

VERS (Vital Event Registration System) Training

Medical Certifiers

Montana Vital Records



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Introduction



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We will cover:

1. VERS Overview
2. How to obtain access to VERS
3. Medical Certifier User Role Capabilities
4. Questions
5. Demo (if time allows)



VERS Overview

- Replacement system for VSIMS
- Accessed through Okta - you will need an Okta account to request access to VERS.
- Login – you will be provided an online link, but the link changes when you sign in. If you choose to “favorite” or “bookmark” the link, you will have to go to the bookmark, edit it, and paste the link you are sent via email when access is set up.
- VERS does not allow for transcription of cause of death. Cause of death tabs must be completed by the physician/HIM in the system.

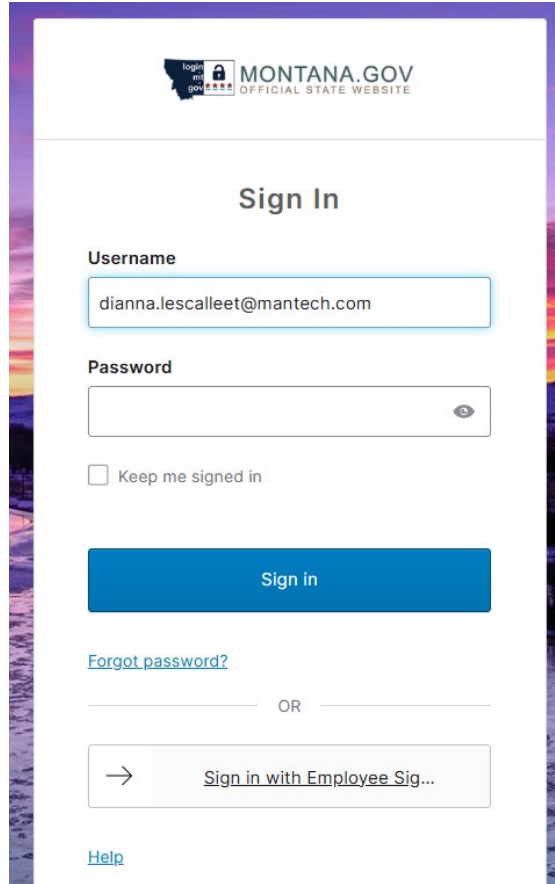


Obtaining Access

- Instructions to come. Type your email address into the chat so these can be sent to you.
- The access process can take several days, so plan ahead.
- No shared email addresses can be used such as info@sph.com
- Call 406-444-9500 if you have any issues requesting access.



Logging In

A screenshot of the Montana.gov official state website login page. The page has a purple header with the Montana logo and 'MONTANA.GOV OFFICIAL STATE WEBSITE'. Below the header, the text 'Sign In' is centered. There are two input fields: 'Username' with the email 'dianna.lescalleet@mantech.com' and 'Password' which is empty. Below the password field is a checkbox labeled 'Keep me signed in'. A blue 'Sign in' button is below the checkbox. Below the button is a link for 'Forgot password?'. Below that is a horizontal line with 'OR' in the center. Below the line is a button with a right arrow and the text 'Sign in with Employee Sig...'. At the bottom left is a link for 'Help'.

Login with your Okta account you set up. It will direct you to VERS.

If your password expires, contact State IT at 406-444-9500.

If you bookmark the link, make sure you edit the bookmark and paste the link in the edit area because the link changes with each login.



Medical Certifier User Role



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Dashboard

Menu panel: Click Death to expand the death menu.

System Administrator

RETZ FUNERAL HOME AND CREMATORY

RLS-0-2

10/29/2024 10:51 AM

Your last login was at 10/29/2024 10:51 AM

Password expiration date - 2/14/2050

Death

Unregistered Search

Registered Search

Create

New

Update

Maintain

Print

Montana Vital Records

Bookmarks

No Bookmarks marked yet!!!

