

# Vermont Electronic Death Registration System (EDRS)

## Handbook for Medical Certifiers

March 24, 2010

Welcome to Vermont's **Electronic Death Registration System!**

On July 1, 2008, the Vermont Department of Health introduced an Electronic Death Registration System (EDRS). This web-based application allows funeral directors and physicians to register death certification at any time and from any location where web access via Internet Explorer is available. Town Clerks can print a registered death certificate as soon as it has been completed by the funeral director and physician.

This more timely and efficient process benefits those awaiting the final document and its data, including survivors and public health planners. The EDRS has also been designed to assist in improving the accuracy and consistency of information about deaths in Vermont.

This **Handbook** will guide you through the simple steps of setting up your computer, accessing the **EDRS**, and entering data to medically certify a Vermont death.

For questions regarding this Handbook, using the EDRS or certifying a death, please refer to the following:

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**EDRS Web Page**

<http://healthvermont.gov/hc/EDRS/index.aspx>

**VT Office of the Chief Medical Examiner Death Reporting Tutorial**

[http://healthvermont.gov/hc/death\\_certificate/index.aspx](http://healthvermont.gov/hc/death_certificate/index.aspx)

Provides training regarding the content of medical certification, including

- Constructing an appropriate Cause of Death
- Identifying cases that require referral to the Office of the Chief Medical Examiner
- Avoiding common mistakes

## Contents

Computer Set Up.....	1
Key Terms.....	3
Accessing the EDRS .....	4
Starting A Session.....	5
Creating/Updating a Record .....	6
Entering Name Known to Physician.....	7
Moving Between Pages in a Record.....	8
Place of Death.....	9
Manner and Cause of Death.....	10
Other Factors.....	11
Certification.....	12
Edits.....	14
Confirming Certification.....	16
Printing Official Copy for Funeral Director and Records.....	17
View Record.....	19
Printing from View Record.....	21
Print Informational Copy.....	23
Appendix A: Additional Resources.....	24
Appendix B: Quick Tips for Certifying Cause of Death.....	25
Appendix C: Sample Reports.....	27

## Computer Set-Up

Your computer settings should be adjusted as follows for the EDRS to work most efficiently. You should make these adjustments on each computer you use to access the EDRS prior to first use, but you should only have to make them again if your system is upgraded.

Making these set up changes should address most technical issues. If you have tried these steps and are still experiencing problems please contact the EDRS project at EDRS@vdh.state.vt.us or (802) 652-2070 with a description of the issue you are encountering.

### Choice of Browser

The EDRS is designed to be accessed using **Internet Explorer version 6.0 or higher**. Use of other browsers is not advised and may prevent access to the EDRS.

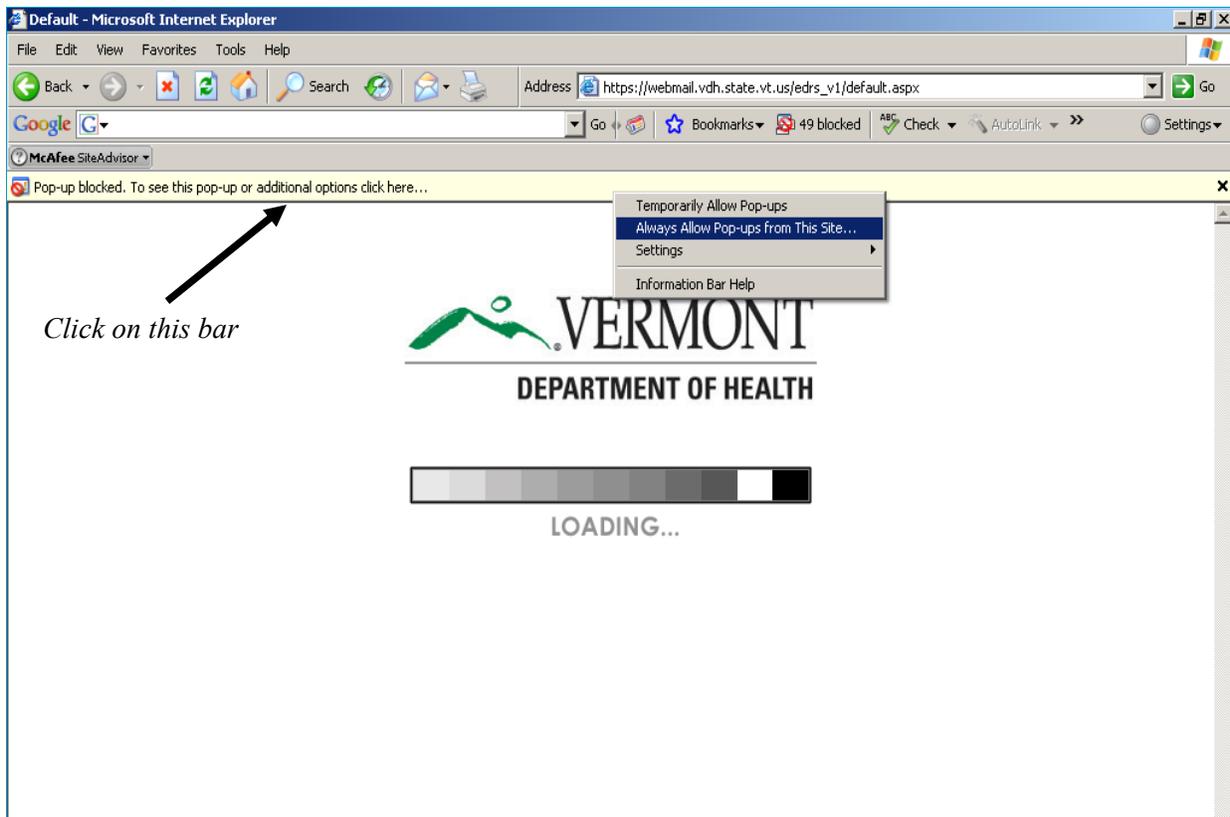
### Allowing Pop-ups

In order to use the **EDRS**, you must allow **Pop-ups** from the VDH website.

If **Pop-ups** are not set properly you will not be able to log on to the EDRS. The screen shown below will remain **LOADING...** and a message will display in the tan-colored bar near the top of the page that says:

“Pop-up blocked. To see this pop-up or additional options click here...”

To set **Pop-ups**, click on the tan-colored bar and select **Always Allow Pop-ups from this Site**. The screen should then load properly.



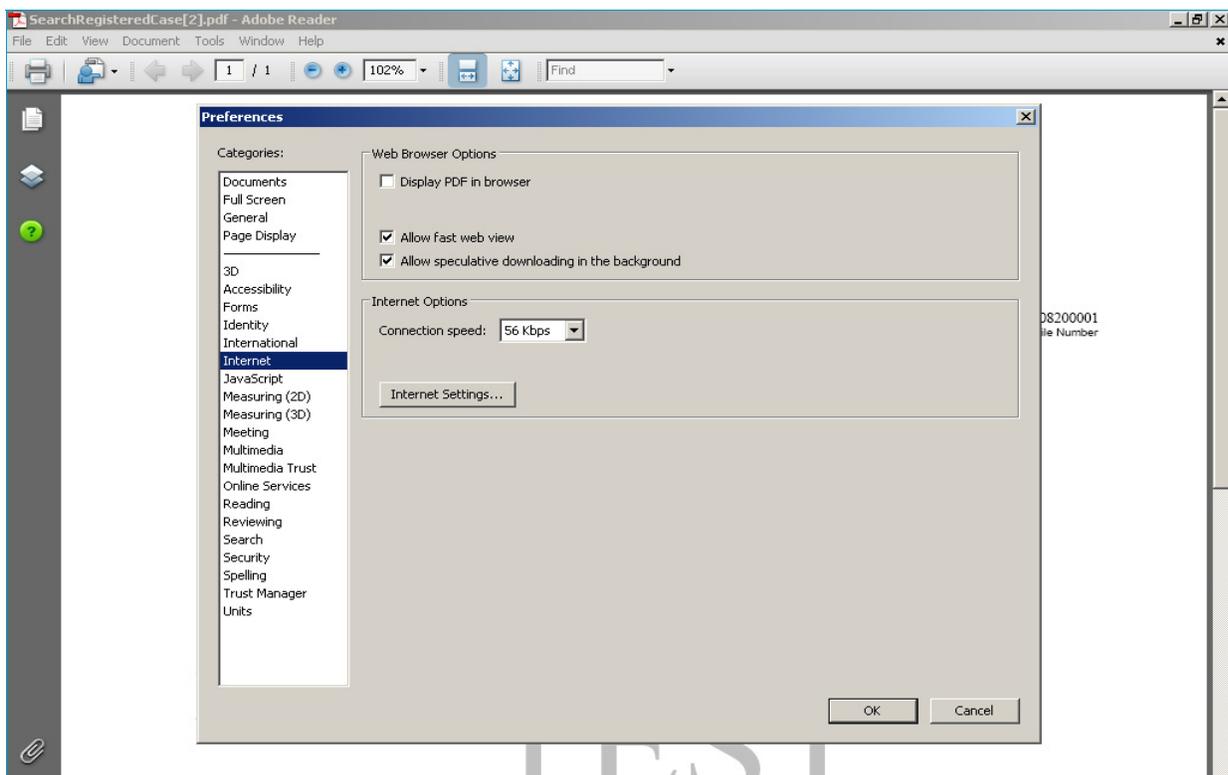
## Set Adobe to Open in a Separate Window

