

VIRGINIA DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS

**ELECTRONIC DEATH REGISTRATION SYSTEM (EDRS) USER  
MANUAL FOR  
OFFICE OF DECEDENT AFFAIRS**

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## 1. GETTING INTO THE EDRS

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### **STEP 1.**

Once you have launched the EDRS using the URL provided to you, you will see a pop-up box to enter your user name and password to log in to the application. (See illustration below)

A screenshot of the login interface for the Virginia Vital Events And Screening Tracking System (VVESTS). The title "Virginia Vital Events And Screening Tracking System(VVESTS)" is centered at the top. Below the title are two input fields: "Username" with a person icon and "Password" with a masked password icon. A large blue "Login" button is positioned below the fields. At the bottom right of the form, there is a blue hyperlink that says "Forgot your password?".

**Warning:** This system is for official Virginia Department of Health use and may only be accessed by users that are currently authorized by the Division of Vital Records and Division of Child and Adolescent Health. Unauthorized use, access or modification of this system or any data stored within is a criminally prosecutable offense. Any attempts at unauthorized access or data editing are logged and strictly prohibited. All usage of this system is monitored and audited, and, by accessing this system, all users consent to these activities.

**Contact Us:** For all EDRS, EBC and VISITS related queries, please contact the Help Desk at E-mail - [webappshelp@vdh.virginia.gov](mailto:webappshelp@vdh.virginia.gov); or call us at (804) 864 - 7200 and select option 2; FAX - (804) 864 - 7155.

Enter your username and password and click OK.

### **STEP 2.**

You may view your messages in the inbox displayed on the resulting screen. Click on Continue to navigate to the next screen. In order to delete the messages from your inbox, simply check the box next to the message that you wish to delete and click on Continue.

### Virginia Vital Events And Screening Tracking System

**New Messages**

Please check the box to acknowledge each message and click Continue button to continue to the application

	From	Subject	Date Received
<input type="checkbox"/>	Stmary_Ph_1, Stmary_Ph_1 (BON SECOURS ST. MARY'S HOSPITAL)	Case No. 431 has been accepted by BON SECOURS ST. MARY'S HOSPITAL	07/10/2014
	Case No. 431 for CARL GALLUP has been accepted by BON SECOURS ST. MARY'S HOSPITAL. Please view your active cases list to monitor the most recent status of this case.		
<input type="checkbox"/>	Stmary_Ph_1, Stmary_Ph_1 (BON SECOURS ST. MARY'S HOSPITAL)	Medical Certification completed for Case No. 431	07/10/2014
	Dr.STMARY_PH_1, STMARY_PH_1 has certified the Case No. 431 for CARL GALLUP.		
<input type="checkbox"/>	Diman, Krystina (MORRISSETT FUNERAL HOME AND CREMATION SERVICE)	Out of State Transit Permit approval Requested for Case No. 95	07/10/2014
	MORRISSETT FUNERAL HOME AND CREMATION SERVICE has submitted an Out of State Transit Permit for your approval for Case No. 95 for CHRISTY COLES. The permit is now available for your review.		
<input type="checkbox"/>	Totman, Jane (METROPOLITAN FUNERAL SERVICE INC.)	Out of State Transit Permit approval Requested for Case No. 327	07/10/2014
	METROPOLITAN FUNERAL SERVICE INC. has submitted an Out of State Transit Permit for your approval for Case No. 327 for KHAL DROGO. The permit is now available for your review.		
<input type="checkbox"/>	Vr_User_1, Vr_User_1 (VITAL RECORDS)	State File Number assigned for Case No. 431	07/10/2014
	A State File Number has been assigned to Case No. 431 for CARL GALLUP by the Division of Vital Records		
<input type="checkbox"/>	Baker, Tyra (CHINN FUNERAL SERVICE)	Out of State Transit Permit approval Requested for Case No. 440	07/10/2014
	CHINN FUNERAL SERVICE has submitted an Out of State Transit Permit for your approval for Case No. 440 for SAMUEL BELL. The permit is now available for your review.		



