EDRS USER MANUAL FOR

DECEDENT AFFAIRS

Virginia Department of Health | Office of Vital Records

C O N T E N T S

If you have questions about this manual or other EDRS support documentation, please contact the Office of Vital Records Field Services Help Desk:

📞 (804) 662-6218 (phone)

📠 (804) 662-7269 (fax)

📧 OVR.FieldServices@vdh.virginia.gov (email)

1. A C C E S S I N G   E D R S

🖥 Logging into VVESTS

1.1   Use the following link to log into the Virginia Vital Events and
Screening Tracking System (VVESTS) to access the EDRS module.

https://vr-fhs.vdh.virginia.gov

Enter your Username and Password, click the checkbox "**I agree to
the VVESTS Terms of Use**," then click the **Sign In** button. If you
forgot your password and have setup your Security Profile, click the
"Forgot Password?" link to reset it.
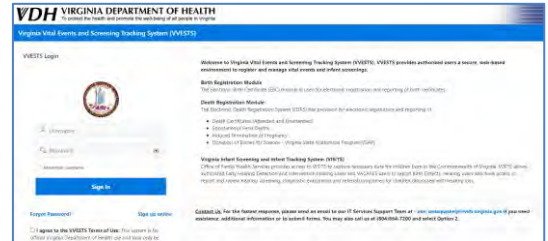
1.2   If you have any pending messages, they will appear in your Message
board. Click the **Continue** button or **Select All** messages button if you
wish to remove them. Then click the **Continue** button.

1.3   To access EDRS, click on the text link or casket icon for the Electronic
Death Registration System.

2. T H E   B A S I C S

⚙ The Navigation Menu

2.1   On the left side of the screen is the EDRS Death Registration Menu. This
menu contains links allowing users to navigate the system. From this
menu, user can create cases, search cases, release the case to a funeral
home, set up notifications, and view messages.

3. USER PREFERENCES

⊙ Email notifications setup

3.1   User Preferences is where users manage their email notifications. Users may enter up to (3) three email addresses where they would like to receive notifications pertaining to cases at the facility. Users may also select the type of notifications they wish to receive.

3.2   After relevant notifications have been selected, click the **Save** button to save all changes.
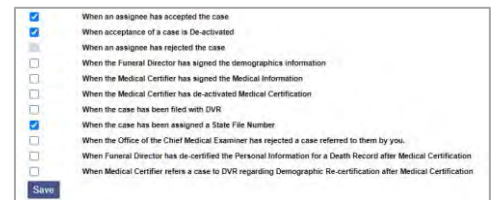
4. CREATING A CASE IN EDRS

💼 How to Create a Case

4.1   To begin creating a death certificate case, click on the Create Case link in the Death Registration Menu.

4.2 Every case creation begins with a search. Searching helps prevent the creation of duplicate cases. To search, enter basic information about the Decedent such as first name, last name, and date of death. **For the question "Was Decedent born in Virginia?" we suggest always selecting "No."** Click the Query button to continue.

4.3 If no case was found matching your search criteria, "0" records returned," click on the **New Case** button to continue.

4.4 The Decedent Information screen is where you enter additional demographic information, such as the complete name of the person, gender, time of death, and the time of death modifier. Click the **Save** button to save your progress. Grayed out fields, such as date of birth and military status, will be completed by the funeral home.
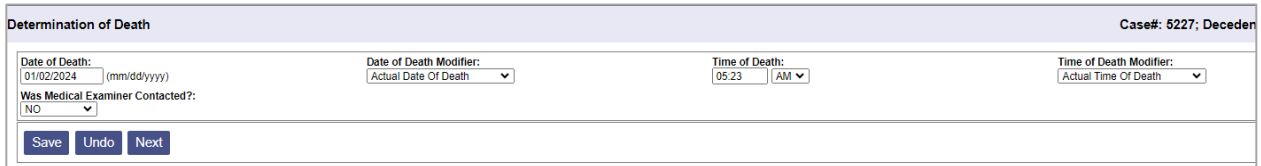
5. MEDICAL INFORMATION

> 🔧 **How to Complete the Medical Information**

5.1 The Medical Information for the case may be entered by a Decedent Affairs User or by the medical certifier. A Decedent Affairs User can only perform data entry – **Decedent Affairs cannot certify the cause of death.**

