

Electronic Death Registration System

Supplemental Medical Certification



November 2018

Criteria for Filing an Electronic Supplemental Medical Certification

An Electronic Supplemental Medical Certification may be filed if:

- The original death certificate was filed electronically.
- The date of death is on or after January 1, 2016 .
- The record has been on file less than 2 years.
- The certifier who signed the original death certificate electronically is available to sign the electronic Supplemental Medical Certification.
- The demographic information has not been amended by the funeral home.



If all of these criteria are not met, a paper Supplemental Medical Certification must be filed to add or amend the cause of death.

An Electronic Supplemental Medical Certification may be created by:

- Staff at the hospital, nursing home, or inpatient hospice where the decedent died.
- Staff at the hospice who provided care to the decedent.
- Staff at the medical certifier's office.
- The medical certifier who signed the original death certificate electronically.

Locate the Death Certificate

From the EDRS home page, click on **Create** and choose **Supplemental Cause of Death**.



Home Create Search Disable Active Users/Facilities Help/FAQs Logout Main Menu

New Record

Supplemental Cause of Death ←

The system will direct you to the **SEARCH** page to locate the death certificate.

MD, DO, Resident, CRNP, CNM

Coroner/Medical Examiner

Record Type

☒ Submitted/Certified
☐ Supplemental

The certifier may search for the record at All Current Facilities to which he/she has access. It is not necessary to choose a facility.

Facility:

Search By:

☐ Year: County of Death:

☒ Criteria:

Decedent's Last Name ☒ Legal ☐ Medical

Medical Record Number

Social Security Number

Date of Birth - Begin End

Date of Death - Begin End

EDR Record Number

	EDR #	Legal Name	Medical Name	Date of Death	Date of Birth	Status
<input checked="" type="button" value="Select"/>	NXJ10001	Jingle, John J	Jingle, John J	09/15/2018	10/25/1945	FILED PENDING COD

Record Type

☒ Pending/Submitted/Certified
☐ Pending
☐ Submitted/Certified
☐ Abandoned
☐ Supplemental

Search By:

☐ Year: County of Death:

☒ Criteria:

Decedent's Last Name ☒ Legal ☐ Medical

Coroner Record Number

Social Security Number

Date of Birth - Begin End

Date of Death - Begin End

EDR Record Number

	EDR #	Legal Name	Medical Name	Date of Death	Date of Birth	Status
<input checked="" type="button" value="Select"/>	OXJ10011	Record, Next	Record, Next	10/03/2017	03/03/1933	FILED PENDING COD

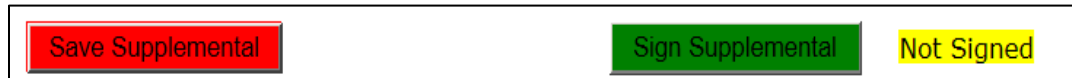
After the search criteria are entered, click on **Search**. Click on **Select** to retrieve the death record.

Create the Supplemental

When the death record is retrieved, click on the yellow Supplemental Causes tab.



1. Complete the Supplemental Causes page as you would the Cause of Death page.
2. Click on **Save Supplemental**. The Supplemental is created after saving the record.
3. Click on **Sign Supplemental** to submit the Supplemental for filing .



1. If you are completing the Supplemental on behalf of the certifier, notify the certifier that the Supplemental is ready to be signed.
2. The medical certifier who signed the original death certificate electronically must sign the electronic Supplemental.
3. Record Actions cannot be used for notification with a Supplemental Medical Certification.

Void a Supplemental

A Supplemental can be voided for any reason before it is filed.
To have a Supplemental voided, call **334-206-2637**.

Create Additional Supplementals

1. All Supplementals created for a specific death certificate can be viewed from the **Supplemental Version** drop down list.
2. Once the Supplemental is filed, another Supplemental must be completed to correct errors.
3. When an additional Supplemental must be created, click on **New** on the Supplemental Causes tab.
4. A maximum of 5 Supplementals (including Voids) can be added to a death certificate.

The screenshot shows the 'Supplemental Causes' tab in a software interface. At the top, there is a navigation bar with tabs: 'Deceased', 'Personal Info', 'Personal Info 2', 'Place of Death/Disposition', 'Notes', 'Cause of Death', 'Alias', and 'Supplemental Causes'. Below the navigation bar, there is a section labeled 'Supplemental Version:' followed by a dropdown menu currently showing '3 - 10/11/2017 - Voided'. Below this, there is a green button labeled 'New' with an arrow pointing to it from the right.

A Supplemental cannot be created if one is already Pending Signature or Processing.