News

There is no news for System Administrator

Missing Demographic Info

Unassigned Medical Certifier

Missing Medical certification

Declined Record

Missing State Approval

Missing Demographic Info

Search

Download

Print

Columns

Filter

Details	Last Name	First Name	Date of Death	Funeral Director	Certifier Practice	COD Certified	Action
			07/19/2024	JOHN KRAKE	BEAVERHEAD COUNTY CORONER	Y	
			07/26/2024	STAN HARDING	COMMUNITY HEALTH CARE	Y	
			08/14/2024	JOHN KRAKE	COMMUNITY HEALTH CARE	Y	
			09/23/2024		BEAVERHEAD COUNTY CORONER	N	
			10/14/2024		COMMUNITY HEALTH CARE	N	
			10/29/2024	JOHN KRAKE		N	

1 to 6 of 6

Rows per page: 25

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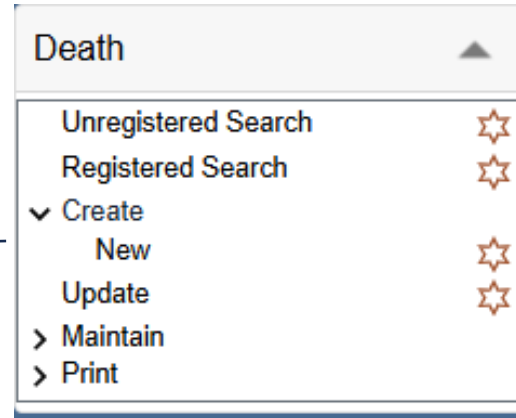
<

>

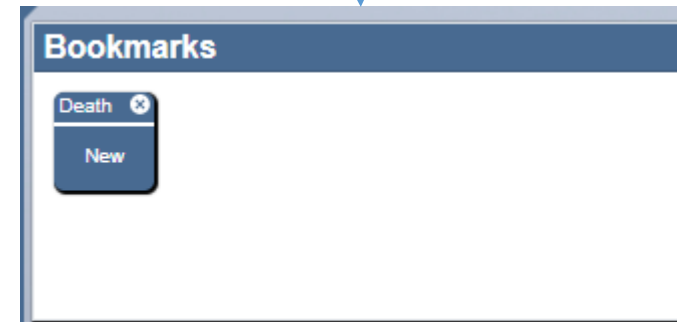


Dashboard: Menu Panel and Bookmarks

1. In the Menu panel navigate to (i.e., click) **Death** → **Create** → **New**.



2. Click the star next to **New** to add a bookmark for this menu option.



Type Ahead List

Assign/Transfer to Medical Certifier (select facility OR select certifier)

Assigned facility: BEAVERHEAD COUNTY CORONER -

Type/select facility's name or city

Assigned certifier:

Type/select certifier's name or facility

- CHOWDHURY JASMINE S ERNEST D MADARANG MD FACP
- CHOWDHURY JASMINE S INDIAN TRAIL FAMILY MEDICINE
- SMITH SUSAN KAYE III COMMUNITY HEALTH CARE

Start typing to narrow the list to rows that contain the text you enter.

Then select the one you are looking for.



Entering Cause and Manner of Death Information & Record Flow



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Case is Assigned to Your Location

Your record flow begins when you see a case assigned to your location (office or practice) on your Missing Medical Info queue.

Certify MI

Certify MI

Search

Details	Last Name	First Name	Date of Death	Certifier Last Name	Funeral Home	FH Approved	Action
<div></div>			02/06/2025	NEWLORD		N	<div></div>

1 to 1 of 1

Rows per page: 25

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- Click the double arrow for your record (Action column) on the Missing Medical Info queue.
- The form for the record you selected opens.



You can also use your update menu option to find and select a record.



Tab 6 Sections – Left side

45. Person Completing Cause of Death (i.e. Certifier)	
Certifier designation	Medical Examiner/Coroner
Physicians	Select
ME/coroners	Select
ME case number	
First name	
Middle name	
Last name	
Suffix	Select
Certifier's email	
ME/coroner's email	
Signed by	
46. Certifier's Address	
MC location name	BEAVERHEAD COUNTY CORONER
Number and street	210 WEST BROADWAY
Apartment number	
Country	UNITED STATES
State/province	MONTANA
Cities	Select
City or town	DILLON
Zip code	99169
MC location email	
ME/coroner location email	
Phone	5555555555

- In the Person Completing Cause of Death section:
 - Select the Coroner who is certifying cause info. The name and address and email information is populated when you select a Coroner.
 - The ME case number is optional.
- Information in the certifier's address section is automatically set based on you logged on location.