[HELP](#)

EBLNML

**STEP 3.**

The next screen is the Virginia Vital Events and Screenings Tracking System Screen Menu with all the modules. Based on your role, you will only have access to the EDRS. Click on the EDRS module to continue.

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### Virginia Vital Events And Screening Tracking System

Birth Certificate Reporting

Certifiable

Correspondence Tracking System

Virginia Infant Screening and Infant Tracking System

Electronic Death Registration System

Maintenance

[Messages\(6New\)](#)

[Password Reset](#)

[Application Assistant](#)

[Logout](#)

If you need VDH application support, please send your request via email to [aim\\_webapps@vdh.virginia.gov](mailto:aim_webapps@vdh.virginia.gov) or call us at 804-864-7200 and select option 2, FAX - 804-864-7155.

**Warning:** This system is for official Virginia Department of Health use and may only be accessed by users that are currently authorized by the Division of Vital Records and Division of Child and Adolescent Health. Unauthorized use, access or modification of this system or any data stored within is a criminally prosecutable offense. Any attempts at unauthorized access or data editing are logged and strictly prohibited. All usage of this system is monitored and audited, and, by accessing this system, all users consent to these activities.

[HELP](#)

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The resulting screen is the **EDRS Home** screen.

## Death Registration Menu

- Create Case
- Active Cases
- Completed Cases
- Fetal Death Assignments
- Release Decedent
- Reports/Extracts
- User Preferences
- Message Center(2)
- EDRS Menu
- VVESTS Menu
- Logout

Recent Active Cases-(HOSP_DA, HOSP_OFFICE)							
Case ID	Case Type	Decedent Name [First,Middle,Last]	Gender	DOB	DOD	Current Owner	Status
4884	Green Border	RITA, CHENG	FEMALE	01/01/2010	01/01/2014	PHYS_IC (BON SECOURS ST. MARY'S HOSPITAL)	Medical Certification In-progress
4583	RB - OCME	SSSSS, SSS, AASAS	MALE		02/01/2014	XYZ GREATER RICHMOND HOSPITAL	Dropped to Paper
4448	Green Border	ASDASD, ASDASD, ASDSAD	MALE			XYZ GREATER RICHMOND HOSPITAL	Case Creation
4447	Green Border	SDCFDSF, SDFDF, ASDSAD	MALE			XYZ GREATER RICHMOND HOSPITAL	Case Creation
4446	Green Border	JENNY, RANDALL	FEMALE	02/15/1980	04/05/2014	OCME - CENTRAL DISTRICT	Medical Certification Requested
4445	Green Border	POOL1, POOL1	MALE		01/01/2014	MED_DOC2 (XYZ GREATER RICHMOND HOSPITAL)	Medical Information Certified
4444	Green Border	DOC2, DOC2, DOC2	MALE		05/01/2013	MED_DOC1 (XYZ GREATER RICHMOND HOSPITAL)	Medical Information Certified
4443	Green Border	DOC1, DOC1, DOC1	NOT DETERMINED			MED_DOC1 (XYZ GREATER RICHMOND HOSPITAL)	Medical Certification In-progress
4423	Green Border	ASDASD, ASDSADD	MALE			XYZ GREATER RICHMOND HOSPITAL	Medical Certification In-progress
4286	Green Border	LEENA, JOSE	FEMALE		02/10/2014	MED_DOC2 (XYZ GREATER RICHMOND HOSPITAL)	Medical Certification In-progress