In order to properly view and print reports or documents within EDRS, you must have downloaded **Adobe Reader**. You may download **Adobe Reader** for free at <http://get.adobe.com/reader/>

Your Adobe preferences should be set to open documents in a separate window. These preferences may need to be reset on occasion if updates are made to your computer, but not every time you use the EDRS. If your preferences are not set properly the problem you will experience will be that closing a PDF document generated within the EDRS such as the PROD or Informational Copy of the Certificate will also close you out of the EDRS application. When your preferences are properly set, closing these documents should return you to the page within the EDRS where you were working when you generated the document.

**To set your Adobe preferences do the following:**

1. Open the **Adobe Reader** application.
2. From the **Adobe** menu, go to **Edit**, then **Preferences**. This will bring you to a screen like the one below.
3. On the **Preferences** screen, make sure **Internet** is selected in the **Categories** box on the left side of the screen.
4. Next, under **Web Browser Options**, make sure that **Display PDF in browser** is not checked.
5. Your final settings will appear as shown below (click **OK** when finished):



## Key Terms

**EDRS** – The Electronic Death Registration System (EDRS) is a web based application with which authorized users may enter information necessary to register a death and produce a death certificate.

In the EDRS, a death record is divided into two parts:

**Demographic Information** – This section is completed by a funeral director or crematory operator and includes:

- Identifying Information
- Addresses (Birthplace & Residence)
- Aliases
- Veteran/Marital Status
- Informant
- Education/Occupation
- Race/Ethnicity
- Place of Death
- Disposition
- Signature
- Trade Call

When the Demographic Information is complete, the user “**signs**” this section of the record.

**Medical Information** – This section is completed by a physician and includes:

- Name Known to Physician
- Place of Death
- Manner and Cause of Death
- Other Factors: (e.g. tobacco use, pregnancy status, autopsy)
- Certification

When the Medical Information is complete the user “**certifies**” this section of the record.

### **Shared fields**

Certain fields within the death record are shared between Demographic and Medical Users. Shared items appear on both sides of the record and if information has previously been entered by a user via the other side of the record it will appear when these pages are accessed. Most shared information is “owned” by one side or the other. This means the user associated with that side of the record has the final say, and data can not be changed once it has been saved by this user.

The fields that make up the Decedent’s legal name are shared (appear as Name Known to Physician on Medical side) and are “owned” by the Demographic user. The Date of Death field is shared and is “owned” by the Medical user.

The Place of Death page (including the question regarding hospice care) is shared, but not “owned” by either side. Instead, this information may be edited by the last user to access the record. Historically, this information has been provided by funeral directors. However, this often required consultation with medical records or physicians to complete. The fields are now shared to facilitate this communication at the time of reporting. Under statute, funeral directors and medical certifiers both have authority to request a correction to this information on the final death certificate.

### **Registration**

When both sides of the record have been completed (signed and certified), the record is automatically registered. A registered record is available to be printed as a Death Certificate and may be obtained from a town clerk in the town of death or the town of residence.

## Accessing the EDRS

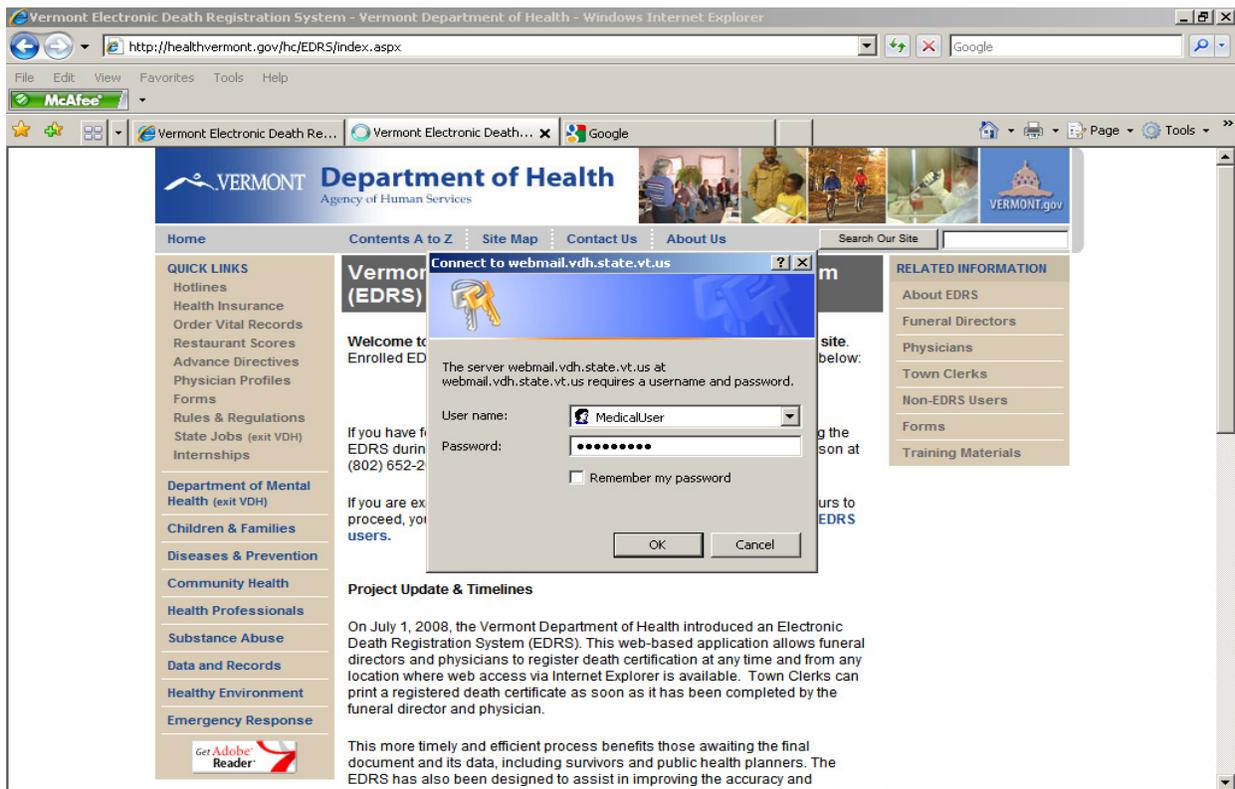
### Logging On

1. To log on go to the main web page for the **Electronic Death Registration System Project** at <http://healthvermont.gov/hc/EDRS/index.aspx>.

2. Click on this link:

**Log on to EDRS** (exit VDH)

3. Enter your Vermont Department of Health-issued **Username** and **Password** as shown below.



**NOTE:** Be sure to save your Username and Password in a secure location.

If you get a message that asks if you want to close the window, click **Yes**.



**TIP:** You can save the EDRS web page address as an icon on your Desktop by selecting **File**, then **Send**, then **Shortcut to Desktop** from the Internet Explorer menu bar.

## Starting a Session

Once you have successfully logged on to the EDRS, you will be on the main page of the application. Your **User** name and **Facility** will be displayed in the upper left corner of the page. Beneath that, on the left side, you will see a blue column which displays the functions available to you. Medical users have access to three functions:

**Create/Update Medical Record** - This is the function you will use to enter a new record or update one you have previously started, but not yet certified. You may print drafts of your work while in this function. When all information is complete, you may certify the record as final and print copies that can be used by funeral directors for obtaining permits, or for your own record keeping.

**View Record** – This function provides you access to records associated with your facility/clinic in a read only mode. This function also provides a means to access and print documentation for records after the medical certification is complete (and thus no longer available through Create/Update Medical Record). This is also the recommended means for reviewing information on a record entered by another physician at your facility. *Note:* If you wish to review the demographic side of a record you are working on in Create/Update without closing the record use the “View Demographic Information” link under Medical Reports in the Green box (see page 8 for more details). Using the View Record function will close the record you have open in the Create/Update function.