Tab 6 Sections – Right side

- The date certified is automatically set when the record is certified.
- In the Pronouncer Information section:
 - If the pronouncer is the certifier, select the checkbox to copy the certifier information to the pronouncer fields.
 - You must enter the pronouncing date and time manually.

47.-48. Certifier's Title and License Number

Title list

Title

Medical license number

49. Date Certified

Date signed by certifier - MMDDYYYY

24.-28. Pronouncement Information

Title

☐ Check to copy certifier info to pronouncer info

Coroners

Physicians

First name

Middle name

Last name

Suffix

License number

Date pronounced death

Time pronounced dead

Time indicator

31. ME/Coroner Contacted?

Was ME/coroner informed?



Tab 7 Sections Entering Cause

- For each cause line entered in Part I:
 - Select the time Unit.
 - The number of the unit is optional
- If there are any other significant conditions, enter them in Part II.
- The system runs cause checks and displays pertinent alerts when you leave this tab.

Alert - COD Validations

⚠ Unlikely Underlying Cause
The condition you reported on the lowest box in Part I HEART FAILURE usually develops as a complication of another more specific condition. Was there a specific underlying condition in this case? If so, please report it in the lowest box you use in Part I.

Ok

32. PART I.

PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events, such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

Pending Cause
☐ Check if cause of death is pending

Cause of Death Note: no abbreviations allowed in cause of death

A. Immediate Cause of Death:
(Final disease or condition resulting in death)

HEART FAILURE 13 / 120

Units: MINUTES Number: 10 Approx. interval: onset to death: 10 MINUTES

B. Due To or as a Consequence Of: 0 / 120

Unit: Select Number: Approx. interval: onset to death:

C. Due To or as a Consequence Of: 0 / 120

Unit: Select Number: Approx. interval: onset to death:

D. Due To or as a Consequence Of: 0 / 120

Unit: Select Number: Approx. interval: onset to death:

32. PART II.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

0 / 240

Tab 8 Sections

If the decedent is a female aged 10-54, select the pregnancy status at the time of death.

If the decedent is a female less than 10 or more than 54 years old or a male, pregnancy status is not required unless you check you are reporting a pregnancy for a female outside of the common age (10-54) or for a male. If you select this checkbox, select the pregnancy status, and then check the box to confirm.

33-34. Autopsy Was an autopsy performed? <input type="text" value="Select"/> Were autopsy findings available to complete the cause of death? <input type="text" value="Select"/>	36. Pregnant at the Time of Death? <input checked="" type="checkbox"/> Click here to report a pregnancy outside of common age (10-54) or sex (female) values. Select one from list <input type="text" value="Select"/> <input checked="" type="checkbox"/> I confirm the option selected above is based on the best available information at this time.
35. Tobacco Use Did tobacco use contribute to death? <input type="text" value="Select"/>	37. Manner of Death Manner of death <input type="text" value="Select"/>



Tab 9 Sections – Left side

38. Injury - Date

Date of injury (mm/dd/yyyy)

Modifier

39. Injury - Time

Time of injury

Time indicator

Time modifier

40. Injury - Place

Place of injury (e.g. decedent's home, construction site, restaurant, wooded area)

41. Injury - Work

Injury at work?

If you need to enter injury information, begin by entering the date of injury. When you do this, you will be able to enter additional injury information.



Tab 9 Sections – Right side

- If you entered the date of injury, you will be able to enter additional injury information in these sections.
- If the location of injury is the same as the place of death, check the same as place of death box. The system will then copy the place of death address info to the location of injury section.
- In the transportation accident section:
 - If you select yes , select the role of the decedent in the accident.
 - If you select other, specify the other role.

42. Location of Injury

☐ Same as place of death

Country

State/Province

County

City list

City or town

Street and number

Apartment number

Zip code

43. Injury - How

Describe how injury occurred

0 / 90

44. Transportation Accident

Was this a transportation injury?

If transportation accident

Specify other

Saving Your Work



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Saving Your Record

- Click the Finish button at the bottom of any page.
- VERS runs specified checks on the record.
- If the record does not pass the checks, a warning page opens.

Click link to return to that tab.