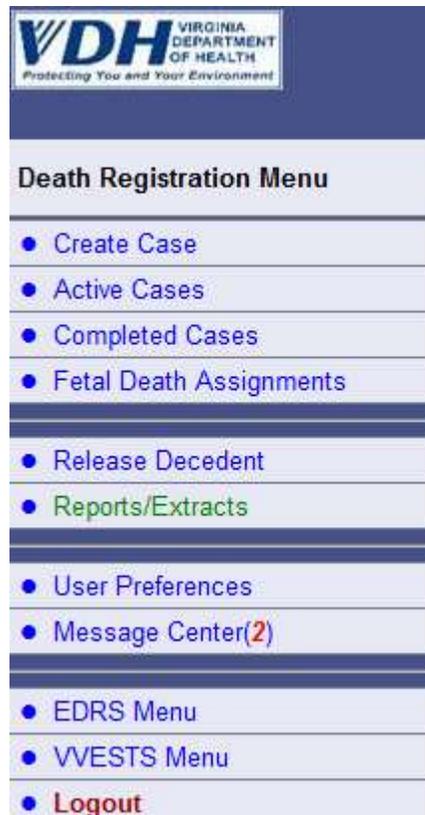
1 - 10 of 31 Click Active Cases for Complete list

[EDVHOM](#)

## 2. THE BASICS

### 2.1. THE NAVIGATION BAR -

To the left of the screen is the Navigation Bar which houses various links allowing you to move around in the system. This Navigation Bar is very dynamic in nature and will change from user to user based on what roles a user has.



## 2.2. SETTING USER PREFERENCES –

Click on the user preferences link in the navigation bar. On the resulting screen, you may enter up to three e-mail addresses to receive notifications pertaining to cases in your facility. You may also choose the type of notifications you wish to receive.

## 3. HOW TO CREATE A CASE?

### 3.1. BEGIN CREATION

- A Natural Death or Non-ME (green border) case may be created by the Office of Decedent Affairs. To begin creating a case, click on the “Create Case” link in the left navigation bar.

Case ID	Case type	Decedent Name [First,Middle,Last]	Gender	DOB	DOD	Current Owner	Status
4884	Green Border	RITA, CHENG	FEMALE	01/01/2010	01/01/2014	PHYS_MC (BON SECOURS ST. MARY'S HOSPITAL)	Medical Certification In-progress
4583	Green Border	SSSSS, SSS, AASAS	MALE		02/01/2014	XYZ GREATER RICHMOND HOSPITAL	Dropped to Paper
4448	Green Border	ASDASD, ASDASD, ASDSAD	MALE			XYZ GREATER RICHMOND HOSPITAL	Case Creation
4447	Green Border	SDCFDSF, SDFDF, ASDSAD	MALE			XYZ GREATER RICHMOND HOSPITAL	Case Creation
4446	Green Border	JENNY, RANDALL	FEMALE	02/15/1980	04/05/2014	OCME - CENTRAL DISTRICT	Medical Certification Requested
4445	Green Border	POOL1, POOL1	MALE		01/01/2014	MED_DOC2 (XYZ GREATER RICHMOND HOSPITAL)	Medical Information Certified
4444	Green Border	DOC2, DOC2, DOC2	MALE		05/01/2013	MED_DOC1 (XYZ GREATER RICHMOND HOSPITAL)	Medical Information Certified
4443	Green Border	DOC1, DOC1, DOC1	NOT DETERMINED			MED_DOC1 (XYZ GREATER RICHMOND HOSPITAL)	Medical Certification In-progress
4423	Green Border	ASDASD, ASDSADD	MALE			XYZ GREATER RICHMOND HOSPITAL	Medical Certification In-progress
4286	Green Border	LEENA, JOSE	FEMALE		02/10/2014	MED_DOC2 (XYZ GREATER RICHMOND HOSPITAL)	Medical Certification In-progress

- All case creations must begin with a search for the decedent in the system. In order to search, enter all information known about the decedent. Click on Query.

- If no case was found matching your search criteria, click on the New Case button at the bottom of the page.

### 3.2. DECEDENT DEMOGRAPHICS

#### 3.2.1. DECEDENT INFORMATION

- The decedent’s demographic information is the responsibility of the Funeral Homes. Enter as much of the decedent’s demographic information as you can, at a minimum you must enter the decedent’s **First Name, Last Name, Gender, and the Date of Death**. Enter this information and click on the save button at the bottom of the page.