**Print Informational Copy** – An “Informational Copy” of a death certificate is a version of a registered certificate that is available specifically for the purposes of obtaining permits and record keeping. An informational copy can only be printed for a record associated with your facility and only within 30 days from the date the record was registered. If a copy is needed after that time, you can request these from the Vital Records Office by calling 800-439-5008. Unless you are certain that a record has been finalized by both the medical certifier and the funeral director, *it is recommended that you access the record using View Record* instead of Print Informational Copy.



**Tip:** You will note the contact information for the EDRS project is available at the bottom of every page. EDRS staff can be reached during normal state business hours (7:45-4:30 M-F). Requests submitted outside this timeframe will be answered when received. If you encounter an issue during off hours which prevents you from completing a record via the EDRS, you may do so using the paper form available on the EDRS web page (<http://healthvermont.gov/hc/EDRS/index.aspx>).

## Creating / Updating a Record

Clicking on Create/Update Medical Record will take you to a **list of all unregistered death records**. These are records which have been started in the EDRS, but are not yet complete. Before proceeding you must review this list to determine whether a record exists or a new one needs to be started.

**If the record you are looking for appears on the list**, this means it has been started and you should click the **Select** button on the left. This will open the Medical section and you may enter the decedent's information.

**Vital Records**      **Electronic Death Registration System**      VERMONT DEPARTMENT OF HEALTH

User: tberry    Facility: TLC Hospital      Logout

Create/Update Medical Record      **Search for a Record**

View Record

Print Informational Copy

**Started EDRS Records**  
Please review this list and select the record you wish to update or complete. If no record has been started for the decedent select "Add New" from the bottom of the page.

Select	Last Name	First Name	Middle Name	Date of Birth	Date of Death	Demographic Assigned	Medical Assigned	Record Status
Select	Bon Jovi	John	Michael	1/4/1969	11/7/2007	<input checked="" type="checkbox"/>	<input type="checkbox"/>	INCOMPLETE
Select	Lauper	Cindi		11/7/2007	11/7/2007	<input checked="" type="checkbox"/>	<input type="checkbox"/>	INCOMPLETE
Select	Jones	Tom		4/3/1960	11/8/2007	<input checked="" type="checkbox"/>	<input type="checkbox"/>	INCOMPLETE
Select	Right	test			4/6/1978	<input checked="" type="checkbox"/>	<input type="checkbox"/>	INCOMPLETE
Select	tester1	paul		3/6/1971	11/8/2007	<input checked="" type="checkbox"/>	<input type="checkbox"/>	INCOMPLETE
Select	Person	Really		3/8/1974	11/12/2007	<input checked="" type="checkbox"/>	<input type="checkbox"/>	INCOMPLETE
Select	Person	Really	dead	3/8/1974	11/12/2007	<input checked="" type="checkbox"/>	<input type="checkbox"/>	INCOMPLETE

**If the record does not appear on the list**, this means it has not yet been started. In this case, you will need to click **Add New** on the bottom of the page.

Select	zed	another		11/29/2009		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	INCOMPLETE
Select	ZERO	MONTH	HASA	08/3/2007		<input type="checkbox"/>	<input checked="" type="checkbox"/>	INCOMPLETE
Select	zip	error		4/21/1970	11/20/2007	<input checked="" type="checkbox"/>	<input type="checkbox"/>	INCOMPLETE
Select	Zukov	Peter		12/12/1957	11/11/2007	<input checked="" type="checkbox"/>	<input type="checkbox"/>	INCOMPLETE
Select	ZUZU		Test			<input type="checkbox"/>	<input checked="" type="checkbox"/>	INCOMPLETE
Select	zuzu	zuzu		10/10/2007	12/12/2007	<input checked="" type="checkbox"/>	<input type="checkbox"/>	INCOMPLETE
Select	Zzoom	Zzane		5/1/1920	4/24/2008	<input checked="" type="checkbox"/>	<input type="checkbox"/>	INCOMPLETE

Vermont Department of Health, EDRS Version 4.0.0.2009.11.30  
Please forward questions or concerns to: [EDRS@vdh.state.vt.us](mailto:EDRS@vdh.state.vt.us) 1-800-439-5008

**Note:** If the record has been started, and has a check in the box under **Medical Assigned**, this means the medical portion has been started. If it was started by you or another physician within your organization, you may open this record. If it was started by a physician not associated with your practice/organization, this record is not accessible to you.

## Entering Name Known to Physician

The first screen you will see when you open a record through the Create/Update function is the Name Known to Physician.

**If you selected an existing record**, the decedent's Name and Date of Death will display on this screen. You will not be able to make changes to the name, because these fields are "owned" by the person who entered the demographic information (funeral director). However, you will be able to change the date of death because this is "owned" by you, the medical certifier.

**If you opened the record by selecting Add New**, you will be starting a new record. Enter the Name as you know it, and the Date of Death. The Last Name and the Date of Death are required in order to start a record.

The screenshot shows a web browser window titled "EDRS Test Environment - Test Environment - Test Environment - Windows Internet Explorer". The page header includes "Vital Records" with a heart icon, "Electronic Death Registration System", and the "VERMONT DEPARTMENT OF HEALTH" logo with a "Logout" link. The user information is "User: tberry Facility: TLC Hospital".

The main form is titled "Name Known To Physician" and has a green header. On the left, there is a navigation menu with "Create/Update Medical Record" (highlighted in green), "View Record", and "Print Informational Copy". The form fields are:

- First Name: Fred
- Middle Name: (empty)
- \*Last Name: Flintstone
- Suffix: (dropdown menu)
- \*Date of Death: 12 / 1 / 2009

A tip box on the right says: "Tip: Directions for completing fields are included on many of the data entry pages." An arrow points from this tip to the instructions below the form.

The instructions state: "To certify a death you must complete information on each of the following pages:"

- Name Known to Physician
- Place of Death
- Manner and Cause of Death
- Other Factors
- Certification

Further instructions: "To proceed, save this page and then select the next page from the list found in the green column on the left of this page. When you have completed information on all pages select 'Certify' from the Certification page. NOTE: You may complete pages in any order, but you must save before leaving a page or any new data will be lost." An arrow points from this text to the "Save" button.

At the bottom of the form are "Save" and "Cancel" buttons. The footer contains: "Vermont Department of Health, EDRS Version 4.0.0.2009.11.30 Please forward questions or concerns to: [EDRS@vdh.state.vt.us](mailto:EDRS@vdh.state.vt.us) 1-800-439-5008".

**Click Save when entry has been completed.** In the EDRS you must Save every page before continuing, or you will lose the data on that page. When you select Save the following message will display confirming that the save has occurred. Click OK to continue.



Selecting **Cancel** on any page will return you to the Create/Update Medical Record page. An accompanying message will alert you to the fact that you will lose any data entered since the last Save on that page.

## Moving Between Pages in a Record

After the Name Known to Physician page has been saved, a **green box** will appear in the left hand navigation column displaying the decedent's name, links to the pages you must complete, and links to reports you can view or print while working in the record.

**You may proceed through a record in any order**, by clicking on the name of the page you wish to go to. However, you must **Save** on every page to avoid losing data. Once all pages are complete, you will certify the information on the **Certification** page.

The **Print DRAFT PROD** function available under **Medical Reports** will create a printable report displaying all the information that has been entered and saved on the Medical side of the record in draft form. This can be accessed at any point in the process prior to the final act of certifying the record.

The **View Demographic Information** function available under **Medical Reports** allows you to view any demographic information (age, disposition of body, etc.) that has been entered for the record you have open. If a funeral director has not yet started the demographic section, you will be notified that there is no information to view.

When you are finished working in the EDRS select the **Logout** option in the right hand corner of the screen to close the application.

EDRS Test Environment - Test Environment - Test Environment - Windows Internet Explorer

**Vital Records**      **Electronic Death Registration System**      VERMONT DEPARTMENT OF HEALTH  
Logout

User: tberry    Facility: TLC Hospital

Create/Update Medical Record  
View Record  
Print Informational Copy

**Fred Flintstone**

**Medical Certification Pages:**  
Name Known to Physician  
Place of Death  
Manner and COD  
Other Factors  
Certification

**Medical Reports:**  
View Demographic Information  
Print DRAFT PROD

**Name Known To Physician**

First Name: Fred  
Middle Name:  
\*Last Name: Flintstone  
Suffix:  
\*Date of Death: 12 / 1 / 2009

To certify a death you must complete information on each of the following pages:

- Name Known to Physician
- Place of Death
- Manner and Cause of Death
- Other Factors
- Certification

To proceed, save this page and then select the next page from the list found in the green column on the left of this page. When you have completed information on all pages select "Certify" from the Certification page.  
NOTE: You may complete pages in any order, but you must save before leaving a page or any new data will be lost.