ATTN: MEDICAL CERTIFIER - The following information must be entered to complete the medical information section. Fix all the following:

[Was an autopsy performed?](#)
Field Group Description: Autopsy must be answered

[Tobacco use](#)
Field Group Description: Did tobacco use contribute to death must be answered.

[Manner of death](#)
Field Group Description: Manner of death must be selected.

Save (as Pending)

Click Save as Pending to save the unfinished record.

- When you click Save as Pending at the bottom of the list, you will see the Successful Transaction page.



Scroll down or press Shift + Tab to go to the bottom of the list.



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Successful Transaction Page

Successful Transaction	
Your transaction has been saved successfully.	
Record Details	
Decedent's First Name	<input type="text"/>
Decedent's Last Name	<input type="text"/>
Date of death	12/24/2024
Record ID	11976769
Print Confirmation	
Your actions have triggered the following documents to be printed. Please select all documents you wish to print.	
HIPPA Proof Copy: <input checked="" type="radio"/>	
Skip this print option: <input type="radio"/>	
ART form: <input checked="" type="radio"/>	
Skip this print option: <input type="radio"/>	
Death Certificate Proof Copy: <input checked="" type="radio"/>	
Skip this print option: <input type="radio"/>	
<input type="button" value="Print"/>	
Other Options	
Following options are available:	
<input type="button" value="Return to Record"/>	
<input type="button" value="Main Menu"/> <input type="button" value="Repeat Task"/>	

Takes you back to
your record

Begins the process of printing
the selected document.

Takes you back to the Dashboard.



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Printing from Successful Transaction Page

The screenshot shows a 'Print Confirmation' dialog box. It contains the text: 'Your actions have triggered the following documents to be printed. Please select all documents you wish to print.' Below this, there are two rows of options. The first row is for 'HIPPA Proof Copy' with a selected radio button and an unselected 'Skip this print option' radio button. The second row is for 'ART form' with a selected radio button and an unselected 'Skip this print option' radio button. A 'Print' button is located below these options. Below the 'Print' button is the text 'Print Proof Copy'. Below that is a 'Generate Document' button. At the bottom is a 'Continue' button. Four green callout boxes with arrows point to specific elements: Box 1 points to the 'Skip this print option' radio button for HIPPA Proof Copy. Box 2 points to the 'Print' button. Box 3 points to the 'Generate Document' button. Box 4 points to the 'Continue' button.

Print Confirmation

Your actions have triggered the following documents to be printed.
Please select all documents you wish to print.

HIPPA Proof Copy: ☒
Skip this print option: ☐

ART form: ☒
Skip this print option: ☐

Print

Print Proof Copy

Generate Document

Continue

1. The default is to print each document. If you do not want to print all listed documents, select the corresponding Skip this print option.

2. Click Print.

3. Click Generate Document.

4. The generated document is shown in a new tab in your browser or in Adobe Acrobat where you can view and print the document.



If you do not want to print any listed document, do *not* press the Print button.

You can also print the document from your [Print menu](#).



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Updating Records

Missing Medical Info							
Search							
Details	Last Name	First Name	Date of Death	Certifier Last Name	Funeral Home	FH Approved	Action
+			08/16/2024	MITCHELL	RETZ FUNERAL HOME AND CRE...	Y	>>
+			09/23/2024		RETZ FUNERAL HOME AND CRE...	N	>>
+			12/24/2024	MITCHELL		N	>>
1 to 3 of 3			Rows per page: 25 1 > >				

- Click the double arrow for your record (Action column) on the Missing Medical Info queue.
- Update it and save your changes.



You can also use your Update menu option to find and select a record.



Case Assignment Tab (Tab 2)



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Case Assignment Page - Left Side

Allows you to assign a case to a funeral home or transfer it to another physician office.

Assign/Transfer to Funeral Home
Assigned funeral home: ACACIA MEMORIAL PARK AND FUNERAL HOME - SEATTLE - (804)587-4587
Type/select funeral home's name or city

Assign/Transfer to Medical Certifier (select facility OR select certifier)
Assigned facility:
Type/select facility's name or city
Assigned certifier:
Type/select certifier's name or facility

Begin by typing in these special type-ahead list boxes. As you type, the list narrows to show entries that contain the text that you type. Click the Finish button.



Case Assignment Page – Right Side

Allows you to decline a record that was assigned to you or assign it to ME/coroner office at the county of death.