The screenshot shows the 'Supplemental Causes' tab. The 'Supplemental Version' dropdown menu is set to '1 - 10/11/2017 - Processing'. Below the dropdown, there is a red text message: 'Electronic Death Supplemental already in Process' with an arrow pointing to it from the right.

When an amendment to the death certificate has already been filed, the Supplemental must be completed with a paper form.

The screenshot shows the 'Supplemental Causes' tab. The 'Supplemental Version' dropdown menu is empty. Below the dropdown, there is a red text message: 'The record has been Amended. File Supplemental by Paper.' with an arrow pointing to it from the right.

Electronic Supplemental Email System

Email communication between the certifier and the Center for Health Statistics is available through the Notes page of the death certificate once the Supplemental is saved. If the certifier creates a message in Notes regarding the Supplemental, an email notification will be sent to designated staff at the Center for Health Statistics.

Message from Certifier to the Center for Health Statistics

The screenshot shows a web application interface with a horizontal tab bar at the top. The tabs are: 'Deceased' (purple), 'Personal Info' (green), 'Personal Info 2' (orange), 'Place of Death/Disposition' (blue), 'Notes' (yellow, currently selected), 'Cause of Death' (red), 'Alias' (grey), and 'Supplemental Causes' (light green). Below the tabs, the 'NOTES' section is displayed. It has a title 'NOTES' in blue and a subtitle 'Notes Currently in the system for Deceased:'. Below this is a large yellow rectangular area for viewing notes. At the bottom of the notes section is a text input field with the placeholder text 'Enter New Comments or Notes Below:'. Below the input field is a button labeled 'Save Note And Email Alabama Center for Health Statistics'. Three arrows point to specific elements: one points to the 'Notes' tab, one points to the text input field, and one points to the 'Save Note And Email Alabama Center for Health Statistics' button.

Deceased Personal Info Personal Info 2 Place of Death/Disposition **Notes** Cause of Death Alias Supplemental Causes

NOTES
Notes Currently in the system for Deceased:

Enter New Comments or Notes Below:

Enter the information that you need to send to the Center for Health Statistics here. This information is not included in the email for privacy reasons, and can only be viewed on the Notes page.

Save Note And Email Alabama Center for Health Statistics

Electronic Supplemental Email System

Message from the Center for Health Statistics to Certifier

When staff at the Center for Health Statistics communicates with the certifier using Notes, the certifier will receive an email notification.



Message Pending - EDRS Supplemental
ADPH_VitalStatistics to:

REFERENCE RECORD NO: : NXJ10007

COMMENTS: Please see the notes section of the death record. If you have any questions please call CHS at (334) 206-2637.

Voided Record

When staff at the Center for Health Statistics determines that a Supplemental must be voided, the certifier will receive an email notification.



Supplemental Alert - VOIDED Record
ADPH_VitalStatistics to:

11/05/2018

REFERENCE RECORD NO: : NXJ10009

COMMENTS: Case Number NXJ10009 Supplemental Version: 1

The medical supplemental has been voided. Please see the notes section of the death record. If you have any questions please call CHS at (334) 206-2637.

EDRS Home Page – Death Certificates

Status of Recent Signed and Submitted Death Record Certificates								
	EDR #	Legal Name	Medical Name	Date of Death	Birth Date	Sex	County of Death	Certificate Status
Select	NXJ10012	Bacon, Chris P	Bacon, Chris P	10/19/2018	11/25/1936	M	Mobile	PROCESSING
Select	NXJ10009	Bama, Al A	Bama, Al A	10/01/2018	01/15/1965	M	Mobile	FILED
Select	NXJ10007	Champion, Essie C	Champion, Essie C	10/03/2018	03/15/1955	F	Mobile	FILED
Select	NXJ10006	Jingle, John Jacob	Jingle, John Jacob	10/01/2018	06/22/1942	M	Mobile	FILED PENDING COD

The **Status of Recent Signed and Submitted Death Record Certificates** grid provides a detailed description of the certificate status.

1. Processing – The death certificate is waiting to be filed.
2. Filed – The certificate is on file and ready for issuance.
3. Filed Pending COD – The certificate is on file and ready for issuance, but the cause of death is pending.
4. Under CHS Review – The certificate is under review for an edit that must be cleared by the Center for Health Statistics.

NOTE: A filed certificate will remain on the home page for 7 days after filing.

