of Death> field, (the red box below) you will notice that it must be filled in to proceed further.

System						
State File Number Out o	f State File Number	Case File N	lumber Reg Type	Paper or Electronic E	Filing?	
Drop to Paper Printed Drop t			Record Status for Me	diast fields		
Pending •	Pending	• sonar Inio	Pending	•		
Changes to death record pend	ling? Alias Names?	Case Starte CENTRAL				
Deceased						
1. First Name	Middle Name		Last Name		Suffix	
Name (LAST FIRST MIDDLE I. S	SUFFIX)					
I. Place of Death State - OOS • 3b. City, Town, or Location of	NV	y of Death	• Zip Code	•		
	•			•		
County FIPS City FIPS 99999						
3e. Place of Death	•					
3e. Place of Death	gram? Hospice Car	e Program		]		
3e. Place of Death Was there a Hospice Care Pro						
	n	•				
Was there a Hospice Care Pro	n		cord Number			
Was there a Hospice Care Pro	in		cord Number			

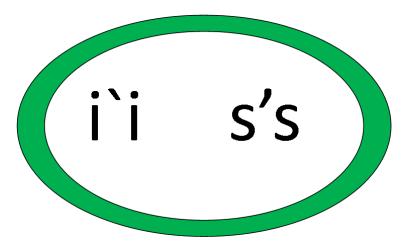
Remember to use the TAB button when moving from field to field.

#### **Special Characters in Names**

When you have tabbed to the <First Name> field, it's important to keep in mind that some special symbols may be allowed. Symbols such as accent marks, tildes, diareses and circumflexes (seen below) should be compatible with the system. If the first, middle, or last name contains any of the following marks, the funeral home may try to input the symbol into the name.



The two symbols compatible with the system are okinas and apostrophes (seen below). Okinas are sometimes used in Polynesian and Hawaiian names. The following symbols are allowed in first, middle and last names.



For the purpose of death records, hyphens are always allowed in first, middle, and last names.

## **Dec History**

Required fields on the Dec History Tab are:

- Gender
- Date of Birth
- Years of Education
- Marital Status
- SSN

\*Some fields will not prompt you to Re-Key, Override, Query or Skip when you tab over them but will still prompt you to fill them in upon saving.

<u>File Search Fee/CAS Reque</u>	ests Agtions Work Queue Linking Tools <u>H</u> elp
Decedent Dec History	Dec History2 Disposition Trade Call Court Ordered Certifier Cause of Death Cause of Death
Demographics	
4. Gender	
5. Race	
White	Native American     Not Obtainable
Black	Native American Desc 1 🔲 Refused
Asian Indian	Unknown
Chinese	🔲 Other Asian
Filipino	Other Asian Desc 1
Vietnamese	
Japanese	Conter Pacific Islander
Korean	Other Pacific Islander Desc 1
Hawaiian	
Samoan	C Other
Guamanian or Chomorro	Other Desc 1
Ethnicity	
6. Hispanic Origin? Mexican	Cuban Puerto Rican Other Other Description
Decedent Date of Birth	
8. Date of Birth NCHS Age	NCHS Age Unit
11	▼
Age to be Printed on Certifica	te if entered.
	ths Under 1 Month - Days Under 1 Day - Hours Under 1 Hour - Minutes
Decedent Birth Info	
9b. Country of Birth	
United States 🔹	
9a. State of Birth	Country FIPS State FIPS Birth SFN Birth Matched
Nevada 🔹	US NV
Education	
	f schooling completed by the decedent. Enter the years of education.
	•

For the purpose of using VRS, it's important that you fill out BOTH the Race and Ethnicity section.

Most people of Latino or Hispanic ethnicity in the United States consider their race to be White. A smaller number who identify with the Hispanic or Latino ethnicity consider their race to be Black or African American. An even smaller number identify with the Hispanic or Latino ethnicity but consider their race to be Asian.

Below is the most common way (statistically) that you would categorize someone who identified with the Latino or Hispanic ethnicity.

Race	
Unknown	Native American
Vhite	
Black/African Ame	
Asian Indian	Other Asian
Chinese	Other Asian Desc. 1
Filipino	
Vietnamese	Other Pacific Islander
Japanese	Other Pacific Desc. 1
Korean	
Native Hawaiian	Other
Samoan	Other Desc. 1
Guamanian or Chamorro	
	Refused
	Race - Legacy
Ethnicity	1
Hispanic Origin? Mexican P Y Y	tan Cuban Other Other Description

## **Dec History 2**

Required Fields on the Dec History 2 Tabs are:

- County
- City Town or Location
- Street Address
- In City Limits? (Y,N,U)
- Father's Last Name
- Informant Last Name
- Mailing Address
- Informant City
- Zip Code
- Informant Information Verified

\*Some fields will not prompt you to Re-Key, Override, Query or Skip when you tab over them but will still prompt you to fill them in upon saving.