Check the checkbox to decline assignment and then enter the reason you are declining. Save the record.

Check the checkbox to assign a case to the ME/coroner for the county where the death occurred

Declined by Medical Certifier/Facility
☐ Check this if you decline assignment
Reason

Assign to ME/Coroner
County of occurrence: BEAVERHEAD
☐ Check this to assign directly to ME/Coroner
Assigned ME/coroner office: NOT CURRENTLY ASSIGNED
Select ME/coroner office



Case Assignment Page (showing assignments)

Assign/Transfer to Funeral Home Assigned funeral home: ACACIA MEMORIAL PARK AND FUNERAL HOME - SEATTLE - (804)587-4587 Type/select funeral home's name or city <input type="text" value="Select"/>	Declined by Medical Certifier/Facility <input type="checkbox"/> Check this if you decline assignment Reason <input type="text"/>
Assign/Transfer to Medical Certifier (select facility OR select certifier) Assigned facility: BEAVERHEAD CORONER - DILLON Type/select facility's name or city <input type="text" value="Select"/> Assigned certifier: NEWLORD ROBIN BEAVERHEAD CORONER Type/select certifier's name or facility <input type="text" value="Select"/>	Assign to ME/Coroner County of occurrence: BEAVERHEAD <input type="checkbox"/> Check this to assign directly to ME/Coroner Assigned ME/coroner office: BEAVERHEAD CORONER Select ME/coroner office <input type="text" value="Select"/>



Certify and Approve Record



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Warning Page

If you see this page when you click Finish, it means that the record is still incomplete. If you see the ATTN: MEDICAL CERTIFIER section, the medical information is not complete and, therefore, not ready to be certified.

MTVRVWEB Warning
<p>The record you are trying to save is UNFINISHED.</p> <p>All of the following fields are required for a FINISHED record.</p>
<p>ATTN: FUNERAL DIRECTOR OR PERSON ACTING AS SUCH - The following information must be entered to complete the personal information. Fix following:</p> <p>Informant's relationship to decedent</p> <p>Field Group Description: Select the relationship of the informant to the decedent. If the relationship is not listed, select Other and enter the specifics.</p>
<p>ATTN: MEDICAL CERTIFIER - The following information must be entered to complete the medical information section. Fix following:</p> <p>Pronouncement Information - Date, time, time indicator</p> <p>Field Group Description: Date pronounced, time and time indicator are required.</p>
<p>Save (as Pending)</p>

When you no longer see the ATTN: MEDICAL CERTIFIER section, will see the Successful Transaction page with additional options when you click Save (as Pending).



Successful Transaction Page: Other Options (Certify)

When the medical portion of a record is complete and you go to the Successful Transaction page, you will see a ready to certify button or a certify now button in the Other Options section based on your user role.

Ready to Certify Button (data entry role)

Successful Transaction
Your transaction has been saved successfully.

Record Details
Decedent's First Name [Redacted]
Decedent's Last Name [Redacted]
Date of death 01/06/2025
Record ID 11981774

Print Confirmation
Your actions have triggered the following documents to be printed.
Please select all documents you wish to print.
HIPPA Proof Copy: ☒
Skip this print option: ☐
ART form: ☒
Skip this print option: ☐
Death Certificate Proof Copy: ☒
Skip this print option: ☐
Print

Other Options
Following options are available:
READY TO CERTIFY
Return to Record
Main Menu Repeat Task

Press to Certify Button (certifying physician role)

Successful Transaction
Your transaction has been saved successfully.

Record Details
Decedent's First Name [Redacted]
Decedent's Last Name [Redacted]
Date of death 01/06/2025
Record ID 11981774

Print Confirmation
Your actions have triggered the following documents to be printed.
Please select all documents you wish to print.
HIPPA Proof Copy: ☒
Skip this print option: ☐
ART form: ☒
Skip this print option: ☐
Death Certificate Proof Copy: ☒
Skip this print option: ☐
Print

Other Options
Following options are available:
PRESS TO CERTIFY
Return to Record
Main Menu Repeat Task



Certification Workflow (Data Entry Staff)

Successful Transaction
Your transaction has been saved successfully.

Record Details

Decedent's First Name	
Decedent's Last Name	
Date of death	01/06/2025
Record ID	11981774

Print Confirmation
Your actions have triggered the following documents to be printed.
Please select all documents you wish to print.

