

Department of Health & Human Services

DHHS

N E B R A S K A

**Nebraska Vital Records
Electronic Death Registration System
Fax Attestation Quick Start Guide**



What is Fax Attestation?

The Nebraska Vital Records Electronic Death Registration System (EDRS) has added a major new feature that makes the system much more flexible, especially for certifiers using our system. The new feature, called Fax Attestation, will allow the electronic certification of death records to be done by use of a fax machine.

Until now, this certification could only be accomplished by having the certifier log into the system and complete the record online. This requires EDRS certifiers to maintain a userid and password to log in to our system. For many users this became problematic because they did not use the system regularly. When they did need to do so, their logon credentials were no longer valid. This resulted in a good deal of frustration for the certifiers as well as those funeral homes waiting for the completed records. Fax Attestation alleviates the need for the certifier to log into the system.

How does it work?

Fax Attestation is essentially just an extension of the current EDRS. It adds an additional method of completing electronic records that we think will better suit many of our certifiers. Per statute the funeral home will initiate an electronic death record in the EDRS and assign it to the certifier. The funeral home will fax a worksheet to the appropriate facility. The certifier and or office staff will also receive an automated e-mail notification letting them know that they should be receiving the worksheet.

The certifier or designee will then manually complete the cause of death information on this worksheet. The worksheet will then be given to a staff member for entry into the EDRS. Once medical information has been completed, a staff member will generate the Fax Attestation form via fax for the certifier to review for accuracy. This copy will contain all of the cause of death information as earlier reported by the certifier. If everything is correct, they simply sign the Fax Attestation form and fax it back to the EDRS.

The signed document will then be automatically attached to the electronic record and signature box will be updated as signed. This process is accomplished using the bar code printed on the bottom of the certifier Fax Attestation form. If any changes are required, the necessary information can be corrected before the record is "signed".

Once the medical section has been completed, the funeral home will receive an automatic e-mail notification that the record is ready for them to complete. We feel that the addition of these e-mail notifications will help expedite the processing of records. It will also reduce the amount of time that users need to spend on this activity.

Now what?

This document is intended to be a "Quick Start" guide for using Fax Attestation. The following pages offer a walk through the main screens and documents you will encounter when using this new feature. It does not include every issue you may encounter, but rather is to just get you started.

Per Nebraska State state law, the funeral home will initiate an electronic death record for the decedent and complete the information typically provided before assigning the record to the certifier. The record is handled like all other electronic filings.

The screenshot shows a software window titled "DEATH - 2011 - Netsmart VR" with a menu bar (File, Search, Requests, Actions, Work Queue, Linking, Tools, Administration, Help) and a toolbar. Below the toolbar is a navigation bar with tabs: Decedent, Dec History, Disposition, Cause of Death, Certifier, Demographics, Complete, Flags, Fax. The main area contains a form with the following sections:

- System:** A table with columns: State File Number, Local File Number (2011002498), Date Created (11/28/2011), Created By (TONY ALLMON), Date Modified (11/28/2011), Modified By (CCONNO1), Reg Type, and Record Status (NORMAL).
- Paper or Electronic Filing?** A checkbox.
- Deceased:**
 - First Name: Bill, Middle Name: Edward, Last Name: Board, Suffix: (empty)
 - Alias? (checkbox)
 - Alias First Name, Middle Name, Last Name, Suffix (all empty)
 - 2nd Alias-First Name, Middle Name, Last Name, Suffix (all empty)
 - 3rd Alias-First Name, Middle Name, Last Name, Suffix (all empty)
- Sex:** M, **Date of death known?:** Y, **Date of Death (String):** 11/27/2011, **Decedent found:** (checkbox)
- Country of Birth:** United States, **State of Birth:** Iowa
- City of Birth:** Reinbeck
- Date of Birth:** 11/13/1958, **Age:** 053, **Age Unit:** YEARS, **Social Security Number:** 402-47-1091
- Place of Death:**
 - Type of Place of Death: DECEDENT'S HOME
 - Facility Name: (empty)
 - Address: 5678 Vinton, Apt No: (empty), State: Nebraska, Zip Code: (empty)

Once the funeral home has created the death record, they will then assign the record to the appropriate certifier. Click the “Certifier” tab and select the drop-down menu for the “Certifier Type”. In this example we are selecting “Attending Physician” from the list of options. Then select the desired physician from the drop-down list under “Name”. In this case we are selecting “Spike Strike” from the list.

Assigning the Certifier will automatically populate the remaining “Assigned To” information for this individual. In the screen shot below you can see that the “Preferred Method of Contact” for this physician is noted as “Attestation”.

The screenshot displays the 'DEATH - 2011 - Netsmart VR' application window. The 'Certifier' tab is active, showing the 'Assigned To' section with the following details:

- Certifier Type:** Attending Physician
- Name:** Spike Strike
- Location:** STRIKE HEALTH ASSOCIATES
- Preferred Method of Contact:** Attestation
- Phone:** (402)471-0919
- Extension:** [Empty]
- Fax:** (402)742-2385
- Email:** spike.strike@strikehealth.org
- Attending Physician Email:** front.desk@strikehealth.org

The 'Attending Physician' section shows the Date of Death as 11/27/2011. The 'Coroner/County Attorney' section includes checkboxes for 'Approximate?', 'Pronounced Dead', and 'Found?'. The 'Death' section includes checkboxes for 'Tobacco Contribute?', 'Has Organ or Tissue Donation been considered?', and 'Was Consent Granted?'. The 'Certifier' section includes fields for Name of Certifier, Title, License Number, Address, City, State (Nebraska), and Zip.