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**Electronic Death Registration System**

User: Staff Da\_Group(DA\_STAFF)  
Facility: Xyz Greater Richmond Hospital

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**Death Registration Menu** | **Decedent Information**

**Demographics**

- Decedent Information
- Decedent Residence
- Decedent Personal Data
- Decedent Family
- Informant Data
- Disposition
- eSignature
- Request MC
- ▼ **Medical Certification**
- Case Validation
- Case Summary
- Case Comments
- Preview Certificate
- Create/Print Forms
- EDRS Menu
- Logout

**Decedent Information**

First Name:  Middle Name:  Last Name:  Maiden Name:  Suffix:

Gender:  Date of Birth:  (mm/dd/yyyy) Date of Death:  (mm/dd/yyyy) Was Decedent ever in Armed Forces?:

Also Known As (A. K. A.):  [Add](#)

Age at Time of Death: Years:  OR Months/Days:  OR If under 1 day: Hours/Minutes:

Place of Birth: US State of Birth:  OR Foreign Country of Birth:

Social Security Number:  -  -

OR

Available  None  Unknown  Not Obtainable

INFORMATION ENTERED AS  
SEARCH CRITERIA IS  
PREPOPULATED

[EDIDEC](#)

- Once saved, by using the link in the left navigation bar click on Medical Certification, then click on Determination of Death.

**Death Registration Menu**

- ▼ **Demographics**
- ▲ **Medical Certification**
- **Determination of Death**
- Cause of Death
- Other Factors
- Certification
- Assign to Funeral Home
- Case Validation
- Case Summary
- Case Comments
- Preview Certificate
- Create/Print Forms
- EDRS Menu
- Logout

**Determination of Death**

Date of Death:  (mm/dd/yy)

Was Medical Examiner C:

**Note: You don't have upda**

### 3.3. MEDICAL INFORMATION

The medical information may be entered by a user of the Decedent Affairs group or by a Physicians' staff member. The medical information may also be entered by the physician during the completion of the medical certification.

#### 3.3.1. DETERMINATION OF DEATH

Enter all information in the Determination of Death Screen. This screen will allow you to enter the date and time of death, as well as, choose whether the date and time of death were - **actual, approximate, presumed, or found on.** (See illustrations below)

Determination of Death		Case#: 454; Decedent: GRISHAM,JOHN	
Date of Death: 05/05/2014 (mm/dd/yyyy)	Date of Death Modifier: [Dropdown]	Time of Death: 12:00 AM	Time of Death Modifier: [Dropdown]
Was Medical Examiner Contacted?: [Dropdown]	[Dropdown] Actual Date Of Death Approximate Date of Death Presumed Date of Death Date Found On		
[Save] [Undo] [Previous] [Next]			

[EDUDED](#)

Determination of Death		Case#: 454; Decedent: GRISHAM,JOHN	
Date of Death: 05/05/2014 (mm/dd/yyyy)	Date of Death Modifier: [Dropdown]	Time of Death: 12:00 AM	Time of Death Modifier: [Dropdown] Actual Time Of Death Approximate Time of Death Presumed Time of Death Time Found On Unknown Time of Death
Was Medical Examiner Contacted?: [Dropdown]			
[Save] [Undo] [Previous] [Next]			

[EDUDED](#)

Save the information and navigate to the next screen. This will take you to the CAUSE OF DEATH screen.

### 3.3.2. CAUSE OF DEATH

Below is an illustration of the Cause of Death screen.

Cause of Death
Case#: 454; Decedent: GRISHAM,JOHN

[NCHS Recommendations for entry of Cause of Death](#)  
 Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on a line.