HIPPA Proof Copy: ☒
Skip this print option: ☐

ART form: ☒
Skip this print option: ☐

Death Certificate Proof Copy: ☒
Skip this print option: ☐

[Print](#)

Other Options
Following options are available:

[READY TO CERTIFY](#)

[Return to Record](#)

[Main Menu](#) [Repeat Task](#)

Ready to Approve PI - Confirm
Do you want to mark this record as ready to approve? Press Continue to confirm or Cancel if you are not ready to so mark this record.

[Continue](#) [Cancel](#)

Successful Transaction
Your transaction has been saved successfully.

Record Details

Decedent's First Name	NOTSO
Decedent's Last Name	COLD
Date of death	10/29/2024
Record ID	11896769

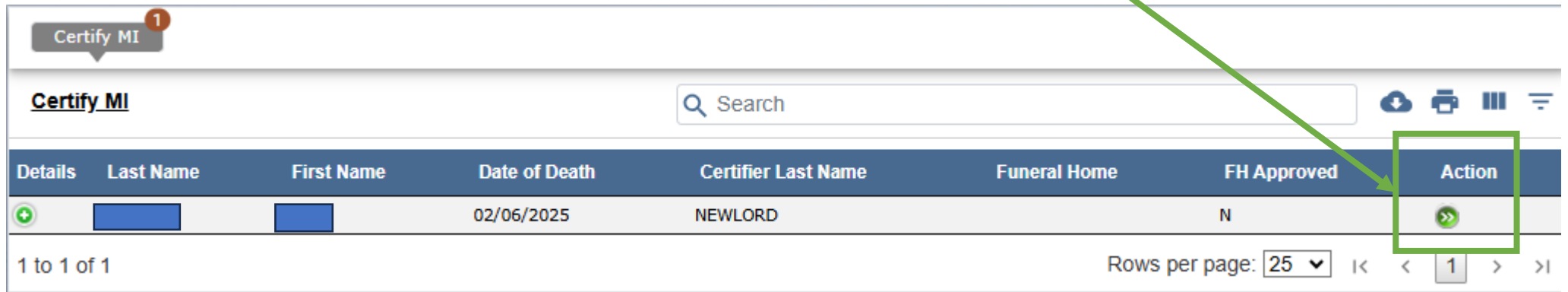
[Main Menu](#) [Repeat Task](#)

Note: Records ready to certify are added to the certifying physician's Certify MI queue.



Physician's Certify MI Queue

Records ready for certification are shown on the Certify MI queue. Certifying physicians can begin the certification workflow from this queue by clicking the double arrow for a record in the Action column to open the record.



Details	Last Name	First Name	Date of Death	Certifier Last Name	Funeral Home	FH Approved	Action
			02/06/2025	NEWLORD		N	

1 to 1 of 1

Rows per page: 25 |< < 1 > >|

Review the record and click the Finish button at the bottom of any page and click Save (as Pending) on the Warning page. If the medical information is complete, you will the certify button on the Successful Transaction page.

Certification Workflow (Certifying Physician)

Successful Transaction	
Your transaction has been saved successfully.	
Record Details	
Decedent's First Name	
Decedent's Last Name	
Date of death	02/06/2025
Record ID	12051769
Print Confirmation	
Your actions have triggered the following documents to be printed.	
Please select all documents you wish to print.	
HIPPA Proof Copy: <input checked="" type="radio"/>	
Skip this print option: <input type="radio"/>	
ART form: <input checked="" type="radio"/>	
Skip this print option: <input type="radio"/>	
Death Certificate Proof Copy: <input checked="" type="radio"/>	
Skip this print option: <input type="radio"/>	
<input type="button" value="Print"/>	
Other Options	
Following options are available:	
<input type="button" value="PRESS TO CERTIFY"/>	
<input type="button" value="Return to Record"/>	
<input type="button" value="Main Menu"/> <input type="button" value="Repeat Task"/>	

Certify Record - Confirm	
I approve the content of this section of the death report. On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.	
<input type="text"/>	
<input type="button" value="Continue"/>	<input type="button" value="Cancel"/>