Save    Cancel

Vermont Department of Health, EDRS Version 4.0.0.2009.11.30  
Please forward questions or concerns to: [EDRS@vdh.state.vt.us](mailto:EDRS@vdh.state.vt.us) 1-800-439-5008

## Place of Death

This page is shared with the Demographic side of the EDRS. If a Demographic user has already entered their portion of the record, this page may be populated. If that pre-existing information does not match the information you have, please contact the funeral director to discuss which information is correct.

**If you indicate that the Place of Death is a facility**, (hospital, hospice facility, nursing home/long term care facility), select the Facility Name from the drop down list. The appropriate city or town is associated with each facility and will auto-populate once the facility has been selected.

**If you select “Decedent’s home” or “Other” as the Place of Death**, the Facility Name field will change to Location. Enter the actual address or location where the death occurred.

The State/Province and Country fields will be defaulted to Vermont and United States, respectively, because only Vermont deaths are reported in EDRS.

When all information is complete, select **Save this Page** before navigating to another page.

**Vital Records**      **Electronic Death Registration System**      VERMONT DEPARTMENT OF HEALTH

User: tberry    Facility: TLC Hospital      Logout

**Place of Death**

Did decedent receive hospice care in the past 30 days?  
 Yes     No     Unknown

Place of Death:

Hospital: Inpatient                       Hospice Facility  
 Hospital: Emergency room/Outpatient     Nursing home/Long term care facility  
 Hospital: Dead on arrival                   Other  
 Decedent's home                               Unknown

If Other, Specify:

(If not institution, give street and number)

Facility Name:

If Other, Specify:

City/Town:

State/Province:

Country:

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Please forward questions or concerns to: [EDRS@vdh.state.vt.us](mailto:EDRS@vdh.state.vt.us) 1-800-439-5008

## Manner and Cause of Death

Unless you are a Medical Examiner, the only **Manner of Death** you should be reporting is “**Natural**”. As noted in the instructions displayed on the page, if the manner of death is anything other than natural, you should contact the Office of the Chief Medical Examiner, (1-888-552-2952), before proceeding.

Please note the instructions for entering the **Cause of Death**. These have been included to assist you in providing an appropriate and complete statement. For more detailed instruction regarding how to properly report the cause of death, please review the online tutorial prepared by Vermont’s Chief Medical Examiner at <http://healthvermont.gov/hc/EDRS/TrainingMaterials.aspx>. Some “Quick Tips” from this tutorial have also been included as Appendix B in this handbook.

The EDRS application also includes some **Edits** designed to assist you in providing complete cause of death statements. More information about Edits is included on page 14 of this manual.

Remember to include the **Approximate Interval** from onset of cause to death. “Unknown” is an acceptable value for the interval.

When all information is complete select **Save this Page** before navigating to another page.

The screenshot shows a web browser window titled "EDRS Test Environment - Test Environment - Test Environment - Windows Internet Explorer". The main content area is titled "Manner and Cause of Death" and is for a record for "Fred Flintstone".

**Manner of Death:** If this death occurred in a manner that is anything but "Natural" please call 1-888-552-2952 to refer this death to the Office of the Chief Medical Examiner.

Natural     Suicide     Pending Investigation  
 Accident     Homicide     Could not be determined

**Cause of Death**  
**Part 1:** Enter the chain of events – diseases, injuries, or complications – that directly caused the death. Begin with the immediate (final) cause on line a and sequentially list on lines b-f the conditions, if any, leading to the immediate cause. Enter the **UNDERLYING CAUSE** (etiologically specific disease or injury that initiated the events resulting in death) **LAST**. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without listing an underlying cause below it. DO NOT ABBREVIATE. Enter only one condition/cause on a line.

CAUSE OF DEATH:	Approx. Interval:
Immediate Cause:(Final disease or condition resulting in death.)	ONSET TO DEATH
a: Renal Failure	Weeks
Due to (or as a consequence of):	
b: Hypertensive and atherosclerotic cardiovascular disease	Years
Due to (or as a consequence of):	
c:	
Due to (or as a consequence of):	
d:	
Due to (or as a consequence of):	
e:	
Due to (or as a consequence of):	
f:	

**Part 2:** Enter other significant conditions contributing to death that did not result in the underlying cause given in Part 1.  
Diabetes Mellitus, type II

Buttons: Save this Page, Return to Edits

Clipboard notification: 11 of 24 - Clipboard. Item not Collected: Delete items to increase available space.

## Other Factors

Each of these questions requires a response. You should provide the information to the best of your knowledge or indicate "Unknown" if that is the most appropriate answer.

When indicating the decedent's pregnancy status, the value "Not applicable" should only be used if the decedent is male, or a female under age 5 or over age 75.

The M.E. case number may be entered only by a Medical Examiner. Unless you are a Medical Examiner, skip this field.

EDRS Test Environment - Test Environment - Test Environment - Windows Internet Explorer

**Vital Records** **Electronic Death Registration System** VERMONT DEPARTMENT OF HEALTH Logout

User: tberry Facility: TLC Hospital

**Other Factors**

Create/Update Medical Record  
View Record  
Print Informational Copy

**Fred Flintstone**

Medical Certification Pages:  
Name Known to Physician  
Place of Death  
Manner and COD  
Other Factors  
Certification

Medical Reports:  
View Demographic Information  
Print DRAFT PROD

Did tobacco use contribute to death?  
 Yes  No  Unknown  Probably

If Female:  
 Not applicable  
 Not pregnant within the past year  
 Not pregnant, but pregnant 43 days-1 yr. before  
 Not pregnant, but pregnant within 42 days of death  
 Pregnant at the time of death  
 Unknown, if pregnant within the past year

Was Medical Examiner contacted?  
 Yes  No  Unknown

M.E. case number:  -

Was an autopsy performed?  
 Yes  No  Unknown

Were findings of autopsy available to complete the cause of death?  
 Yes  No  Unknown  Not Applicable

Save this Page Return to Edits  
Cancel

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11 of 24 - Clipboard  
Item not Collected: Delete items to increase available space

Local intranet

Microsoft Office

## Certification

The **Actual or Presumed Date of Death** will already be filled in when you get to this page. However, you may change this if it does not reflect your knowledge of the case.

Enter the **Actual or Presumed Time of Death** in military format, (00:00-23:59), as described on the page (see arrow). If you do not know the exact time of death, you may check **Approximate Time** to indicate that the time is not precise. If the time is truly unknown, enter 99:99.

You should always enter a **Date** and **Time Pronounced Dead**. This is the time that the patient was determined to be deceased. By consensus, the first "official" person informed of the death can pronounce. Whether this is done by you or obtained from another professional, these fields should never be left blank. In the case of a home death, the **Date Pronounced Dead** and the **Time Pronounced Dead** represent the date and time the body was found.

Your **Name**, **License Number**, **Address** and **Contact Phone Number** will be automatically populated, based on information you provide when enrolling as an EDRS user. The system recognizes you based upon your username and password.

You must select **Title of Certifier** from the list.

*Tip: It is recommended that you print a **DRAFT PROD** to review the data entered in EDRS before completing certification.*

When all information is complete, select **Certify**. The application will then run edits to check the completeness of fields and either display a list of items that need attention or bring you to a confirmation screen.

The screenshot shows the 'Vital Records' section of the 'Electronic Death Registration System' for the Vermont Department of Health. The user is 'tberry' at 'TLC Hospital'. The patient is 'Fred Flintstone'. The 'Certification' section contains the following fields:

- Actual or Presumed Date of Death: 12/1/2009
- Actual or Presumed Time of Death: 21:00 (with 'Approximate Time' checked)
- Date pronounced dead: 12/1/2009
- Time Pronounced Dead: 21:05
- Date Certified: 12/1/2009
- Name of Certifier: Tim Physician, M.D., License Number: 0420001234

A callout box with an arrow pointing to the 'Actual or Presumed Time of Death' field contains the text: "00:00 is midnight; 12:00 is noon".

**Note:** you will need to scroll down the page to access all fields on the Certification page.

Address of Certifying Physician:

Street 1: 123 Public Doctor Street

Street 2:

City/Town: Irasburg

State: VT Zip: 05845

Contact Phone Number: (802)123-4567

Title of Certifier:

Medical Examiner  Pathologist  Physician  Unknown

Name of attending physician if other than Certifier:

First Name: Barney

Middle Name:

Last Name: Rubble

Suffix:

Save this Page	Certify
Ready to Certify	Cancel

Vermont Department of Health, EDRS Version 4.0.0.2009.11.30  
Please forward questions or concerns to: [EDRS@vdh.state.vt.us](mailto:EDRS@vdh.state.vt.us) 1-800-439-5008

3 of 24 - Clipboard  
Item not Collected: Delete items to increase available space

Local intranet

Microsoft

## Edits

The EDRS incorporates edits which guide you in death reporting to ensure the completeness of the record and improve data quality and data consistency. In most cases you will not encounter edits when certifying a death if you have provided data in all fields, including an appropriate underlying cause of death. However, some edits such as the cancer example below, simply serve to remind you to provide all appropriate details.