If a Decedent Affairs user will complete the medical information, continue to Step 5.2. However, if the medical certifier will complete the medical information, skip to Step 6 – Request Medical Certification.
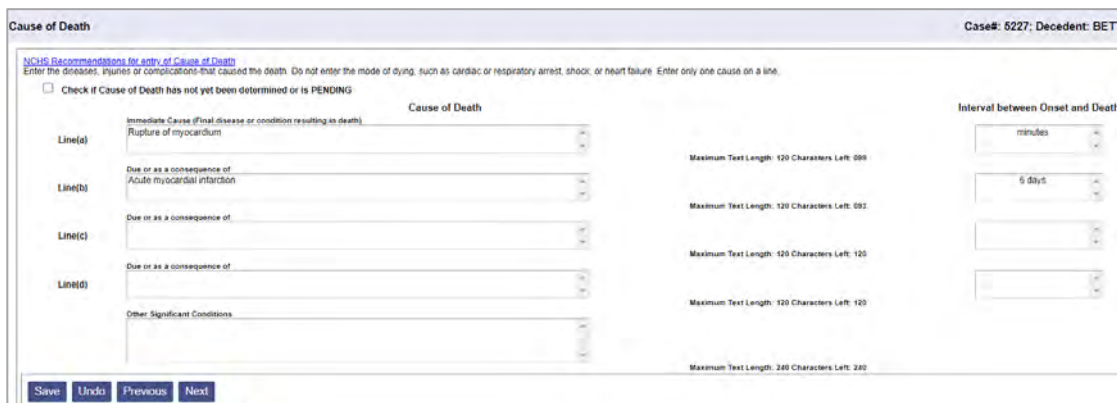
5.2 In the Death Registration Menu, click on the Medical Certification link to open the medical information. Click on the Determination of Death link. Select whether the date of death was actual, approximate, presumed, or found on. Also, select whether the Medical Examiner was contacted for this case.

Click the **Save** button, then **Next**.

5.3 If the cause of death is "pending" i.e. pending the results of an autopsy or needing further investigation, select the pending checkbox. This will populate Line A with the word "PENDING." To remove "PENDING" unselect the checkbox.

The immediate cause of death, which is the final disease or condition resulting in death, is reported on Line A. This is the disease or complication that directly lead to the death. Preexisting conditions, if any, which gave rise to the direct or immediate cause of death is reported on Lines B through D. No entry is necessary on lines B through D if the immediate cause of death on Line A completely describes the sequence of events. Space is provided to the right of lines (A), (B), (C), and (D) for recording the interval between the presumed onset of the condition and the date of death.

5.4   The Other Factors screen is where information is entered about the decedent such as autopsy information, did tobacco use contribute to death, and pregnancy status (if female).

If an autopsy was not performed, the question related to autopsy findings will be disabled.

If the decedent if male, the pregnancy status question will be disabled.

If the decedent is female and between the ages of 5 and 75, a pregnancy status **must** be reported. **The "Not Applicable" status should only be used if the female decedent is less than 5 years old or age 76 or older.**

6. R E Q U E S T   M E D I C A L   C E R T I F I C A T I O N

✏ Requesting Medical Certification

6.1   Once the case has been created, it needs to be sent to the medical certifier for medical certification.

While in the Case Summary screen, click the Request MC link in the Death Registration Menu. You may need to expand the Demographics section to see the Request MC link.

6.2 You will now have the option the assign the case to a pool of medical certifiers or to one specific medical certifier. **We suggest using the Assign Case to Individual Medical Doctor option**. Click the **Submit** button to request medical certification.

6.3 Search for the medical certifier who should receive the case. We suggest searching by First and Last Name or by medical license number. Click the **Query** button to begin your search.

6.4 Click the **Select** button on the right to choose the appropriate medical certifier. If you cannot locate the medical certifier, it could mean they are not registered for EDRS or they may be registered under different spelling, or they may not have medical certification access. Check with the medical certifier regarding their EDRS status.

6.5 On the Request Medical Certification page, click the **Transfer to Medical Certifier** button.

7. ASSIGN CASE TO FUNERAL HOME

➡️ Assign Case to Funeral Home

7.1   Before the funeral home has taken possession of the remains, the case may be assigned to a funeral home. **This will not transfer the case to the funeral home, but will only appoint them as the appropriate funeral home.** The case can be assigned to the funeral home at any point during case creation.