After the funeral home has initiated their portion of the death record and assigned it to the certifier, they will then need to send the certifier worksheet to the certifier's office. This is done after the record has been saved. From the "Requests" drop-down menu, select "Fax: Certifier Fax Worksheet" from the list of options. This will generate the worksheet for this decedent and automatically fax it to the certifier. The certifier also receives an e-mail notification that this record has been assigned to them after the certifier has been selected and the record has been saved.

DEATH - 2011 - Netsmart VR

File Search **Requests** Actions Work Queue Linking Tools Administration Help

Decedent | Dec Hi

Assigned To
Certifier Type
Attending Phys

Location
STRIKE HEALTH ASSOCIATES

Preferred Method of Contact Phone Extension Fax Email
Attestation (402)471-0919 (402)742-2385 spike.strike@strikehealth.org

Email
front.desk@strikehealth.org

Attending Physician
Date of Death Time of Death am/pm
11/27/2011

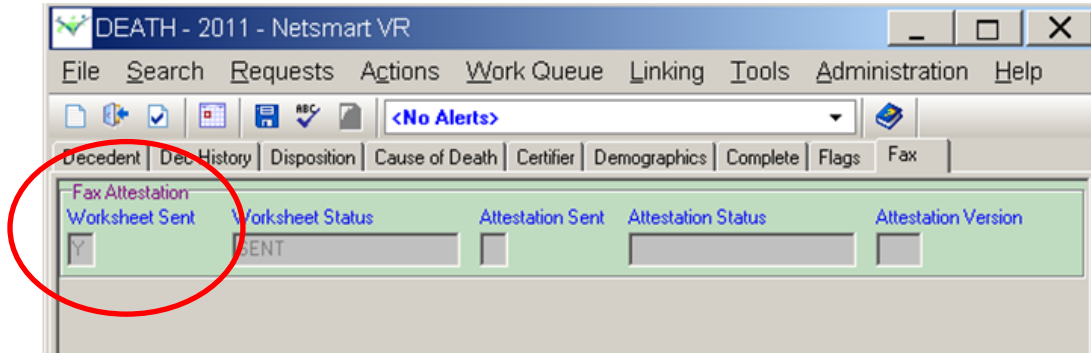
Coroner/County Attorney
Time of Death am/pm Approximate? Pronounced Dead Found? Time Pronounced am/pm Found?
99:99

Death
Tobacco Contribute? Has Organ or Tissue Donation been considered? Was Consent Granted?

Certifier
Name of Certifier Title License Number
Address City
State Nebraska Zip

Update complete

If you click on the Fax tab, you can see that the worksheet has been sent. Note the “Y” in the “Worksheet Sent” box.



This FAX cover sheet (see below) will accompany the certifier worksheet. It includes the name of the decedent as well as additional identifying information.

From Nebraska Fri Dec 23 10:52:08 2011 Page 1 of 2

Department of Health & Human Services
DHHS
 N E B R A S K A

FAX to:
 Location: Strike Health Associates
 Fax Number: 4027422385
 Death Record Assigned to: Strike, Spike


FAX from:
 Missouri River Chapel, 321 Hilltop Circle, Blair, Nebraska 68008
 Funeral Home Preferred Contact: Fax _____
 Phone Number: _____ Extension: _____ Fax Number: 4024718238

Patient:
 Name: Bill Edward Board
 Date of Death: November 27, 2011 Date of Birth: November 13, 1958

Instructions: You should have received a second faxed page for this patient titled "Certifier Death Worksheet". Information on this worksheet beginning with the Cause of Death section needs completed and provided to your staff that has access to Nebraska's Electronic Death Registration System (EDRS). Your staff will enter the information into the EDRS and provide you a Fax Attestation copy to sign or correct. Further instructions will be included with the Fax Attestation copy. If this is not the correct facility to complete the death record for this patient, please inform the Funeral Home immediately.

CONFIDENTIALITY NOTICE: This facsimile message, including any attachments following, is for the sole use of the intended recipient(s) to which it is addressed and may contain confidential, privileged or proprietary information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, you are not authorized to read, print, retain, copy or disseminate this message, attachments or any part of them. If you have received this message in error, please notify the sender immediately and destroy the original message, attachments and all copies thereof.

Date/Time Faxed: December 23, 2011 10:50 AM

030000093306 

Fax to 2385, DHHS Vital Records, From Nebraska Page 1 of 2 received on 12/23/2011 10:52:10 AM [Central Standard Time] on Server STNEFAX01 030000093306-01

A blank Certifier Worksheet is faxed to the certifier with the top portion of the document populated with the decedent's name and other identifying information. In the sample below, the cause of death information has been filled in by hand much like a traditional paper document is processed. This worksheet is then given to a staff member for entry into the EDRS.