Successful Transaction	
Your transaction has been saved successfully.	
Record Details	
Decedent's First Name	BH
Decedent's Last Name	COUNTY
Date of death	02/06/2025
Record ID	12051769
<input type="button" value="Main Menu"/> <input type="button" value="Repeat Task"/>	



Approval Workflow (Certifying Physician)

Successful Transaction	
Your transaction has been saved successfully.	
Record Details	
Decedent's First Name	
Decedent's Last Name	
Date of death	10/29/2024
Record ID	11896769
Print Confirmation	
Your actions have triggered the following documents to be printed. Please select all documents you wish to print.	
HIPPA Proof Copy: <input checked="" type="radio"/>	
Skip this print option: <input type="radio"/>	
ART form: <input checked="" type="radio"/>	
Skip this print option: <input type="radio"/>	
<input type="button" value="Print"/>	
Other Options	
Following options are available:	
<input type="button" value="Approve"/>	
<input type="button" value="Return to Record"/>	
<input type="button" value="Main Menu"/>	
<input type="button" value="Repeat Task"/>	

Approve PI - Confirm
I approve the content of this section of the death report. Information about the decedent was obtained from the informant listed. Disposition will occur at the time, date, and place and in the manner stated.
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>

Successful Transaction	
Your transaction has been saved successfully.	
Record Details	
Decedent's First Name	NOTSO
Decedent's Last Name	COLD
Date of death	10/29/2024
Record ID	11896769
<input type="button" value="Main Menu"/> <input type="button" value="Repeat Task"/>	

Reminder: Approved records are sent to Funeral Home and to State for review.

State Record Review

Once the record is sent to the State by the funeral home, the State reviews the record. The state can send back the record for corrections before it is filed allowing for less online amendments.



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State Reviews Record

The record is registered when the state approves it.

State Review

☒ Check to decline demographics
☐ Check to decline COD

State Comments

State comments: VERIFY AGE WITH EDUCATION LEVEL (31 / 250)

Filing Information

Out-of-state certificate number
Date of registration
State file number
Volume number
Page number
Delayed death: N
Local registrar list: Select
Local registrar name

View Certificate


View

Previous Next Finish Cancel





- If the state determines that the record needs some revision, they will reject the demographic and/or COD information and may enter the reason on this tab.
- If the COD is rejected, you will see the record on your Declined Cause queue for further action.
- If the demographic information is rejected, you will see the record on your Declined Record queue for further action.



Working with Declined Cause Records

Your records where the state rejected the medical information are placed on your Declined Cause Queue.







Declined Cause ¹

Declined Cause    

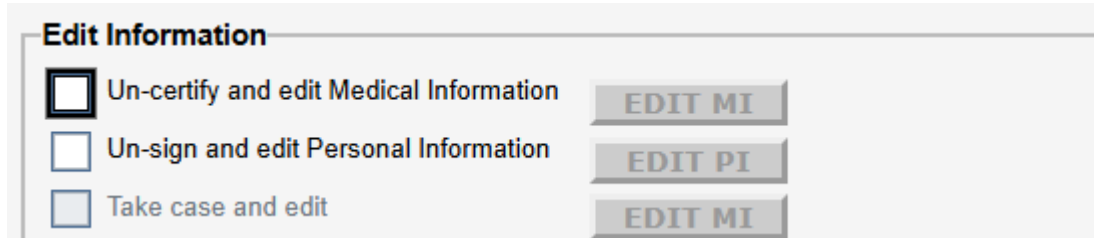
Details	Last Name	First Name	Date of Death	ME Office	ME Declined	State Declined	Action
	<input type="text"/>	<input type="text"/>	02/07/2025	BEAVERHEAD	N	Yes	

1 to 1 of 1

Rows per page:    



Un-Certifying Declined Cause Records



Edit Information

<input checked="" type="checkbox"/> Un-certify and edit Medical Information	EDIT MI
<input type="checkbox"/> Un-sign and edit Personal Information	EDIT PI
<input type="checkbox"/> Take case and edit	EDIT MI

1. Click Un-certify checkbox.
2. Click the Edit MI button. Cause of death fields open so you can modify them.
3. Update and save the record.
4. Certify the revised record.



You can read comments concerning why the record was rejected on Tab 10 State.