There are two types of edits you may encounter.

**“Hard” edits** alert the user when required fields have been left blank or when data provided is not appropriate. All hard edits must be addressed before the certification of the record can be completed.

A **“Soft” edit** occurs when you have provided data that appears to be out-of-range, inconsistent, or incomplete. You may revise your entry or “verify” that the information provided is accurate and complete to the best of your knowledge.

In both cases, clicking on **Revise** to the right of the edit message will bring you to the page containing the data that has triggered the edit.

### Edits Example:

In this example, there is a Hard Edit which requires revision and a Soft Edit which does not.

The screenshot shows the 'Edit Case' interface for 'Barney Rubble'. It features a sidebar on the left with navigation links like 'Create/Update Medical Record', 'View Record', and 'Print Informational Copy'. The main content area is titled 'Edit Case' and contains two sections: 'Hard Edits' and 'Soft Edits'. The 'Hard Edits' section includes a message about hospice care with a 'Revise' link. The 'Soft Edits' section includes a message about reporting a cancer death with a 'Revise' link. A black arrow points to the 'Revise' link of the Hard Edit. The page also includes a header with 'Vital Records' and 'Electronic Death Registration System', and a footer with version information and contact details.

Clicking on Revise next to the Hard Edit will bring you to the Place of Death page where the question “Did decedent receive hospice care in the past 30 days?” is located.

Once all necessary changes have been made, selecting the **Return to Edits** button will return you to the certification process.

EDRS Test Environment - Test Environment - Test Environment - Windows Internet Explorer

**Vital Records** **Electronic Death Registration System** VERMONT DEPARTMENT OF HEALTH Logout

User: tberry Facility: TLC Hospital

Create/Update Medical Record View Record Print Informational Copy

**Place of Death**

Did decedent receive hospice care in the past 30 days?  
 Yes  No  Unknown

Place of Death:  
 Hospital: Inpatient  Hospice Facility  
 Hospital: Emergency room/Outpatient  Nursing home/Long term care facility  
 Hospital: Dead on arrival  Other  
 Decedent's home  Unknown

If Other, Specify:

(If not institution, give street and number)  
 Facility Name:   
 If Other, Specify:   
 City/Town:   
 State/Province:   
 Country:

Save this Page Return to Edits Cancel

Vermont Department of Health, EDRS Version 4.0.0.2009.11.30  
 Please forward questions or concerns to: [EDRS@vdh.state.vt.us](mailto:EDRS@vdh.state.vt.us) 1-800-439-5008

The **Soft Edit** in this case requires verification rather than revising the data. As noted in the message, this is done by checking the box to the left of the message and then selecting “Certify With Exceptions”. Verification of soft edits can only be saved when all hard edits have been addressed and you are ready to complete certification of the record.

EDRS Test Environment - Test Environment - Test Environment - Windows Internet Explorer

**Vital Records** **Electronic Death Registration System** VERMONT DEPARTMENT OF HEALTH Logout

User: tberry Facility: TLC Hospital

Create/Update Medical Record View Record Print Informational Copy

**Edit Case**

Hard Edits:  
 The following are edits for the entire record.  
 "Revise" will return you to the page corresponding to the edit. All hard edits must be addressed before certifying.  
 Edit Message

Soft Edits:  
 Soft edits can only be addressed when attempting to Sign or Certify a record. If you choose to verify the value you have entered as final rather than revise the item, check the box at left. Records with verified values can be completed by Signing or Certifying "With Exceptions".  
 Verify Edit Message  
 Use of the term 'Cancer' suggests that you may be reporting a cancer death. If this is the case and it is possible to do so, please provide the site, cell type and whether the condition has metastasized. If you are not reporting a cancer death or have already provided all available information, check the box at the left and then click 'Certify with Exceptions'. [Revise](#)

Certify With Exceptions Cancel

Vermont Department of Health, EDRS Version 4.0.0.2009.11.30  
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## Confirming Certification

Once you have either cleared all edits or verified remaining soft edits by selecting “Certify with Exceptions”, a message will notify you that the record will be locked once it’s been certified, preventing further data entry in the medical side of the record. This is the final confirmation of your intent to certify and gives you an opportunity to **Cancel** and return to the current page.

The screenshot displays the 'Vital Records Electronic Death Registration System' interface. The user is logged in as 'tberry' at 'TLC Hospital'. The main page is titled 'Edit Case' and contains the following text:

*The following are edits for the entire record. "Revise" will return you to the page corresponding to the edit. All hard edits must be addressed before certifying.*

**All edits pass the RunEdit function**

*Soft edits can only be addressed when attempting to Sign or Certify a record. If you choose to verify the value you have entered as final rather than revise the item, check the box at left. Records with verified values can be completed by Signing or Certifying "With Exceptions".*

Buttons for 'Certify' and 'Cancel' are visible below the text.

A 'Windows Internet Explorer' dialog box is overlaid on the bottom of the page with the following text:

Once the record has been certified, it will be locked. Select OK if you wish to proceed. Select Cancel to return to the current page.

Buttons for 'OK' and 'Cancel' are visible on the dialog box.

The left navigation menu includes: 'Create/Update Medical Record', 'View Record', 'Print Informational Copy', 'Fred Flintstone', 'Medical Certification Pages' (with sub-items: Name Known to Physician, Place of Death, Manner and COD, Other Factors, Certification), and 'Medical Reports' (with sub-items: View Demographic Information, Print DRAFT PROD).

The bottom status bar shows 'Edit.aspx' and a system tray with a 'Local intranet' icon and a '3 of 24 - Clipboard' notification.

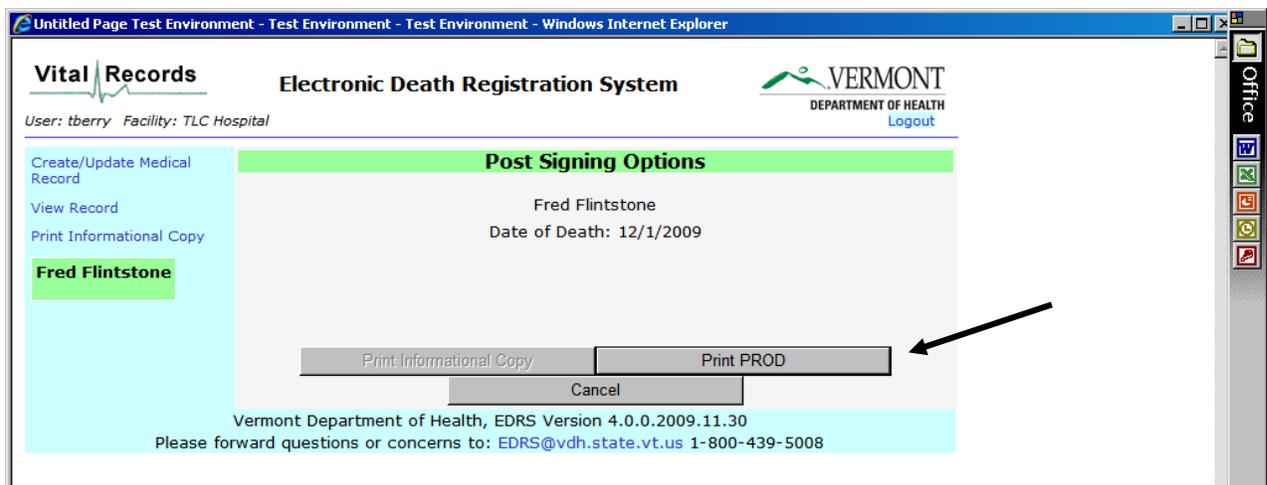
## Printing Official Copy for Funeral Director and Records

After you certify a record, the EDRS will display the **Post Signing Options**. From this screen you can complete the last step of the process, printing an official copy of the record.

**TIP:** You should ALWAYS print one copy of the final record to provide to the funeral director or family for obtaining necessary permits (or to forward to the morgue if the death is occurred in a hospital). You may wish to print an additional copy for your medical records. You may also save a copy as a PDF if you require this in an electronic format.

The printing options available to you at Post Signing Options depend upon the status of the record:

1. **If the Demographic side has not been completed at the time you certify the record** you will see the following screen.