From Nebraska Fri Dec 23 10:52:08 2011 Page 2 of 2

Date Printed: 12/23/2011

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFIER DEATH WORKSHEET

DECEDENT'S NAME (First, Middle, Last, Suffix) Bill Edward Board		SEX Male	DATE OF DEATH (Mo., Day, Yr.) November 27, 2011	
SOCIAL SECURITY NUMBER 402-47-1091		AGE - Last Birthday (Yrs.) 53	DATE OF BIRTH (Mo., Day, Yr.) November 13, 1958	
FACILITY NAME (if not institution, give street and number) 5578 Vinson		PLACE OF DEATH HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home, TC <input type="checkbox"/> Health Facility <input type="checkbox"/>	METHOD OF DEPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) _____	
CITY OR TOWN OF DEATH (include Zip Code) Omaha 68022		COUNTY OF DEATH Douglas	RESIDENCE-STATE Nebraska	
STREET AND NUMBER 5578 Vinson		CITY OR TOWN Omaha	INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Missouri River Chapel, 321 Hilltop Circle, Blair, Nebraska		APT. NO. 68022	ZIP CODE 68008	
CAUSE OF DEATH (See instructions and examples)				
18. 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.			APPROXIMATE INTERVAL	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a) OPD			onset to death 2 months	
Sequitally list conditions, if any, leading to the cause listed on line a. b) _____			onset to death	
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. c) _____			onset to death	
d) _____			onset to death	
18. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to the death but not resulting in the underlying cause gives in PART I.			18. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
20. 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		21a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	21b. IF TRANSPORTATION INJURY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____	21c. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
22a. DATE OF INJURY (Mo., Day, Yr.)		22b. TIME OF INJURY	22c. PLACE OF INJURY—At home, farm, street, factory, office building, construction site, etc. (Specify)	
23a. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		23b. DESCRIBE HOW INJURY OCCURRED		
23c. LOCATION OF INJURY - STREET & NUMBER, APT. NO., CITY/TOWN, STATE, ZIP CODE				
23a. DATE OF DEATH (Mo., Day, Yr.) November 27, 2011		23b. DATE SIGNED (Mo., Day, Yr.) XXXXXXXXXXXXXXXXXXXX	23c. TIME OF DEATH 04:34 AM	
23d. DATE SIGNED (Mo., Day, Yr.) XXXXXXXXXXXXXXXXXXXX		23e. TIME OF DEATH 04:34 AM	23f. PRONOUNCED DEAD (Mo., Day, Yr.) XXXXXXXXXXXXXXXXXXXX	
23g. TIME OF DEATH 04:34 AM		23h. TIME PRONOUNCED DEAD		
Name of Certifier that completed Work Sheet SPIKE STRIKE, MD				
25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN		26. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	27. WAS CONSENT GRANTED? Not Applicable if 26a is NO <input type="checkbox"/> YES <input type="checkbox"/> NO	

Fax to 2285, DHS Vital Records, From Nebraska Page 2 of 2 received on 12/23/2011 10:52:10 AM [Central Standard Time] on Server STNEFAX01 03000093306-02

When the cause of death and related medical information is completed, the name of the certifier that will be signing the record is also entered by the certifier's staff member.

The screenshot displays a Netsmart VR application window for a death record. The interface includes a menu bar (File, Search, Requests, Actions, Work Queue, Linking, Tools, Administration, Help) and a tabbed navigation system (Decedent, Dec History, Disposition, Cause of Death, Certifier, Demographics, Complete, Flags, Fax). The 'Certifier' tab is active, showing the following data:

- Assigned To:** Certifier Type: Attending Physician; Name: Strike, Spike
- Location:** STRIKE HEALTH ASSOCIATES
- Preferred Method of Contact:** Attestation
- Phone:** (402)471-0919
- Extension:** [Empty]
- Fax:** (402)742-2385
- Email:** spike.strike@strikehealth.org
- Attending Physician Email:** front.desk@strikehealth.org
- Date of Death:** 11/27/2011
- Time of Death:** 09:34 AM
- Coroner/County Attorney:** Time of Death: [Empty] am/pm; Approximate? [Unchecked]; Pronounced Dead: [Empty] / /; Found? [Unchecked]; Time Pronounced: 99:99 am/pm; Found? [Unchecked]
- Death:** Tobacco Contribute? [N]; Has Organ or Tissue Donation been considered? [N]; Was Consent Granted? [Unchecked]
- Certifier:** Name of Certifier: Spike Strike (highlighted with a red circle); Title: MD; License Number: 43215
- Address:** 300 Brunswick Drive; City: Omaha; State: Nebraska; Zip: 68114

At the bottom of the window, there is an 'Update complete' status indicator.