In the Death Registration Menu, click the Assign to Funeral Home link. This link is grouped under the Medical Certification section.

7.2   Perform a search for the appropriate funeral home. Click on the blue "L" link to pull up the list of funeral homes. Please note, some funeral homes have multiple locations in the system. Once the funeral home is selected, click the **Search Funeral Homes** button.

7.3   Select the funeral home by clicking on the **Select** button.

7.4   Confirm this association by clicking on the **Assign Funeral Home** button. You will receive a success message that the case has been assigned to the selected funeral home. **Remember, this does not transfer the case to funeral home. To transfer the case, you must Release Decedent.**

Demographics Certifier Assignment | Case#: 5227; Decedent: BETTY, JUNE,

DEMOGRAPHICS CERTIFIER ASSIGNMENT

Facility Name: XYZ FUNERAL HOME (SOUTHSIDE)
Address: 1250 W BROAD ST HENRICO
N CHESTERFLD VA23237

Name: Pending (Facility)
Title:
Phone:

Demographics yet to assign or pending.

[Back to List] [Assign Funeral Home]

8. RELEASE DECEDENT

☑ Release Case to Funeral Home

8.1 Once the medical certification is complete, the decedent can be released to the funeral home. The decedent can be released from the main EDRS screen or from the Case Summary screen.

To release from the main EDRS screen, click on the Release Decedent link in the Death Registration Menu to see a list of all cases ready to be released. Click on the appropriate Case ID number to continue.

If a funeral home was already assigned, the funeral home name and address will prepopulate. If a funeral home was not assigned, you can still release the decedent by performing a search for the appropriate funeral home. Click on the blue "L" link to pull up the list of available funeral homes.

After the appropriate funeral home has been selected, click the **Transfer Case** button. You will receive a success message that the case has been transferred to the funeral home.

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Death Registration Menu

- Create Case
- Search All Cases
- Active Cases
- Release Decedent

- User Preferences
- Message Center

- EDRS Menu
- VVESTS Menu
- Logout

Release Decedent | Case#: 5227; Decede

Case ID: 5227
Decedent Name: BETTY, JUNE, ROLLINS
Date of Birth:
Place of Birth:
Date of Death: 01/02/2024

Facility: XYZ FUNERAL HOME (SOUTHSIDE) **L**
Address Details: 1250 W BROAD ST HENRICO N CHESTERFLD VA 23237

[Transfer Case] [Drop To Paper] [Back to List]

9. DROP TO PAPER

⬇ Drop to Paper Cases

9.1   If there is no funeral home involved, and the next of kin is taking possession of the remains, the death certificate can be printed i.e. "dropped to paper." The Drop to Paper feature will allow you to print a copy of the electronically created death certificate.

In Virginia, family members are not required by law to involve a licensed funeral director in making or carrying out final arrangements. Drop to Paper certificates can be given to the next of kin to complete the demographics section on the death certificate and file it with any local health department in Virginia. To drop the case to paper, click the **Drop to Paper** button and then Submit.

All Drop to Paper death certificates must be printed on 25% legal size acid-free paper provided by the Office of Vital Records.

Drop to Paper	Case#: 5227; Deced
Notification	
By Clicking on SUBMIT, the case (Case ID: 5227, Decedent Name: BETTY, JUNE, ROLLINS) will be marked as "Dropped to Paper" and you will lose privileges to electronically assign the case to Funeral Home.	

Back   Submit

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

CDC
SAFER · HEALTHIER · PEOPLE™

Instructions for Completing the Cause-of-Death Section of the Death Certificate

Accurate cause-of-death information is important:
• To the public health community in evaluating and improving the health of all citizens, and
• Often to the family, now and in the future, and to the person settling the decedent's estate.

The cause-of-death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on Line a and the **underlying cause** of death (the disease or injury that initiated the chain of morbid events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION**. A condition can be listed as "probable" even if it has not been definitively diagnosed.

Examples of properly completed medical certifications

CAUSE OF DEATH (See instructions and examples)

32. **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. Enter only one cause on a line. Add additional lines if necessary.