Isa. State Nevada Size Call Nevada No Zip Code	Ordered Certifier Cause of Death
15a. State Nevada • 15c. City, Town or Location No Zip Code	
Nevada    Nevada    No	15e. In City Limits?
Nevada    Nevada    No	15e. In City Limits?
Nevada    Nevada    No	15e. In City Limits?
Nevada    Nevada    No	15e. In City Limits?
15c. City, Town or Location	15e. In City Limits?
No Zip Code	15e. In City Limits?
No Zip Code	15e. In City Limits?
	15e. In City Limits?
Last Name	Suffix
Last Name (Maiden)	Suffix
Last Name	Suffix Relation to Decedent
City	Zipcode
fied?	
	Last Name (Maiden)

The <Informant Information Verified?> tab should be filled in with a "Y" once the informant has viewed all of the information on the funeral home worksheets and signed off on it.

## **Disposition Tab**

Required Fields on the Disposition Tab:

- Method of Disposition
- Cemetery, Crematory or Other Location
- Funeral Home Name (This will be the funeral home listed on the certificate. If another funeral home is involved in creating the record, indicate "Y" in the <Is there a Trade Call?> Box at the bottom of the screen)
- Funeral Home Director Name
- Is there a Trade Call?

√ Death (Event Year = 2015)	
<u>File Search Fee/CAS Requests Actions Work Queue Linking Tools</u>	Help
Decedent Dec History Dec History2 Disposition Tra	de Call Court Ordered Certifier Cause of Death Cause of Death(cont) Rej
Disposition	
19a. Method of Disposition Communicable	e Disease Cert Completed?
19b. Cemetery, Crematory or Other Location	
······································	
Country	
United States	
Cemetery/Crematory State City/Town	Zipcode
Address Phone	
Funeral Home	
20c. Funeral Home Name	Funeral Home Code State
City Zip Co	
*	Ŧ
Address Funeral Director Name	•
License Number Phone Number	
Is there a Trade Call?	
Adding a new event.	

The last box on this page, <Is there a Trade Call?> should be filled in with a "Y" if there is another Funeral Home involved in this case. If so, the next tab can be used to identify them.

## **Trade Call Tab**

No fields are required on this tab unless you checked <Is there a Trade Call?> on the above tab. Once a funeral home is selected, other fields will auto populate, but it's a good idea to verify the information.

V De	ath (Event )	(ear = 2015)								
<u>F</u> ile	<u>S</u> earch	Fe <u>e</u> /CAS	<u>R</u> equests	Actions	Work Queue	Linking	<u>T</u> ools <u>H</u> elp			
De	ecedent	Dec H	istory	Dec Hist	orv2 Di	sposition	Trade Call	Court Ordered	Certifier	Cause of Death
_	ide Call —									
Tra	ade Call F	uneral Hor	me Name							
Ac	ddress									
St	ate					City				Zip
			Ŧ					v		

## Certifier

Required on this tab is:

- Certifier type
- Name

As a funeral home, you are responsible for entering <21a. / 22a. Certifier Type>, <23a.Name> and if applicable, <Full Name> in the Attending Physician paragraph.

It is very important that <23a. Name> be filled out with the correct physician, advanced practice registered nurse, coroner or medical examiner. This ensures that the record will be routed to all of the correct work queues. If the incorrect physician, advanced practice registered nurse, coroner or medical examiner is listed the record will be delayed.

If the certifier is not on the list, please contact the Office of Vital Records to have them added.

<21. Certifier> can be completed by the certifier and <22. Coroner> can be filled out by the coroner.

Elle         Search         Fee/CAS         Requests         Actions         Work Queue         Linking         Tools         Help           Decedent         Dec History         Dec History2         Disposition         Trade Call         Court Ordered         Certifier         Cause of Death         Cause of Death(cont)         Rejet           Assigned To         Decedent         Decedent         Cause of Death         Cause of Death(cont)         Rejet	
	ect
21a. / 22a. Certifier Type 23a. Name Certifier Associated Facility	_
	•
Certifier	
Title Degree 23b. License Number	
Address	
State City Zip Code	
Email Address	
Attending Physician, if other than Certifier	
Full Name Title	
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	

## **Cause of Death**

The fields that can be filled out by the funeral home on this tab:

- Autopsy?
- Was coroner contacted?
- Coroner Contacted Reason

ile <u>S</u> earch Fe <u>e</u> /CAS <u>R</u> equests A <u>c</u> tions <u>W</u> ork Queue <u>L</u> inking <u>T</u> ools <u>H</u> elp	
Decedent Dec History Dec History2 Disposition Trade Call	Court Ordered Certifier Cause of Death Caus
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	

## **Cause of Death (cont)**

This tab is filled out by the certifier.