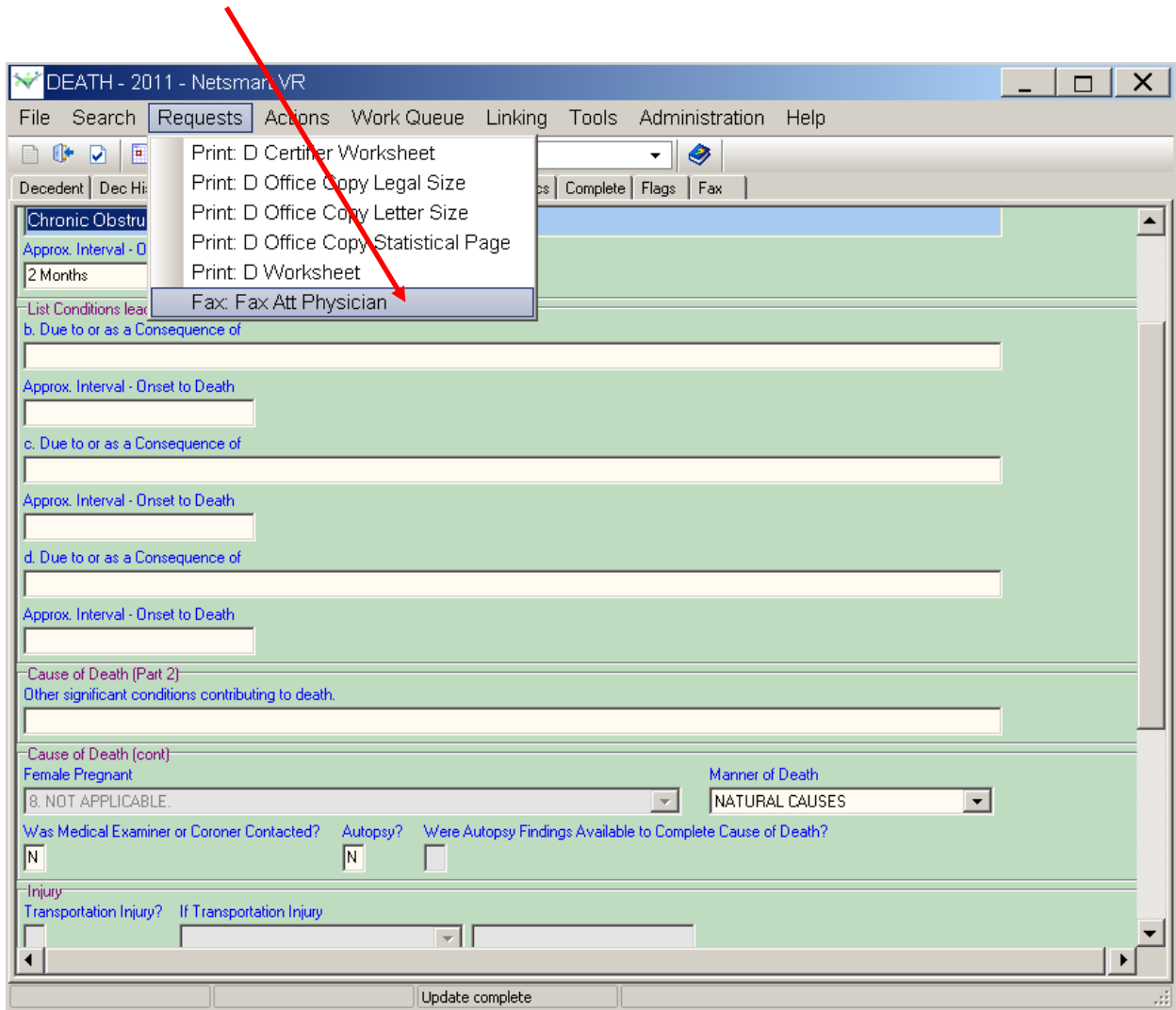
If you click on the “Complete” tab you will also see that the “Medical Complete” indicator has been set to “Y” and the “Date Signed” is populated.

The screenshot shows a web-based application window titled "DEATH - 2011 - Netsmart VR". The interface includes a menu bar with options like "File", "Search", "Requests", "Actions", "Work Queue", "Linking", "Tools", "Administration", and "Help". Below the menu is a navigation bar with tabs: "Decedent", "Dec History", "Disposition", "Cause of Death", "Certifier", "Demographics", "Complete", "Flags", and "Fax". The "Complete" tab is active, displaying several sections for data entry:

- Funeral Home:** Fields for "Embalmer Signed (Y/N)?", "Date Signed", "Funeral Director / Embalmer Name", "Embalmer License #", "Record Complete (Y/N/R)?", "Complete Date", "Record Completed by", and "Fun. Home License #".
- Attending Physician:** Fields for "Medical Complete (Y/N)?", "Complete Date", "Completed by", "Physician Sign?", "Date Signed", and "Signed by". A red circle highlights the "Medical Complete (Y/N)?" field (set to "Y") and the "Date Signed" field (set to "12/23/2011"). There is also a "Reject to Attending Physician" checkbox.
- County Attorney or Coroner:** Fields for "Signed OK to Cremate", "Date Signed", "OK to Cremate Signed by", "Title", "Coroner/Attorney Sign?", and "Signed by".
- County:** Fields for "Signed OK to Cremate", "Date Signed", "OK to Cremate Signed by", "Title", "Registrar Sign?", "Date Filed by Registrar", "Registrar Name", and "System Use Only".