Check if Cause of Death has not yet been determined or is PENDING

	Cause of Death	Interval between Onset and Death
Line(a)	Immediate Cause (Final disease or condition resulting in death) <input style="width: 95%; height: 20px;" type="text"/> <small>Maximum Text Length: 120 Characters Left: 120</small>	<input style="width: 95%; height: 20px;" type="text"/>
Line(b)	Due or as a consequence of <input style="width: 95%; height: 20px;" type="text"/> <small>Maximum Text Length: 120 Characters Left: 120</small>	<input style="width: 95%; height: 20px;" type="text"/>
Line(c)	Due or as a consequence of <input style="width: 95%; height: 20px;" type="text"/> <small>Maximum Text Length: 120 Characters Left: 120</small>	<input style="width: 95%; height: 20px;" type="text"/>
Line(d)	Due or as a consequence of <input style="width: 95%; height: 20px;" type="text"/> <small>Maximum Text Length: 120 Characters Left: 120</small>	<input style="width: 95%; height: 20px;" type="text"/>
	Other Significant Conditions <input style="width: 95%; height: 40px;" type="text"/> <small>Maximum Text Length: 240 Characters Left: 240</small>	

Save
Undo
Previous
Next

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- For pending cause of death, check the pending checkbox. This will populate Line(a) with the word "PENDING" un-checking the checkbox will remove the word PENDING.

Check if Cause of Death has not yet been determined or is PENDING

	Cause of Death	
Line(a)	Immediate Cause (Final disease or condition resulting in death) PENDING	
Line(b)	Due or as a consequence of <input style="width: 95%; height: 20px;" type="text"/>	
Line(c)	Due or as a consequence of <input style="width: 95%; height: 20px;" type="text"/>	
Line(d)	Due or as a consequence of <input style="width: 95%; height: 20px;" type="text"/>	
	Other Significant Conditions <input style="width: 95%; height: 40px;" type="text"/>	

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### 3.3.2.1. VIEWS (CDC) CAUSE OF DEATH VALIDATION

- Misspelling a cause of death (medical term) will give you a warning in sync with the web service provided by the Center for Disease Control (CDC). (See illustration below, *TUBERCULOSIS* has been misspelled as *T.U.B.E.R.C.L.O.S.I.S*)

The Center for Disease Control (CDC) ran a check on the cause of death that you have entered, and recommended some changes. Please point or click your mouse at the text in RED inside or below the Cause of Death fields to learn more.

Changes are saved successfully. !

[NCHS Recommendations for entry of Cause of Death](#)  
 Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on a line.

Check if Cause of Death has not yet been determined or is PENDING

Cause of Death		Interval between Onset and Death
Line(a) Immediate Cause (Final disease or condition resulting in death) tuberculosis Maximum Text Length: 120 Characters Left: 109		
Line(b) Due or as a consequence of Maximum Text Length: 120 Characters Left: 120		
Line(c) Due or as a consequence of Maximum Text Length: 120 Characters Left: 120		
Line(d) Due or as a consequence of Maximum Text Length: 120 Characters Left: 120		
Other Significant Conditions Maximum Text Length: 240 Characters Left: 240		

Save Undo Previous Next

- Place your mouse over the misspelled word to get a recommendation from this CDC web service and click on the appropriate recommendation to rectify the mistake.

The Center for Disease Control (CDC) ran a check on the cause of death that you have entered, and recommended some changes. Please point or click your mouse at the text in RED inside or below the Cause of Death fields to learn more.

Changes are saved successfully. !

[NCHS Recommendations for entry of Cause of Death](#)  
 Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on a line.

Check if Cause of Death has not yet been determined or is PENDING

Cause of Death		Interval between Onset and Death
Line(a) Immediate Cause (Final disease or condition resulting in death) tuberculosis Maximum Text Length: 120 Characters Left: 109		
Line(b) Due or as a consequence of Maximum Text Length: 120 Characters Left: 120		
Line(c) Due or as a consequence of Maximum Text Length: 120 Characters Left: 120		
Line(d) Due or as a consequence of Maximum Text Length: 120 Characters Left: 120		
Other Significant Conditions Maximum Text Length: 240 Characters Left: 240		

Save Undo Previous Next

### 3.3.3. OTHER FACTORS

- The next screen would be the Other Factors screen where you may enter the following information about the decedent – Autopsy information, tobacco usage, pregnancy status, external factors to cause of death and manner of death.