Cause of	Certifier	Court Ordered	Trade Call	Disposition	Dec History2	ec History	edent Dec
		court ordered	made can	Disposition	Deemstory		e of Death (con
							Manner of Dea
					-	un	
							/
	me of Injury		ary Is this TIME ap			Is this DATE	
		9999		<u> </u>			
					ed	Injury occurr	Describe how I
				•	Jury	or. Place of In	ry at work? 28
							L
						ury? Specify	sportation Inju
				•		ury? Specify	sportation Inju
			County	* Injury (		ury? Specify	isportation Injui e
		•	County	* Injury (		ury? Specify	
		•	County Zipcode	Injury (			e
				Tinjury (	]		e vada
	me of Injury	pproximate? 28c. Tin 9999	ary Is this TIME a	itary Time of Inju 	[		99/9999

## Reject

This tab is typically filled out by the County Registrar or State Registrar. This tab is used for rejecting the record back to the funeral home, certifier for correction, further information or reassignment.

## Registrar

This tab is to be filled out by the County Registrar or State Registrar.

#### **Signatures**

Complete the sections indicated below to sign off on the record with a Y (indicating Yes):

₩ Death (Event Year = 2015)
<u>File Search Fee/CAS Requests Actions Work Queue Linking Tools H</u> elp
Decedent Dec History Dec History2 Disposition Trade Call Court Ordered Certifier Cause of
Burial Permit
County Coroner Name Coroner Signature Date Coroner Signed Completed By
County of Death Registrar Name
Registrar Signature       Registrar Approval Date       Completed by         / /       /       ////////////////////////////////////
Burial Permit Number Permit Print Date
Facility
Facility Complete? (Y,N,R) Somplete Date Completed by
Funeral Home
Personal Info Complete (Y/N/R): Complete Date Completed by N / /
Director Signed? Date Signed Funeral Director Name
Certifying Physician

#### Flags

This tab is mostly used by the Office of Vital Records, but the funeral home can use it to track whether the social security number and name information was verified.

le <u>S</u> earch Fe <u>e</u> /(	AS <u>R</u> equest	s A <u>c</u> tions	Work Queue	Linking	<u>T</u> ools <u>H</u> elp					
ecedent De	c History	Dec Histo	ny2 Di	sposition	Trade Call	Court Orde	ered Ce	rtifier Ca	ause of Death	Cause of Death(cont)
ags										
eathID										
ear of Death Eve	nt Name			OK to Print	Print Hold Rea	ison			Date Created	d Created By
DE	ATH								11	Marschall, Peter
ertificate Satisfac	tory Certific	ate On Time	Form Cont	rol Number	Imported Reco	rd Alert Count	Query Flag	Local File Nu	mber 📃 Voi	ded
mporary Alerts										
ser Defined Alert	1						User	Defined Alert 2	2	
							•			
ser Defined Alert	3									
							•			
vs -<										
end Status		Return Statu	15		Transmitted	Verified Date	Number	r of times sent	Was Verified Fl	ag Data that was verified.
NOT SENT				1	/	//				
-Key Verification										
e-Key Verified?		Verified	by							
	11									
cupation Coding										
cupation county										
Complete (Y/N)?	Complete Da	te Occupa	tion Coder							

## Closing

Thank you for completing the death records training module.

The creation of a death record is an important event, and we hope this manual clarifies some of the roles and responsibilities of the funeral home.

Thank you for your ongoing effort to complete death records accurately and completely as required by Nevada Revised Statutes and Nevada Administrative Code.

An electronic presentation of this training is also available through the Office of Vital Records.

## **Appendix A -- Evaluation**

Please rate the following statements.

## Participant Evaluation Results

		Strongly				Strongly
		Agree	Agree	Neutral	Disagree	Disagree
1.	I understand the importance of vital records and that it's the law that I create them accurately and completely to the best of my ability.					
2.	I understand that incorrect vital records can lead to hardships for living family members in the future.					
3.	I understand who is required to complete vital records.					
4.	As part of a funeral home staff, I understand all the fields that I am required to fill in within the VRS system for a death record.					
5.	I understand how to search for a record.					
6.	I understand how to update a record after it has been created by me or someone else.					
7.	I understand that a death record must be completed within 3 days of the death if no autopsy is required.					