At the bottom of the window, there is an "Update complete" button.

Once the medical information has been completed in the EDRS, the certifier's staff will fax a completed cause of death Fax Attestation form for the certifier's review. This is done by selecting the "Fax: Fax Att Physician" option from the "Requests" drop-down menu.



The document will be similar to the initial certifier worksheet, but now all of the data fields are populated with the cause of death information provided earlier. The certifier just needs to review the contents for accuracy. When the information has been deemed to be correct the certifier simply signs the document in the space provided. The signed document is then faxed back to Vital Records toll free at 1.855.840.9030.

From Nebraska Fri Dec 23 11:54:10 2011 Page 1 of 1

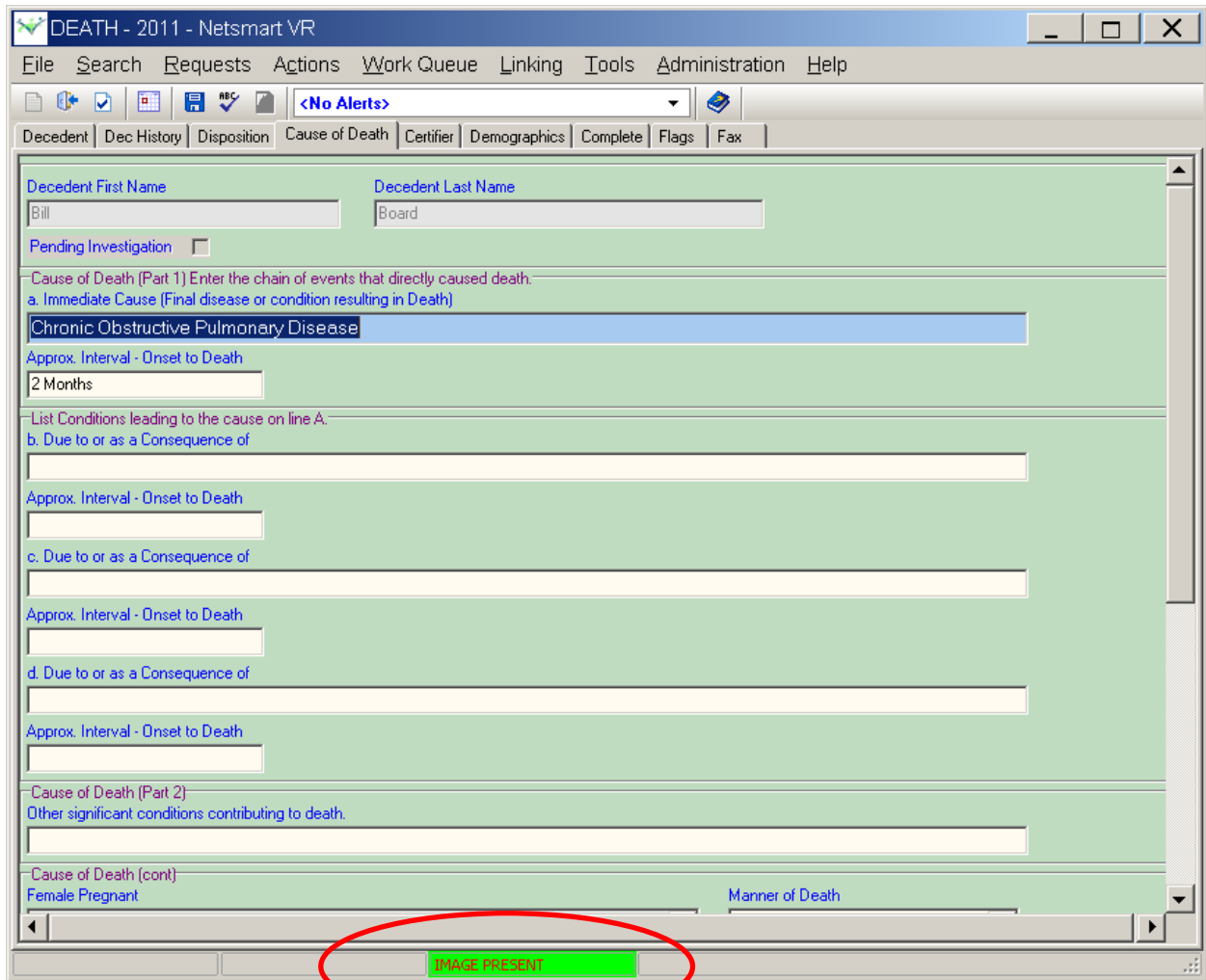
STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOR FAX ATTESTATION PURPOSES ONLY (This is NOT a Certified Copy of the Death Record)