- If an autopsy was not performed, the question relating to autopsy findings will be disabled (denoted by a light gray arrow for the dropdown list).

Was an autopsy performed?

Were autopsy findings available prior to completion of the cause of death?

- If the decedent was a male, the pregnancy question will be disabled (denoted by a light gray arrow for the dropdown list).

If decedent was FEMALE, enter the pregnancy status

- One of the following manners of death must be selected.

- Natural Causes
- Pending

- If you are a user from the Office of the Decedent Affairs creating the case or are creating the case as a Physicians' staff member, the NEXT Button will be disabled. If you are the Physician entering medical information for the case on the OTHER FACTORS screen, the NEXT button will be enabled.

This completes the process of **creating** a case in the System.

## 4. REQUESTING MEDICAL CERTIFICATION

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- Once a user has created a case in the EDRS, you must, as Decedent Affairs User or a Physicians Staff member request Medical Certification from the physician.

- Begin by clicking on the REQUEST MC link in the left navigation bar. You may need to expand the demographics grouping in case you cannot see the REQUEST MC Link.



- The following screen will appear for you to select whether you are transferring the case to a Physicians' pool or to one specific physician.

Medical Certification Case#: 5005; Decedent: JOHN, GRISHAM

**SELECT A MEDICAL CERTIFIER FROM XYZ GREATER RICHMOND HOSPITAL**

ASSIGN CASE TO MEDICAL DOCTOR'S POOL

ASSIGN CASE TO INDIVIDUAL MEDICAL DOCTOR

[EDIRBT](#)

- Make the appropriate/desired selection. Click on the SUBMIT Button to continue requesting medical certification.

## 5. ASSIGNING A CASE TO A FUNERAL HOME

- In order to associate a funeral home with a case, begin by clicking on the ASSIGN TO FUNERAL HOME link in the left navigation bar. This link will only be activated once you have selected the case from your ACTIVE CASES list.
- The ASSIGN TO FUNERAL HOME link is grouped under the Medical Certification link in the left navigation bar.

Death Registration Menu	Case Summary
▼ Demographics	
▲ <b>Medical Certification</b>	
● Place of Death	
● Determination of Death	
● Cause of Death	
● Other Factors	
● Certification	
● <b>Assign to Funeral Home</b>	
	Case Id:
	Demographics Stat
	Medical Certificatio
	Current Status:
	SSN Verification Sta
	Date Created:



- Perform a simple search for the desired funeral home on the screen resulting from the prior step.

Death Registration Menu	Search Funeral Home	Case#: 454; Decedent: JOHN, GRISH
▼ Demographics	Search for the Funeral Homes	
▲ <b>Medical Certification</b>	Funeral Home Name <input type="text"/>	
● Place of Death	City <input type="text"/>	
● Determination of Death	Zip <input type="text"/>	
● Cause of Death	State <input type="text" value="Virginia"/>	
● Other Factors	<input type="button" value="Search Funeral Homes"/>	
● Certification		
● <b>Assign to Funeral Home</b>		
● Case Validation		
● Case Summary		
● Case Comments		
● Case Events		
● Preview Certificate		
● Create/Print Forms		
● EDRS Menu		
● Logout		

[EDQAFH](#)

- Select the desired funeral home by clicking on the SELECT button corresponding to the funeral home in the list.