Approximate interval: Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death) →

a. Rupture of myocardium — Minutes

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. Acute myocardial infarction — 6 days

Due to (or as a consequence of):

c. Coronary artery thrombosis — 5 years

Due to (or as a consequence of):

d. Atherosclerotic coronary artery disease — 7 years

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

Diabetes, Chronic obstructive pulmonary disease, smoking

33. WAS AN AUTOPSY PERFORMED?
☑ Yes ☐ No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☑ Yes ☐ No

35. DID TOBACCO USE CONTRIBUTE TO DEATH?
☑ Yes ☐ Probably
☐ No ☐ Unknown

36. IF FEMALE:
☑ Not pregnant within past year
☐ Pregnant at time of death
☐ Not pregnant, but pregnant within 42 days of death
☐ Not pregnant, but pregnant 43 days to 1 year before death
☐ Unknown if pregnant within the past year

37. MANNER OF DEATH
☑ Natural ☐ Homicide
☐ Accident ☐ Pending Investigation
☐ Suicide ☐ Could not be determined

CAUSE OF DEATH (See instructions and examples)

32. **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. Enter only one cause on a line. Add additional lines if necessary.

Approximate interval: Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death) →

a. Acute renal failure — 5 days

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. Hyperosmolar nonketotic coma — 8 weeks

Due to (or as a consequence of):

c. Diabetes mellitus, noninsulin dependent — 15 years

Due to (or as a consequence of):

d.

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

33. WAS AN AUTOPSY PERFORMED?
☐ Yes ☑ No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☑ No

35. DID TOBACCO USE CONTRIBUTE TO DEATH?
☐ Yes ☐ Probably
☑ No ☐ Unknown

36. IF FEMALE:
☑ Not pregnant within past year
☐ Pregnant at time of death
☐ Not pregnant, but pregnant within 42 days of death
☐ Not pregnant, but pregnant 43 days to 1 year before death
☐ Unknown if pregnant within the past year

37. MANNER OF DEATH
☑ Natural ☐ Homicide
☐ Accident ☐ Pending Investigation
☐ Suicide ☐ Could not be determined

ITEM 32 - CAUSE OF DEATH
Take care to make the entry legible. Use a computer printer with high resolution, typewriter with good black ribbon and clean keys, or print legibly using permanent **black** ink in completing the cause-of-death section. **Do not abbreviate** conditions entered in section.

Part I (Chain of events leading directly to death)
• Only **one** cause should be entered on each line. Line a **MUST ALWAYS** have an entry. **DO NOT** leave blank. Additional lines may be added if necessary.
• If the condition on Line a resulted from an underlying condition, put the underlying condition on Line b, and so on, until the full sequence is reported. **ALWAYS** enter the **underlying cause of death** on the lowest used line in Part I.
• For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank.

• The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for Line a, then you must always list its cause(s) on the line(s) below it (e.g., cardiac arrest **due to** coronary artery atherosclerosis *or* cardiac arrest **due to** blunt impact to chest).
• If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (e.g., renal failure **due to** Type I diabetes mellitus).
• When indicating neoplasms as a cause of death, include the following: 1) primary site *or* that the primary site is unknown, 2) benign or malignant, 3) cell type *or* that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. Example: a primary well-differentiated squamous cell carcinoma, lung, left upper lobe.

Part II (Other significant conditions)
• Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the **underlying cause of death**. See examples.
• If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

CHANGES TO CAUSE OF DEATH
If additional medical information or autopsy findings become available that would change the cause of death originally reported, the original death certificate should be amended by the certifying physician by **immediately** reporting the revised cause of death to the State Vital Records Office.

ITEMS 33 and 34 - AUTOPSY
• 33 - Enter "Yes" if either a partial or full autopsy was performed. Otherwise enter "No."
• 34 - Enter "Yes" if autopsy findings were available to complete the cause of death; otherwise enter "No." Leave item blank if no autopsy was performed.

ITEM 35 - DID TOBACCO USE CONTRIBUTE TO DEATH?
Check "Yes" if, in your opinion, the use of tobacco contributed to death. Tobacco use may contribute to deaths due to a wide variety of diseases; for example, tobacco use contributes to many deaths due to emphysema or lung cancer and some heart disease and cancers of the head and neck. Check "No" if, in your clinical judgment, tobacco use did not contribute to this particular death.

ITEM 36 - IF FEMALE, WAS DECEDENT PREGNANT AT TIME OF DEATH OR WITHIN PAST YEAR?
If the decedent is a female, check the appropriate box. If the female is either too old or too young to be fecund, check the "Not pregnant within past year" box. If the decedent is a male, leave the item blank. This information is important in determining pregnancy-related mortality.