In this case, the medical portion of the record is officially certified, but the record will not be “registered” until demographic information has been signed by a funeral director. So, **Print PROD** is the printing option available to you.

Selecting **Print PROD** will produce an official copy of the Preliminary Report of Death (PROD). This is a two page document. One page provides a report of the information you have entered, the other page is a form that can be completed by the funeral director or family if they are not enrolled in the EDRS. The funeral director can use the completed PROD to obtain permits for transport to the place of final disposition, and then submit it to Vital Records, so a death certificate can be created.

2. **If Demographic side was completed prior to the medical side**, the record will be registered as soon as you have certified it.

In this case, you will see the following screen – Note: the on screen message indicates “This death record has been certified and registered.” and the printing option available is **Print Informational Copy**. Selecting Print Informational Copy will produce a copy of the Death Certificate, which may be used for obtaining permits or kept in your records.

Untitled Page Test Environment - Test Environment - Test Environment - Windows Internet Explorer

**Vital Records** **Electronic Death Registration System**  VERMONT  
DEPARTMENT OF HEALTH  
[Logout](#)

User: tberry Facility: TLC Hospital

Create/Update Medical Record  
View Record  
Print Informational Copy  
**Sylvester Nate Slate**

**Post Signing Options**

Sylvester Nate Slate  
Date of Death: 12/2/2009  
**This death record has been certified and registered.**

Print Informational Copy Print PROD  
Cancel

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**Tip:** If you forget to print a PROD or Informational Copy before closing out of the record, you can print these by opening the record using the View Record Function (see page 19 for more).

After you have printed all necessary documentation, you may either select one of the features from the menu in the blue bar at left if you have additional work to do or select the **Logout** option located in the upper right hand corner of the screen if you are finished working in the EDRS.

## View Record

The **View Record** feature allows you to review any record associated with your facility in a read only mode. This includes records that have been certified or registered and thus are not accessible through the Create/Update function. You access this function by selecting the “View Record” link in the top section of the blue navigation bar that is present throughout your session.

**Note:** When the View Record link is selected while in another feature such as Create/Update, it will close the record you are working on in that function. If you wish to view the demographic side of a record you are working on in Create/Update without closing the record use the “View Demographic Information” link under Medical Reports in the Green box (see page 8 for more).

The screenshot shows the home page of the Vital Records Electronic Death Registration System. The header includes the system name and the Vermont Department of Health logo. A navigation menu on the left contains links for 'Create/Update Medical Record', 'View Record', and 'Print Informational Copy'. An arrow points to the 'View Record' link. The main content area displays a welcome message.

When “View Record” is selected, you will first need to search for the record. The Last Name of the deceased is required for the search. First Name or Date of Death may also be entered to narrow the search, but only exact matches will be returned. **We recommend you start by only entering the minimum required information.**

The search will return all records matching the criteria you have entered. You will only be able to open records that are associated with your “facility” (hospital or clinic). Records available to you will have the “Select” button activated. The “Select” button will be grayed out on records you do not have permission to view.

The screenshot shows the search results page. The search form has the following fields: First Name (empty), Last Name (flintstone), Date of Death (empty), Death Cert. # (empty), and M.E. Case # (empty). The search results table is as follows:

Select	Last Name	First Name	Date of Death	Record Status	Death Certificate Number	ME Case Number
Select	Flintstone	Fredrick	5/7/2009	REG	1442009200179	
Select	Flintstone	Wilma	6/2/2008	DROPTOPAPER		
Select	Flintstone	New	11/11/2009	INCOMPLETE		
Select	Flintstone	Fred	12/1/2009	INCOMPLETE		

Buttons at the bottom include 'Find', 'New Search', and 'Cancel'. The footer contains the version information and contact details.

The view record displays all information on one screen. Demographic Information is on the top. Medical Information begins after the Demographic Information. Shared information (Place of Death) is displayed in both sections.

The blue bar at the top of each section tells you the save status of the record including whether that section has been started.

In the following example, the Demographic Section has not been started. So, only Medical information is available. To view the Medical Information you must scroll down the page.

**Vital Records**      **Electronic Death Registration System**      VERMONT DEPARTMENT OF HEALTH

User: *tberry*    Facility: *TLC Hospital*      Logout

Create/Update Medical Record    **Fred Flintstone**  
 View Record    **Record Status: Incomplete**  
 Print Informational Copy    **Demographic Information**      **Not started**

**Identifying Information**

Date of Death: //  
 First Name:  
 Middle Name:  
 Last Name:  
 Suffix:  
 Date of Birth: //  
 Sex:  
 SSN:  
 Last Name same as Birth Name:  
 Last Name at Birth:  
 Age at last Birthday:  
 Age if under 1 year:  
 Age if under 1 day:

**Addresses**

Birthplace  
 City/Town:

To view the Medical Information you must scroll down the page.

**Fred Flintstone**  
**Record Status: Incomplete**  
**Medical Information**      **CERTIFIED**

**Name Known To Physician**

First Name: *Fred*  
 Middle Name:  
 Last Name: *Flintstone*  
 Suffix:  
 Date of Death: *12/1 /2009*

**Place of Death**

Did decedent receive hospice care in the past 30 days? *No*

Place of Death: *Hospital: Emergency room/Outpatient*  
 If Other, Specify:

Facility Name: *Fletcher Allen Health Care /Medical Ctr Campus*  
 If Other, Specify:

Location:  
 City/Town: *Burlington*  
 State/Province: *VT*  
 Country: *United States*

**Manner and Cause of Death**

Manner of Death: *Natural*

CAUSE OF DEATH PART 1      Approx. Interval:  
*Immediate Cause: (Final disease or condition resulting in death.)*      *ONSET TO DEATH*

a: *Renal Failure*      *Weeks*  
*Due to (or as a consequence of):*

b: *Hypertensive and arterosclerotic cardiovascular disease*      *Years*

## Printing from View Record

While “viewing” a record you have the ability to print a copy of the record. This feature has been included to allow a means to access a record if you did not print at the end of the Create/Update process. The documents produced are intended for use in record keeping or to provide when needed by a family or funeral director to obtain permits.

**The print functions in View Record are located at the bottom of the screen. The option available to you will depend upon the status of the record.**

**Print PROD** – If the record has not been finalized by the funeral director, it will not yet be “registered”. In these cases, you will be able to print a PROD. One page of the PROD will contain a report of the medical information that has been finalized (certified). A second page will also print containing a form with which demographic information can be completed by a funeral director or family. The demographic side will always print as a form, even if a funeral director has started to enter information.

**Print Informational Copy** – If both the demographic and the medical side of the record have been finalized, (Signed or Certified) the record will have been “registered”. In this case, you will be able to print an informational copy of the death certificate. This feature is only available for up to 30 days from the date registered.

**Draft Documents** – Drafts can not be printed in View Record. If neither side of the record has been finalized (Signed or Certified) then no documentation can be printed from View. Drafts may be printed within the Create/Update function.

### Examples:

In this example, the record is still incomplete because the Demographic Information has not been “Signed” (finalized). However, the medical section has been certified. So, a PROD showing the medical information can be printed.

Describe how injury occurred:  
If Transportation Injury, specify:  
Transportation Injury Other:

**Certification**

Actual or Presumed Date of Death: 12/1 /2009  
Actual or Presumed Time of Death: 21:00  Approximate Time  
Date pronounced dead: 12/1 /2009  
Time pronounced dead: 21:05  
Date Certified: 12/1 /2009  
Name of Certifier: Tim Physician, M.D.  
License Number: 0420001234  
Address of Certifying Physician  
Street 1: 123 Public Doctor Street  
Street 2:  
City/Town: Irasburg  
State: VT  
Zip: 05845  
Contact Phone Number: (802)123-4567  
Title of Certifier: Physician  
Name of attending physician if other than Certifier  
First Name: Barney  
Middle Name:  
Last Name: Rubble  
Suffix:

Print PROD Cancel

Vermont Department of Health, EDRS Version 4.0.0.2009.11.30  
Please forward questions or concerns to: [EDRS@vdh.state.vt.us](mailto:EDRS@vdh.state.vt.us) 1-800-439-5008

7 of 24 - Clipboard  
Item not Collected: Delete items

In this example, both the Demographic and the Medical Information have been finalized (Signed & Certified), so, the record has been registered. The record is being viewed within 30 days of the date registered. The option available for printing is Print Informational Copy.