List of Funeral Homes					
Funeral Home	Address	City	Zip	State	
A.L. BENNETT & SON FUNERAL HOME, INC.	200 BUTTERNUT DRIVE	FREDERICKSBURG		VA	Select
ABRAHAM APPLEWHITE AND SON'S FUNERAL HOME	540 EAST CONSTANCE ROAD P. O. BOX 679	SUFFOLK	23434	VA	Select
ACCESS TRANSPORTATION CORPORATION	ACCESS TRANSPORTATION CORPORATION 5 GIBBS COURT	HAMPTON	23664	VA	Select
ADAMS-GREEN FUNERAL HOME, LLC	721 ELDEN STREET	HERNDON	20172	VA	Select
ADEN MUSLIM FUNERAL SERVICES	1242 EASY STREET	WOODBIDGE	22191	VA	Select
ADVENT FUNERAL AND CREMATION SERVICES	7211 LEE HIGHWAY	FALLS CHURCH	22046	VA	Select
ALFIRDAUS JINNAZA SERVICES, LLC	7903 HILL PARK, #8	LORTON	22079	VA	Select
ALL BLESSED SERVICES, LLC	1205 HOLLY STREET	FALMOUTH	22405	VA	Select
ALL NATIONS TRANSPORTATION AND REMOVAL	6676 CLARKES MEADOW DRIVE	BEALETON	22712	VA	Select

- Confirm this association on the next page by clicking on the ASSIGN FUNERAL HOME button

Demographics Certifier Assignment Case#: 454; Decedent: JOHN, GRISHAM

DEMOGRAPHICS CERTIFIER ASSIGNMENT

<p>Facility Name: ANGEL WINGS</p> <p>Address: 955 KINGSWAY ROAD RICHMOND VA23225</p>	<p>Name: Pending (Facility)</p> <p>Title:</p> <p>Phone:</p>
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Demographics yet to assign or pending.

Back to List
Assign Funeral Home

[EDIAFH](#)

**Note:**

- ♦ Selecting "Assign Funeral Home" will associate the above mentioned Funeral Home to this case.
- ♦ Selecting "Transfer to Funeral Home" will associate the above mentioned Funeral Home with this case and also transfer ownership of this case to the Funeral Home mentioned above.
- ♦ If you know about both the LME and the Funeral Home working on this case, it is better to associate both entities to the case before transferring the case to one of them. Once either of those entities have certified their portion of the Death Certificate, the case will be automatically be transferred to the other entity by the system. For example - Once the Funeral Home has certified the demographic information for the decedent, the case will automatically be transferred to the selected LME.
- ♦ Alternately, You may transfer the case either to an LME or to a Funeral Home. Once the receiving party has completed their portion of the death certificate, you will be required to transfer the case to the other party. In a case where you have transferred the case to an LME, you must coordinate the transfer of the case to the Funeral Home with the LME. Either a Medico Legal Investigator or an LME may transfer the case to a Funeral Home.

## 6. RELEASE DECEDENT

- This process ensures that the Death Certificate is not released to a funeral home prior to them having taken possession of the decedent's body.
- To begin, click on the RELEASE DECEDENT link in the left navigation bar.



- The Resulting screen would be a searchable list of cases where the death certificates are awaiting release to a funeral home.

**Electronic Death Registration System** User: Staff Da\_Group(DA\_STAFF)  
Facility: Xyz Greater Richmond Hospital

**Death Registration Menu** | **Decedent Search Results - Release Decedent**

[Create Case](#)  
[Active Cases](#)  
[Completed Cases](#)  
[Fetal Death Assignments](#)  
[Release Decedent](#)  
[Reports/Extracts](#)  
[User Preferences](#)  
[Message Center\(2\)](#)  
[EDRS Menu](#)  
[VVESTS Menu](#)  
[Logout](#)

Case ID:  Creation Date:  To  (mm/dd/yyyy)  
**Decedent**  
 First Name:  Middle Name:   
 Last Name:  Maiden Name:   
 Date of Birth:  (mm/dd/yyyy) Date of Death:  (mm/dd/yyyy)  
 Social Security Number:  -  -  County of Death:

Cases Ready for Releasing Decedent							
Case ID	Case Type	Decedent Name [First,Middle,Last]	Gender	DOB	DOD	Current Owner	Status
<a href="#">4445</a>	Green Border	POOL1, POOL1	MALE		01/01/2014	MED_DOC2 (XYZ GREATER RICHMOND HOSPITAL)	Medical Information Certified
<a href="#">4444</a>	Green Border	DOC2, DOC2, DOC2	MALE		05/01/2013	MED_DOC1 (XYZ GREATER RICHMOND HOSPITAL)	Medical Information Certified
<a href="#">4245</a>	Green Border	HANDY, DANDY	MALE	02/28/1965	01/25/2014	MED_DOC1 (XYZ GREATER RICHMOND HOSPITAL)	Medical Information Certified

Your search returned 3 records. Records 1 through 3 are displayed.

- Select your case by clicking on the CASE ID hyperlink.

Cases Ready for Releasing Decedent							
Case ID	Case Type	Decedent Name [First,Middle,Last]	Gender	DOB	DOD	Current Owner	Status
<a href="#">454</a>		JOHN, GRISHAM	MALE	03/19/1981	05/05/2014	CENT_ME_1 (OCME - CENTRAL DISTRICT)	Medical Information Certified

Your search returned 1 records. Records 1 through 1 are displayed.

- Click on the TRANSFER CASE button to transfer the case to the Funeral home
- The name and address of the Funeral Home will be pre-populated based on the Assign to Funeral Home step performed earlier. You may select a different facility by clicking on the blue “L”.

Release Decedent

Case ID:	454
Decedent Name:	JOHN, GRISHAM
Date of Birth:	03/19/1981
Place of Birth:	Virginia
Date of Death:	05/05/2014

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Facility:	ACCESS TRANSPORTATION CORPORATION <a href="#">L</a>
Address Details:	ACCESS TRANSPORTATION CORPORATION 5 GIBBS COURT HAMPTON VA 23664

[Transfer Case](#) [Drop To Paper](#) [Back to List](#)

- A confirmation message will indicate successful transfer to the funeral home.

## 7. DROP TO PAPER

Once a case has been certified by the physician and needs to be transferred to the funeral home, you may realize that the funeral home is not a participant in the EDRS. The DROP TO PAPER function will enable you to print a copy of the electronically created Death Certificate and provide the certificate to the funeral home.

- To begin, navigate to the desired record's CASE SUMMARY by clicking on the link in the left navigation bar.



- STEP 2-** Click on the DROP to PAPER link at the top of the page to print the Death Certificate. The EDRS will guide you through two more pages where you would be required to SUBMIT.

Death Registration Menu		Case Summary		Case#: 4445; Decedent: POOL1, POOL	
<a href="#">Drop to Paper</a>				<a href="#">Back to List</a> <a href="#">Case History</a>	
<b>Case Type</b> Case Type: Green Border Is this Case for Other District?: Not Applicable		<b>Case Type</b> Created By: XYZ GREATER RICHMOND HOSPITAL Is decedent body viewed at District?: Not Applicable			
<b>Status Details</b>					
Case Id: 4445		Signed By:			
Demographics Status: Pending		Certified By: DOCTOR2, MEDICAL			
Medical Certification Status: Certified (Completed)		Owned By: XYZ GREATER RICHMOND HOSPITAL			
Current Status: Medical Information Certified		Funeral Home:			
SSN Verification Status: Unknown		Date Last Modified: 03/03/2014 02:44:07 PM			
Date Created: 03/03/2014 01:26:30 PM					
<b>Demographics</b>					
Decedent <a href="#">Edit</a>					
Name: POOL1, POOL1		Gender: MALE			
Age:		Place of Birth:			
Date of Death: 01/01/2014 00:00:00 AM		Date of Birth:			
Decedent ever in Armed Forces ?:		Social Security Number:			
Residence Address <a href="#">Edit</a>					
Address:					
Decedent Personal Data <a href="#">Edit</a>					