EDRS Home Page - Supplementals

Supplemental Cause of Death Records										
	EDR #	Legal Name	Medical Name	Date of Death	Birth Date	Sex	County of Death	Certifier Signed	Medical Errors	Supplemental Status
Select	NXJ10006	Jingle, John Jacob	Jingle, John Jacob	10/01/2018	06/22/1942	M	Mobile	X		FILED
Select	NXJ10007	Champion, Essie C	Champion, Essie C	10/03/2018	03/15/1955	F	Mobile			PENDING SIGNATURE
Select	NXJ10009	Bama, Al A	Bama, Al A	10/01/2018	01/15/1965	M	Mobile			PENDING SIGNATURE
Select	NXJ10010	Bacon, Chris P	Bacon, Chris P	10/19/2018	11/25/1936	M	Talladega	X		PROCESSING

The **Supplemental Cause of Death Records** grid will appear when a Supplemental Medical Certification has been created for a death certificate which was filed by your facility. The grid will appear for all facilities associated with the decedent's death certificate regardless of who created the Supplemental.

1. Pending Signature – The Supplemental has been created and saved, but not signed.
2. Processing – The Supplemental has been signed and waiting to be filed.
3. Filed – The Supplemental is on file with the death certificate and ready for issuance. The Supplemental will remain on the home page for 7 days after filing.

Status

The Status page of the decedent record shows the status for the original death record and also for Supplementals.

VIEW RECORD STATUS			
Peppermint Patty			
Original Record <input type="button" value="v"/>			
	Date	User	Facility
Death Record Created:	10/11/2017	Joan Styres	Leak-Memory Chapel Funeral Home
Legal Data Last Save:	10/11/2017	Joan Styres	Leak-Memory Chapel Funeral Home
Medical Data Last Save:	10/11/2017	Joan Styres	Crimson Urgent Care
Certified:	10/11/2017	Joan Styres	Crimson Urgent Care
Signed:	10/11/2017	Joan Styres	Leak-Memory Chapel Funeral Home
Certificate Status:	FILED PENDING COD		
Certificate Submitted:	10/11/2017		
Certificate Filed:	10/11/2017		

VIEW RECORD STATUS			
Peppermint Patty			
Supplemental Cause of Death - 1 <input type="button" value="v"/>			
	Date	User	Facility
Supplemental Created:	10/11/2017	Joan Styres	Crimson Urgent Care
Supplemental Last Save:	10/11/2017	Joan Styres	Crimson Urgent Care
Supplemental Certified:	10/11/2017	Joan Styres	Crimson Urgent Care
Supplemental Status:	PROCESSING		
Supplemental Submitted:	10/11/2017		
Supplemental Filed:			

Search

The Search page allows the search for a Supplemental in addition to the original death certificate.

Record Type
☐ Pending/Submitted/Certified
☐ Pending
☒ Submitted/Certified
☐ Abandoned
☐ Supplemental

	EDR #	Legal Name	Medical Name	Date of Death	Date of Birth	Status
Select	NXJ10012	Bacon, Chris P	Bacon, Chris P	10/19/2018	11/25/1936	FILED PENDING COD
Select	NXJ10007	Champion, Essie C	Champion, Essie C	10/03/2018	03/15/1955	FILED

Record Type
☐ Pending/Submitted/Certified
☐ Pending
☐ Submitted/Certified
☐ Abandoned
☒ Supplemental

	EDR #	Legal Name	Medical Name	Date of Death	Date of Birth	Status
Select	NXJ10010	Bacon, Chris P	Bacon, Chris P	10/19/2018	11/25/1936	PROCESSING
Select	NXJ10009	Bama, Al A	Bama, Al A	10/01/2018	01/15/1965	PENDING SIGNATURE
Select	NXJ10007	Champion, Essie C	Champion, Essie C	10/03/2018	03/15/1955	PENDING SIGNATURE
Select	NXJ10006	Jingle, John Jacob	Jingle, John Jacob	10/01/2018	06/22/1942	FILED

Alabama Medical Certification Review Form

1. Click on **Forms**.
2. Select Medical Information to display the information from the original death certificate.
3. To view the information from a Supplemental, use **Select Supplemental to Display**.
4. The system generates a PDF which can be printed and reviewed prior to signing the medical certification.