Injury at work?  
Location of Injury  
Street 1:  
Street 2:  
City/Town:  
State/Province:  
Country:  
Describe how injury occurred:  
If Transportation Injury, specify:  
Transportation Injury Other:

**Certification**

Actual or Presumed Date of Death: 12/2 /2009  
Actual or Presumed Time of Death: 13:23  Approximate Time  
Date pronounced dead: 12/2 /2009  
Time pronounced dead: 13:23  
Date Certified: 12/2 /2009  
Name of Certifier: Tim Physician, M.D.  
License Number: 0420001234  
Address of Certifying Physician  
Street 1: 123 Public Doctor Street  
Street 2:  
City/Town: Irasburg  
State: VT  
Zip: 05845  
Contact Phone Number: (802)123-4567  
Title of Certifier: Physician  
Name of attending physician if other than Certifier  
First Name:  
Middle Name:  
Last Name:  
Suffix:

Print Informational Copy      Cancel

Vermont Department of Health, EDRS Version 4.0.0.2009.11.30  
Please forward questions or concerns to: [EDRS@vdh.state.vt.us](mailto:EDRS@vdh.state.vt.us) 1-800-439-5008

8 of 24 - Clipboard  
Item not Collected: Delete items to increase available space

Done

Start    2 Microso...    2 Window...    2 Microso...    2 Intern...    Sphinx Use...    1:11 PM

## Print Informational Copy

An "Informational Copy" of a death certificate is a version of a registered certificate that is available specifically for the purposes of obtaining permits and record keeping. **An informational copy can only be printed for a record associated with your facility and only within 30 days from the date the record was registered.** If a copy is needed beyond that time, you can request it from the Vital Records Office by calling 800-439-5008.

Selecting the Informational Copy function which appears in the top part of the blue navigation bar on the left of your screen will allow you to search among registered records you have authority to access. **If you are unsure about a record's status, it is recommended that you always use the View Record function to find the record. If an Informational Copy is available it can be printed from within View Record.**

To search for a record you must enter the last name or death certificate number. First Name or Date of Death may also be entered to narrow the search, but only exact matches will be returned. **So, we recommend you start by only entering the minimum information required.**

Selecting the record will open an Informational Copy that you may print.

**Vital Records**      **Electronic Death Registration System**      VERMONT DEPARTMENT OF HEALTH  
User: tberry Facility: TLC Hospital      Logout

**Search for a Record**

First Name:   
Last Name:   
Date of Death:   
Death Cert. #:

Select	Last Name	First Name	Date of Death	Residence - City/Town	Place of Death - City/Town
Select	Slate	Sylvester	12/2/2009	Goodrich Four Corners	South Burlington

Find    New Search    Cancel

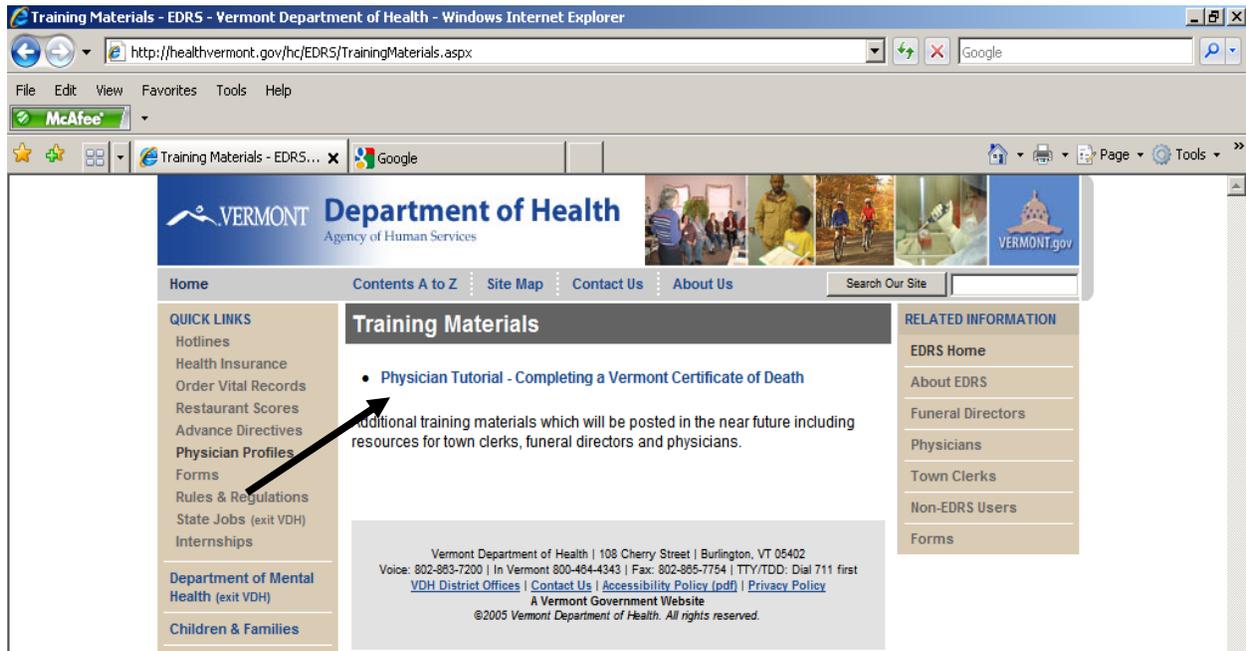
Vermont Department of Health, EDRS Version 4.0.0.2009.11.30  
Please forward questions or concerns to: [EDRS@vdh.state.vt.us](mailto:EDRS@vdh.state.vt.us) 1-800-439-5008

## Appendix A: Additional Resources

Additional information and resources are available via the EDRS home page. Paper versions of the **PROD** and **Request to Correct a Death Certificate** forms may be found by clicking on **Forms** in the right-hand menu box.



Selecting **Training Materials** from the menu box will bring you to the **Physician Tutorial** which will guide you through the process of preparing the information required for a Vermont death certificate.



## Appendix B: Quick Tips for Certifying Cause of Death

Note: for more information see the complete on-line tutorial on certifying Vermont deaths available at [http://healthvermont.gov/hc/death\\_certificate/tutorial.aspx](http://healthvermont.gov/hc/death_certificate/tutorial.aspx).

1. **Focus on the basic pathologic condition**  
ex. "Atherosclerotic cardiovascular disease" rather than "Congestive heart failure"

2. **Be Concise**

**Part I**

A. Acute myocardial infarct

***Due to, or as a consequence of:***

B. Coronary artery atherosclerosis

rather than

**Part I**

A. Thrombotic occlusion of the left anterior descending coronary artery of the heart

3. **Report causes; avoid mechanisms**

**Part I**

A. Alcoholic cirrhosis

rather than

**Part I**

A. Hepatic encephalopathy

4. **Do not use medical slang or jargon.**

**Part I**

A. Cerebral infarct

***Due to, or as a consequence of:***

B. Atherosclerotic Cardiovascular Disease

rather than

**Part I**

A. Stroke

5. **Do not abbreviate**  
Remember most users of Death Certificates have not been to medical school and do not understand some common abbreviations. Abbreviations will not be accepted by the EDRS. If you enter an abbreviation, you will receive a message indicating possible meanings and requesting that you spell out the appropriate term.

6. **Be clear, do not convey confusion**

**Part I**

A. Atherosclerotic coronary artery disease

rather than

**Part I**

A. Cardiac asystole probably due to heart attack

7. **Avoid vague descriptions** (e.g. massive, catastrophic, etc.)

No one wants to die from a little infarct but these terms give no information.

8. **"Old Age" and undetermined natural causes are OK.** Although, if you have entered this, be prepared for a phone call from the Office of the Chief Medical Examiner asking you to explain the circumstances.

9. **Avoid creating problems or questions**

**Part I**

A. Peritonitis

***Due to, or as a consequence of:***

B. Perforating colonic diverticulum

rather than

**Part I**

A. Cardiovascular collapse

***Due to, or as a consequence of:***

B. Bowel perforation

10. **Separate primary from contributing causes.**

(Part II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I)

11. **Is the case reportable to the Medical Examiner?** 1-888-552-2952

All cases that have non-natural contributions, no matter how small or how long ago, must be reported to the Medical Examiner. It is better to ask first than to not report.

12. If you have to complete a certification using a paper copy of the Preliminary Report of Death, be sure to please **print legibly** in black ink. A good cause of death statement means nothing if it is illegible.