DECEDENT'S NAME (First, Middle, Last, Suffix) Bill Edward Board		SEX Male		DATE OF DEATH (Mo., Day, Yr.) November 27, 2011	
SOCIAL SECURITY NUMBER 402-47-1091		AGE - Last Birthday (Yrs.) 53	UNDER 1 YEAR MO. DAYS HOURS MINS.	DATE OF BIRTH (Mo., Day, Yr.) November 13, 1958	
FACILITY NAME (if not institution, give street and number) 5678 Vinton			PLACE OF DEATH <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home, TC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> EN/Outpatient <input type="checkbox"/> Decedent's Home <input type="checkbox"/> DDA <input type="checkbox"/> Other (Specify)		
METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)			CITY OR TOWN OF DEATH (Include Zip Code) Omaha 68022		
FURNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Missouri River Chapel, 321 Hilltop Circle, Blair, Nebraska			COUNTY OF DEATH Douglas		
			Zip Code 68008		
INSTRUCTIONS: Please verify the information entered by your staff beginning with the Cause of Death. If the medical portion of the record is correct, sign and date in the section titled "Signature and Title of Certifier". Once signed, please fax to Vital Records at 1-855-840-9030. If any of the medical portion is not correct, please correct on the form and give back to your staff to update the electronic death record. An updated Fax Attestation copy will be provided for your review and signature.					
CAUSE OF DEATH (See instructions and examples)					
15. 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.				APPROXIMATE INTERVAL	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a) Chronic Obstructive Pulmonary Disease				onset to death 2 Months	
Sequentially list conditions, if any, leading to the cause listed on line a. DUE TO, OR AS A CONSEQUENCE OF: b)				onset to death	
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST DUE TO, OR AS A CONSEQUENCE OF: c)				onset to death	
DUE TO, OR AS A CONSEQUENCE OF: d)				onset to death	
16. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to the death but not resulting in the underlying cause given in PART I.					17. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
18. 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		19a. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		19b. IF TRANSPORTATION INJURY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
20. DATE OF INJURY (Mo., Day, Yr.)		21. TIME OF INJURY		22. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
23. PLACE OF INJURY—At home, farm, street, factory, office building, construction site, etc. (Specify)		24. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
25a. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25b. DESCRIBE HOW INJURY OCCURRED			
26. LOCATION OF INJURY—STREET & NUMBER, APT. NO.		CITY/TOWN		STATE ZIP CODE	
To be completed by MEDICAL CERTIFIER ONLY			To be completed by CORONER'S PHYSICIAN or COUNTY ATTORNEY ONLY		
27a. DATE OF DEATH (Mo., Day, Yr.) November 27, 2011		27b. TIME OF DEATH 09:34 AM		28. TIME PRONOUNCED DEAD	
29a. PRONOUNCED DEAD (Mo., Day, Yr.)		29b. TIME PRONOUNCED DEAD			
29c. Signature and Title of Certifier (To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.) SPike STRike, MD			DATE SIGNED (Mo., Day, Yr.) 12/23/2011		
30. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN		31. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		32. WAS CONSENT GRANTED? Not Applicable if 31a is NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
33. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, PHYSICIAN ASSISTANT, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) Spike Strike, MD, 300 Brunswick Drive, Omaha, Nebraska, 68114					

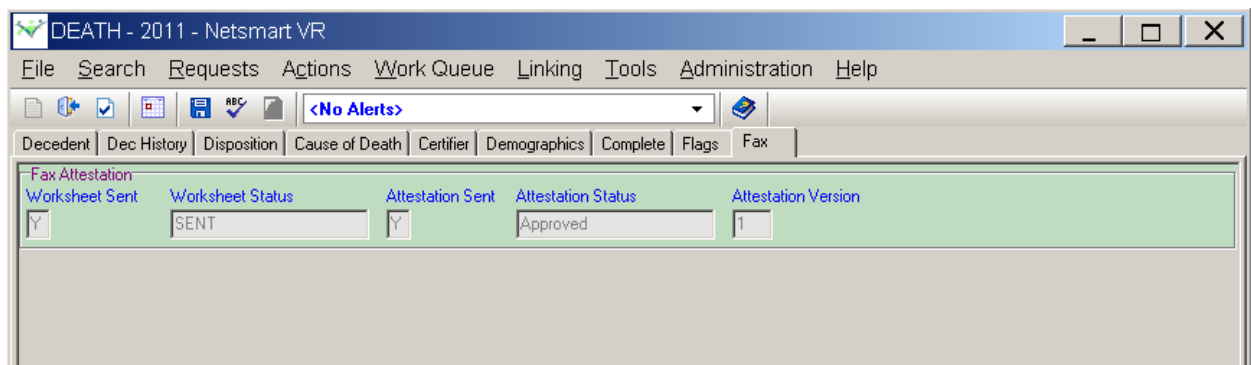
Once signed, fax to Vital Records toll free 1-855-840-9030

Fax to 2365, DHS Vital Records, From Nebraska Page 1 of 1 received on 12/23/2011 11:54:12 AM [Central Standard Time] on Server STNEFA01 010000093414-01

When the signed document has been faxed back, received, and approved the bright green “Image Present” indicator will be displayed for the record.



After the certifier has faxed back the document, the Attestation Status has been update to an Approved status. This indicates that he document faxed back was accepted by the system.



You can see that the record has successfully been signed by the Physician using the Fax Attestation method. The funeral home will receive an automated email message notifying them that the record is ready for them to complete.