ITEM 37 - MANNER OF DEATH
• Always check Manner of Death, which is important: 1) in determining accurate causes of death, 2) in processing insurance claims, and 3) in statistical studies of injuries and death.
• Indicate "Could not be determined" **ONLY** when it is impossible to determine the manner of death.

Common problems in death certification
The **elderly decedent** should have a clear and distinct etiological sequence for cause of death, if possible. Terms such as senescence, infirmity, old age, and advanced age have little value for public health or medical research. Age is recorded elsewhere on the certificate. When a number of conditions resulted in death, the physician should choose the single sequence that, in his or her opinion, best describes the process leading to death, and place any other pertinent conditions in Part II. If after careful consideration the physician cannot determine a sequence that ends in death, then the medical examiner or coroner should be consulted about conducting an investigation or providing assistance in completing the cause of death.

The **infant decedent** should have a clear and distinct etiological sequence for cause of death, if possible. "Prematurity" should not be entered without explaining the etiology of prematurity. Maternal conditions may have initiated or affected the sequence that resulted in infant death, and such maternal causes should be reported in addition to the infant causes on the infant's death certificate (e.g., Hyaline membrane disease **due to** prematurity, 28 weeks **due to** placental abruption **due to** blunt trauma to mother's abdomen).

When processes such as the following are reported, additional information about the etiology should be reported:

Abscess	Carcinogenesis	Diarrhea	Hyponatremia	Pulmonary arrest
Abdominal hemorrhage	Carcinomatosis	Disseminated intravascular	Hypotension	Pulmonary edema
Adhesions	Cardiac arrest	coagulopathy	Immunosuppression	Pulmonary embolism
Adult respiratory distress	Cardiac dysrhythmia	Dysrhythmia	Increased intracranial pressure	Pulmonary insufficiency
syndrome	Cardiomyopathy	End-stage liver disease	Intracranial hemorrhage	Renal failure
Acute myocardial infarction	Cardiopulmonary arrest	End-stage renal disease	Malnutrition	Respiratory arrest
Altered mental status	Cellulitis	Epidural hematoma	Metabolic encephalopathy	Seizures
Anemia	Cerebral edema	Exsanguination	Multi-organ failure	Sepsis
Anoxia	Cerebrovascular accident	Failure to thrive	Multi-system organ failure	Septic shock
Anoxic encephalopathy	Cerebellar tonsillar herniation	Fracture	Myocardial infarction	Shock
Arrhythmia	Chronic bedridden state	Gangrene	Necrotizing soft-tissue infection	Starvation
Ascites	Cirrhosis	Gastrointestinal hemorrhage	Old age	Subarachnoid hemorrhage
Aspiration	Coagulopathy	Heart failure	Open (or closed) head injury	Subdural hematoma
Atrial fibrillation	Compression fracture	Hemothorax	Pancytopenia	Sudden death
Bacteremia	Congestive heart failure	Hepatic failure	Paralysis	Thrombocytopenia
Bedridden	Convulsions	Hepatitis	Perforated gallbladder	Uncal herniation
Biliary obstruction	Decubiti	Hepatorenal syndrome	Peritonitis	Urinary tract infection
Bowel obstruction	Dehydration	Hyperglycemia	Pleural effusions	Ventricular fibrillation
Brain injury	Dementia	Hyperkalemia	Pneumonia	Ventricular tachycardia
Brain stem herniation	(when not otherwise specified)	Hypovolemic shock		Volume depletion

If the certifier is unable to determine the etiology of a process such as those shown above, the process must be qualified as being of an unknown, undetermined, probable, presumed, or unspecified etiology so it is clear that a distinct etiology was not inadvertently or carelessly omitted.

The following conditions and types of death might seem to be specific or natural but when the medical history is examined further may be found to be complications of an injury or poisoning (possibly occurring long ago). Such cases should be reported to the medical examiner/coroner.

Asphyxia	Epidural hematoma	Hip fracture	Pulmonary emboli	Subdural hematoma
Bolus	Exsanguination	Hyperthermia	Seizure disorder	Surgery
Choking	Fall	Hypothermia	Sepsis	Thermal burns/chemical burns
Drug or alcohol overdose/drug or alcohol abuse	Fracture	Open reduction of fracture	Subarachnoid hemorrhage	