13. If you have to complete a certification using a paper copy of the Preliminary Report of Death, be sure to clearly **print your name below your signature.**

# Appendix C: Sample Reports

## PROD - Medical Section (final)

PostSignCertify[1].pdf - Adobe Reader

File Edit View Document Tools Window Help

1 / 2 102% Find

STATE OF VERMONT  
DEPARTMENT OF HEALTH  
Preliminary Report of Death - Medical Certification

EDRS Record Name: Prince Royal Valiant Date of Death: September 9, 2009

19. Did Decedent Receive Hospice Care? No

20. Place of Death: Hospital: Inpatient

21a-c. Facility Name of Location: Fletcher Allen Health Care /Medical Ctr Campus, Burlington, Vermont

27. Manner of Death: Natural

28. Cause of Death PART 1:

	Approximate Interval: Onset to Death
a. Broncho Pneumonia <i>due to (or as a consequence of):</i>	Approx. 6 Days
b. Pulmonary Emphysema <i>due to (or as a consequence of):</i>	5 Years
c. Tobacco Use <i>due to (or as a consequence of):</i>	30 Years
d. Non-Small Cell Lung Cancer	Unknown

29. Cause of Death PART II: *Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.*  
Hypertension

30. Did Tobacco Use Contribute to Death? Yes

31. If Female/Pregnant At time of Death: Not applicable

32a. Was Medical Examiner Contacted? No 32b. M.E. Case Number:

33. Was an Autopsy Performed: No

34. Were Findings of Autopsy Available To Complete Cause Of Death? Not Applicable

35. Date of Injury: 36. Time of Injury:

37. Place of Injury:

38. Injury at Work?

39. Location of Injury:

40. Describe How Injury Occurred:

41. If Transportation Injury:

42a. Actual or Presumed Date of Death: September 9, 2009 42b. Actual or Presumed Time of Death: ~9:00 PM

42c. Date Pronounced Dead: September 10, 2009 42d. Time Pronounced Dead: 8:10 AM

43a. Signature of Certifier: 43b. Date Certified: September 10, 2009

43c. Name of Certifier: Dawn Physician 43d. License Number: 0421234567890

43e. Address of Certifying Physician: 22 Public Doctor St., Neshobe Beach, VT 05732

44. Contact Phone Number: (802) 123-4567

45. Title of Certifier: Physician

46. Name of Attending Physician If Other Than Certifier:

This record was produced using the Vermont Electronic Death Registration System. It represents information that has been signed electronically by the physician listed in item 43c. If attached to a Preliminary Report of Death which contains completed and signed demographic information this shall be acceptable as a legal document for obtaining burial transit and removal permits.

# PROD - Demographic Section (form)

**STATE OF VERMONT  
DEPARTMENT OF HEALTH  
Preliminary Report of Death - Demographic Information**

EDRS Record Name: Prince Royal Valiant, Jr. Date of Death: September 9, 2009

Type or Print in Black Ink

1a. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)														
1b. ALIASES (Any other names the decedent used or was known as)						1c. DECEDENT'S LAST NAME AT BIRTH								
2. SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		3. SOCIAL SECURITY NUMBER		4a. AGE-LAST BIRTHDAY (Years)		4b. IF UNDER 1 YEAR Months      Days		4c. IF UNDER 1 DAY Hours      Minutes						
5. DATE OF BIRTH (Month, Day, Year)						6. BIRTHPLACE (City and State or Foreign Country - include Province if Canada)								
7a. RESIDENCE STREET AND NUMBER (include Apartment Number)						7b. CITY OR TOWN OF RESIDENCE			7c. STATE OR FOREIGN COUNTRY					
8a. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No			8b. VETERAN OF ANY WAR? <input type="checkbox"/> Yes <input type="checkbox"/> No			8c. IF SO, WHAT WAR(S)?								
9. MARITAL STATUS AT TIME OF DEATH: <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Civil Union <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Union dissolution <input type="checkbox"/> Never Married or in Civil Union <input type="checkbox"/> Unknown						10a. BIRTH NAME OF SURVIVING SPOUSE / CIVIL UNION PARTNER			10b. SEX OF SURVIVING SPOUSE/PARTNER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown					
11. FATHER'S OR PARENT'S BIRTH NAME (First, Middle, Last)						12. MOTHER'S OR PARENT'S BIRTH NAME (First, Middle, Last)								
13a. INFORMANT'S NAME (First, Middle, Last)						13b. RELATIONSHIP TO DECEDENT								
13c. INFORMANT'S MAILING ADDRESS (Street and Number, City or Town, State, Zip Code)														
14. DECEDENT'S EDUCATION LEVEL: (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> - 12 <sup>th</sup> grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree						<input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)			15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanio/Latino. Check the "No" box if decedent is not Spanish/Hispanio/Latino.) <input type="checkbox"/> No, not Spanish/Hispanio/Latino/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanio/Latino/Latina (Specify) _____					
16. DECEDENT'S RACE: (Check one or more races to indicate what the decedent considered himself or herself to be.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese? <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____														
17. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED)						18. KIND OF BUSINESS/INDUSTRY			19. DID DECEDENT RECEIVE HOSPICE CARE? (in past 30 days) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
20. PLACE OF DEATH (Indicate only one) If death occurred in a hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Intensive Care Unit <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival If death occurred somewhere other than a hospital: <input type="checkbox"/> Nursing Home / Long Term Care Facility <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify) _____														
21a. FACILITY NAME (if not institution, give street and number)						21b. CITY OR TOWN			21c. STATE					
22a. METHOD OF DISPOSITION: <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (specify)														
22b. PLACE OF TEMPORARY STORAGE (Name of cemetery, other place)						22c. LOCATION OF TEMPORARY STORAGE (City or Town, State)								
22d. PLACE OF FINAL DISPOSITION (Name of cemetery, crematory, other place)						22e. LOCATION OF FINAL DISPOSITION (City or Town, State)								
23a. NAME OF FUNERAL FACILITY OR AUTHORIZED PERSON						23b. ADDRESS OF FUNERAL FACILITY OR AUTHORIZED PERSON (Street and Number, City, State, Zip Code)								
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR AUTHORIZED PERSON						25. VERMONT LICENSE NUMBER			26. DATE OF DISPOSITION (Month, Day, Year)					

If attached to a completed Preliminary Report of Death - Medical Certification, this document shall be acceptable for issuance of burial transit and removal permits. This is not a permanent record. A town clerk may not issue certified copies of this record.

# Informational Copy of Death Certificate

## VERMONT CERTIFICATE OF DEATH

**Fred Flintstone**

Aliases: None

Date of Death: December 01, 2009 Time of Death: ~9:00 PM Age: 90 Years

1442009200191  
State File Number

Date of Birth: September 09, 1919 Birthplace: Maple Dell, VT Sex: Male  
Mother's/Parent's Birth Name: Edna Grayel  
Father's/Parent's Birth Name: Fredrick Flintstone, Sr.  
Marital Status: Married Spouse/Civil Union Partner: Wilma Stone  
Residence: 123 Rocky Road, St. Rocks, VT

Hispanic Origin: No Race: White  
Occupation: Crane Operator Business/Industry: Quarry  
Education: 9th-12th grade, no diploma  
Ever in U.S. Armed Forces: Yes Veteran of Any War: World War II Era

Hospice Care (in past 30 days): No  
Place of Death: Hospital: Emergency room Outpatient, TLC Hospital, Burlington, VT  
Informant: Bena Banz Rubble, 1212 Shale Lane, Basin Harbor, VT 05491 Relationship: Attorney

Disposition Date: December 12, 2009 Place of Temporary Storage: TLC Vault, Milton, VT  
Method: Temporary Storage Place of Final Disposition: TLC Cemetery, Colchester, VT  
Funeral Director/Authorized Person: Tim's Funeral Director, II  
Address: TLC Funeral Home, 333 Farr Road, Box 123, Richmond, VT 05477

Cause of Death and Interval (Onset to Death): Manner of Death: Natural  
A. Renal Failure (Weeks) due to B. Hypertensive and arterosclerotic cardiovascular disease (Years)

Other Contributing Conditions: Diabetes Mellitus, type II

Did Tobacco Use Contribute to Death: Unknown Pregnant at Time of Death: Not applicable  
Date Pronounced Dead: December 01, 2009 Time Pronounced Dead: 9:05 PM  
Medical Examiner Contacted: No Autopsy Performed: No Autopsy Available: Not Applicable

Injury Date/Time: Injury at Work: Transportation Injury:  
Injury Place: Injury Location:  
How Injury Occurred:

Medical Certifier: Tim Physician, M.D.; 123 Public Doctor Street, Irasburg, VT 05845  
Title of Certifier: Physician Date Certified: December 01, 2009 Other Attending Physician: Barney Rubble

Registration *Linda A. Merchant* Linda A. Merchant, State Registrar Date Registered: December 02, 2009

This is an informational copy of a registered death certificate produced from the Vermont Electronic Death Registration System. This document should only be used for the purpose of obtaining Burial Transit and/or Cremation Permits. Certified copies may not be issued.