The screenshot shows a web-based application window titled "DEATH - 2011 - Netsmart VR". The interface includes a menu bar (File, Search, Requests, Actions, Work Queue, Linking, Tools, Administration, Help) and a toolbar with icons and a "<No Alerts>" dropdown. Below the toolbar are several tabs: Decedent, Dec History, Disposition, Cause of Death, Certifier, Demographics, Complete, Flags, and Fax. The main content area is divided into sections for different roles:

- Funeral Home:** Fields for "Embalmer Signed (Y/N)?", "Date Signed", "Funeral Director / Embalmer Name", "Embalmer License #", "Record Complete (Y/N/R)?", "Complete Date", "Record Completed by", and "Fun. Home License #".
- Attending Physician:** Fields for "Medical Complete (Y/N)?", "Complete Date", "Completed by", "Physician Sign?", "Date Signed", and "Signed by". The "Signed by" field contains "Fax Attestation" and is circled in red. There is also a "Reject to Attending Physician" checkbox.
- County Attorney or Coroner:** Fields for "Signed OK to Cremate", "Date Signed", "OK to Cremate Signed by", "Title", "Coroner/Attorney Sign?", and "Signed by".
- County:** Fields for "Signed OK to Cremate", "Date Signed", "OK to Cremate Signed by", "Title", "Registrar Sign?", "Date Filed by Registrar", "Registrar Name", and "System Use Only".

At the bottom of the window, there is a green button labeled "IMAGE PRESENT".

From Nebraska

Fri Dec 23 11:54:10 2011

Page 1 of 1

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOR FAX ATTESTATION PURPOSES ONLY (This is NOT a Certified Copy of the Death Record)

DECEASED'S NAME (Print, MAJOR, F.M., J.R., etc.)		SEX		DATE OF DEATH (Mo., Day, Yr.)	
Bill Edward Beard		Male		November 27, 2011	
SOCIAL SECURITY NUMBER		AGE - Last Birthday (Yrs.)		DATE OF BIRTH (Mo., Day, Yr.)	
612-41-1191		53		November 13, 1958	
FACILITY NAME (If not in this box, give street and number)			PLACE OF DEATH		
3676 Vinton			<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Inpatient <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Outpatient <input type="checkbox"/> Other (Specify)		
CITY OR TOWN OF DEATH (Include Zip Code)			COUNTY OF DEATH		
Omaha 68022			Douglas		
FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State)					
Missouri River Chapel, 521 HiTop Circle, Blair, Nebraska Zip Code 68008					
INSTRUCTIONS: Please verify the information entered by your staff beginning with the Cause of Death. If the medical portion of the record is correct, sign and date in the section titled "Signatures and Title of Certifier". Once signed, please fax to Vital Records at 1-855-840-9030. If any of the medical portion is not correct, please correct on the form and give back to your staff to update the electronic death record. An updated Fax Attestation copy will be provided for your review and signature.					
CAUSE OF DEATH (See instructions and examples)					
14. Part I. Enter the CHAIN OF EVENTS—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal words such as CARDIAC ARREST, RESPIRATORY ARREST, or VENTRICULAR FIBRILLATION without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.				APPROXIMATE INTERVAL	
IMMEDIATE CAUSE: a) Chronic Obstructive Pulmonary Disease				onset to death 2 Months	
DUE TO, OR AS A CONSEQUENCE OF: b)				onset to death	
DUE TO, OR AS A CONSEQUENCE OF: c)				onset to death	
DUE TO, OR AS A CONSEQUENCE OF: d)				onset to death	
15. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to the death but not resulting in the underlying disease given in PART I.					16. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
17. IF FEMALE: <input type="checkbox"/> She pregnant within past year <input type="checkbox"/> Pregnant within 42 days <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 one year past		18. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		19. IF TRANSPORTED & INMATE: 20. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Investigation <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Passenger <input type="checkbox"/> Forensic <input type="checkbox"/> Other (Specify) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 21. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
22a. DATE OF INJURY (Mo., Day, Yr.)		22b. TIME OF INJURY		22c. PLACE OF INJURY (Home, farm, street, factory, office, school, construction site, etc. (Specify))	
23a. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		23b. DESCRIBE HOW INJURY OCCURRED			
24. LOCATION OF INJURY - STREET & NUMBER, APT. NO.		CITY/TOWN		STATE ZIP CODE	
To be completed by MEDICAL CERTIFIER ONLY					
25a. DATE OF DEATH (Mo., Day, Yr.)		25b. TIME OF DEATH		26. TIME OF DEATH	
November 27, 2011		09:34 AM		27. TIME PROLONGED DEAD	
28. Signature and Title of Certifier (To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated)					
SPIKE STRIKE, MD		DATE SIGNED (Mo., Day, Yr.)		018000093414	
		12/23/2011			
29. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN		30. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		31. WAS CONSENT OBTAINED? (Not Applicable if No) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
32. NAME, TITLE AND ADDRESS OF CERTIFIER, PHYSICIAN, PHYSICIAN ASSISTANT, CORONER'S PHYSICIAN OR COUNTY ATTORNEY					
Robin Strick, MD, 303 Riverwalk Drive, Omaha, Nebraska, 68114					