Home	Death Record	Validations	Record Actions	Status	Forms	Help/FAQs	Logout
ALABAMA MEDICAL CERTIFICATION REVIEW FORM							
<p>EVERS EDR Forms</p> <p>Verification of Personal Information</p> <p>Application for Death Certificate</p> <p>Authorization for Out-of-State Disposition</p> <p>Cremation/Burial at Sea Authorization</p> <p>Letter of Non-Contagion</p> <p>Notice of Disinterment</p> <p>Medical Information</p> <p>Select Supplemental to Display:</p> <p>Select One 1 - 10/19/2018 - Filed</p>		<p>Medical Name of Deceased: Essie C Champion</p> <p>Alias Names (AKA) if any:</p> <p>Date & Time of Death: 10/03/2018 0325 Military</p> <p>Date & Time Pronounced Dead (Coroner/ME):</p> <p>County of Death: Mobile County Place of Death: Mobile Infirmary Medical Center</p> <p>City/Town or Location: Mobile Inside City Limits: Yes</p> <p>Cause(s) of Death:</p> <p>A. <u>Immediate Cause</u> (Final disease or condition resulting in death): <u>Approximate Interval Between Onset and Death</u></p> <p>Diabetes years</p> <p>B. <u>Underlying Cause</u> (Due to or as a consequence of): <u>Approximate Interval Between Onset and Death</u></p> <p>C. <u>Underlying Cause</u> (Due to or as a consequence of): <u>Approximate Interval Between Onset and Death</u></p> <p>D. <u>Underlying Cause</u> (Due to or as a consequence of): <u>Approximate Interval Between Onset and Death</u></p> <p>Other Significant Conditions (Contributing to death but not resulting in the underlying cause(s) above):</p> <p>Manner of Death: Natural Cause</p> <p>Autopsy: No If yes, were findings considered in determining cause:</p> <p>Toxicology: No If yes, were findings considered in determining cause:</p> <p>Did tobacco use contribute to the death: No</p> <p>Transportation accident: Transportation Location:</p> <p>Pregnancy: Not Pregnant Within The Past Year</p> <p>How injury occurred:</p> <p>Date and Hour of Injury: Injury at work:</p> <p>Place of injury: Location of injury:</p> <p>Name and Title of Person Completing Cause of Death: Joan Styres</p> <p>Address of Person Completing Cause of Death: 5 Mobile Infirmary Circle Mobile Alabama 36652</p> <p>Certifier License Number: 1-12345</p> <p>The above information will be reported on the decedent's death certificate. This form is for review purposes only and may not be used for any purpose where a certified copy of the death certificate is required.</p>					

Supplemental Medical Certification

This form is used when the Supplemental Medical Certification cannot be filed electronically. To order the form, call the Center for Health Statistics at **334-206-5426**.

SUPPLEMENTAL MEDICAL CERTIFICATION REQUEST FORM

This form should be used when the Medical Certification on the death certificate was not completed due to **AUTOPSY PENDING, OTHER PENDING SITUATIONS or TO CHANGE THE CERTIFICATION ORIGINALLY PROVIDED** on the death certificate.

An image of this Medical Certification, exactly as it is completed, will be incorporated into the death certificate as an attached supplemental form. The information already on the death certificate will not be removed but will be lined through. Therefore, **the entire Medical Certification section below must be completed**, not just changed or information corrected.

The Medical Certification below should be completed as soon as possible by the physician, coroner or medical examiner who originally signed the death certificate.

INSTRUCTIONS: Please provide the name of the deceased, the date of death and the county of death. Please be as specific as possible in recording the cause(s) of death and other medical information. **Be sure to complete the manner of death.** Please **SIGN** and **DATE** the Medical Certification. If you have questions or need assistance, please call (334) 206-2641.

Mail to: **Center for Health Statistics, P.O. Box 5625, Montgomery, AL 36103-5625**

DECEASED Name: _____ (PLEASE TYPE OR PRINT)	
Date of Death: _____	County of Death: _____

CERTIFIER INFORMATION Name: _____ (PLEASE TYPE OR PRINT)	
Title: _____	Phone: _____

SAMPLE

ADPH-HS-90/Rev.020916

MEDICAL CERTIFICATION

PART I. CAUSE OF DEATH 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. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): _____ Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of): _____ c. _____ Due to (or as a consequence of): _____ d. _____		Approximate interval: Onset to death: _____ _____ _____ _____
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined
DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
DATE OF INJURY (Month, Day, Year) _____	TIME OF INJURY _____	PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) _____
LOCATION OF INJURY: (Street or R.F.D. No., City or Town, County, State) _____		INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
DESCRIBE HOW INJURY OCCURRED: _____		IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____
AUTOPSY/TOXICOLOGY PERFORMED? Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Toxicology <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		WERE FINDINGS CONSIDERED? Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No Toxicology <input type="checkbox"/> Yes <input type="checkbox"/> No

_____ SIGNATURE OF CERTIFIER	_____ DATE SIGNED
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Need Assistance?



For assistance with Supplemental Medical Certifications, call the Special Services Division at **334-206-2637**.