Finding and Printing Records

View, Update, and Print



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What You Can Print

- Blank Forms:
 - Full Certificate: Full certificate for manual data collection
 - HIPPA: Top portion of certificate for manual data collection
- Populated Forms:
 - ART Form: Authorization for Removal, Transportation and Final Disposition
 - HIPPA Proof Copy: Top portion of certificate
 - Certificate Copy: Full certificate



How to Print

Blank Forms

- Click blank forms option from the Print submenu.
- Select the one you want to print.
- Generate the document.

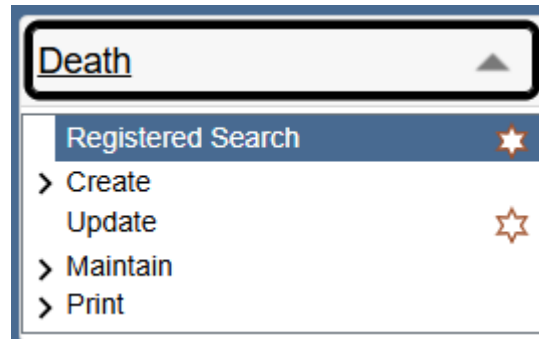
Populated Forms

- Click the name of the form (e.g., Certificate Copy) you want to print from the Print submenu.
- Use the Search page to find the record you want to print on the form.
- Generate the document.



How to Find Records – Registered Search

- On the menu panel select Death
→ Registered Search
- The Search criteria page opens
- Fill in information to allow the system to locate the record



Search Criteria Page

- Search criteria must be entered.
- For date of death:
 - You can enter an exact date of death.
 - Specify a date range.
 - Enter the year.
 - Select the month and enter the year.
- Click Search after entering your criteria.

Death - Registered Search

Record Identifiers State file number <input type="text"/> Death record number <input type="text"/>	Decedent's Sex Sex: <input type="text" value="Select"/>
Decedent's Name First <input type="text"/> Middle <input type="text"/> Last <input type="text"/> <input type="checkbox"/> Soundex on last name	Decedent's Social Security Number SSN <input type="text"/>
Date of Death Date of death (mm/dd/yyyy) <input type="text"/> <input type="text"/> From <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/>	Date of Birth Date of birth <input type="text"/> <input type="text"/>
Month and Year of Death Month: <input type="text" value="Select"/> Year: <input type="text"/>	Location of Death Country of death: <input type="text" value="UNITED STATES"/> States: <input type="text" value="MONTANA"/> County: <input type="text" value="Select"/> City list: <input type="text" value="Select"/> City: <input type="text"/>
Spouse's Name First <input type="text"/> Middle <input type="text"/> Last <input type="text"/>	



Amending Registered Records



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How to Create and Submit an Amendment

1. Navigate to Death → Modify → Submit Amendment.
2. Use the search page to find the record.
3. Click the double arrows on the search results page.
4. Click Continue on the Record Details page to open the form.
5. Make your changes.
6. Click Finish to go to the Record Modify Confirm page.

NOTE: cannot create another amendment if an amendment for the record is already in process.



Record Modify Confirm Page

Record Modify - Confirm

Please confirm that the following changes are correct

Field (DB Name)	Original Value	Changed Value	Remove Change
(AMEND_HISTORY)		02/13/2025 -- AMENDED BY FUNERAL HOME	Remove
Time of death (TOD_4_FD)	01:01	01:15	Remove

Some system columns will be changed. [Show system columns](#)

[Make Another Change](#) [Continue](#) [Cancel Full Transaction](#)

Click Remove if you made a change in error.

If you missed modifying a value, click Make Another Change to return to the record.

If the listed changes are correct, click Continue. The Successful Transaction page opens.

If needed, you can cancel your changes by clicking Cancel Full Transaction.



Successful Transaction Page 2

Successful Transaction	
Your transaction has been saved successfully.	
Record Details	
Decedent's First Name	<input type="text"/>
Decedent's Last Name	<input type="text"/>
Date of death	02/13/2025
Record ID	12151770
State file number	202501-000020
Print Confirmation	
Your actions have triggered the following documents to be printed. Please select all documents you wish to print.	
Death Certificate Proof Copy: <input type="radio"/>	
<input type="button" value="Print"/>	
<input type="button" value="Main Menu"/>	<input type="button" value="Repeat Task"/>



Questions



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