Once signed, fax to Vital Records toll free 1-855-840-9030

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH

1. DECEDENT'S-NAME (First, Middle, Last, Suffix) Bill Edward Board				2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) November 27, 2011	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Reinbeck, Iowa				5a. AGE - Last Birthday (Yr.) 53		5b. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
7. SOCIAL SECURITY NUMBER 402-47-1091				5c. UNDER 1 DAY			
8d. FACILITY-NAME (if not institution, give street and number) 5678 Vinton				5d. PLACE OF DEATH HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility; <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify):			
8c. CITY OR TOWN OF DEATH (Include Zip Code) Omaha 68022				5e. COUNTY OF DEATH Douglas			
9a. RESIDENCE-STATE Nebraska		9b. COUNTY Douglas		9c. CITY OR TOWN Omaha			
9d. STREET AND NUMBER 5678 Vinton				9e. APT. NO.		9f. ZIP CODE 68022	
9g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
10a. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Unknown				10b. NAME OF SPOUSE (First, Middle, Last, Suffix) if wife, give maiden name			
11. FATHER'S-NAME (First, Middle, Last, Suffix) Ward Daniel Board				12. MOTHER'S-NAME (First, Middle, Maiden Surname) Lisa Anne James			
13. EVER IN U.S. ARMED FORCES? Give date of service if Yes. (Yes, No, or Unk.) No				14a. INFORMANT-NAME Lisa Board		14b. RELATIONSHIP TO DECEDENT Mother	
15. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify):		15a. EMBALMER-SIGNATURE		15b. LICENSE NO.		15c. DATE (Mo., Day, Yr.) November 27, 2011	
15d. CEMETERY, CREMATORY OR OTHER LOCATION Mt. Auburn Cemetery				CITY/TOWN Omaha		STATE Nebraska	
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City, or Town, State) Missouri River Chapel, 321 Hilltop Circle, Blair, Nebraska						17b. Zip Code 68008	
CAUSE OF DEATH (See instructions and examples)							
18. PART I. Enter the chain of events - disease, injury, or complication - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without describing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional line if necessary.						APPROXIMATE INTERVAL	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a) Chronic Obstructive Pulmonary Disease						onset to death 2 Months	
DUE TO, OR AS A CONSEQUENCE OF: b)						onset to death	
DUE TO, OR AS A CONSEQUENCE OF: c)						onset to death	
DUE TO, OR AS A CONSEQUENCE OF: d)						onset to death	
18. PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to the death but not resulting in the underlying cause given in PART I						19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
20. IF FEMALE: <input type="checkbox"/> Not pregnant: this past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant but pregnant: this 42 days of death <input type="checkbox"/> Not pregnant but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant: this past year		21a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		21b. IF TRANSPORTATION INJURY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):		21c. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
22a. DATE OF INJURY (Mo., Day, Yr.)						22b. TIME OF INJURY	
22c. PLACE OF INJURY-at home, farm, street, factory, office building, construction site, etc. (Specify):						21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
22d. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		22e. DESCRIBE HOW INJURY OCCURRED					
22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO.				CITY/TOWN		STATE	
22g. ZIP CODE							
23a. DATE OF DEATH (Mo., Day, Yr.) November 27, 2011				23b. DATE SIGNED (Mo., Day, Yr.) December 23, 2011		23c. TIME OF DEATH 09:34 AM	
23d. To be certified; knowledge, death occurred at the time, date and place and due to the cause(s) cited. (Signature and Title) Spike Strike, MD				24a. DATE SIGNED (Mo., Day, Yr.)			
24b. TIME OF DEATH				24c. PRONOUNCED DEAD (Mo., Day, Yr.)			
24d. TIME PRONOUNCED DEAD				24e. 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) cited. (Signature and Title)			
25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN		25a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25b. WAS CONSENT OBTAINED? Not Applicable if 25a is NO <input type="checkbox"/> YES <input type="checkbox"/> NO			
27. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, PHYSICIAN ASSISTANT, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Spike Strike, MD, 300 Brunswick Drive, Omaha, Nebraska, 68114							
28a. REGISTRAR'S SIGNATURE						28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.)	

To be completed/verified by: FUNERAL DIRECTOR

To be completed by: CERTIFIER

To be completed by: MEDICAL CERTIFIER ONLY

To be completed by: COUNTY ATTORNEY OR COUNTY ATTORNEY ONLY

Vital Records Contact Information

Vital Records Help Desk: 402.471.8275

(This number has a voice mailbox. If necessary, please leave a message and it will be returned as soon as possible.)

	Telephone	Title
Christine Noren	402.471.0912	Nosologist
Debra Firman	402.471.0912	Nosologist
Amy Eckery	402.471.6688	Help Desk Tech
Jackie Fairbanks	402.471.0919	Registration Supervisor, Training Coordinator
Jerry Fischer	402.471.0916	Project Manager
Mark Miller	402.471.0355	Health Data System Administrator
Joe Boone	402.471.0210	Business Application Support Tech
Craig Connolly	402.471.0870	IT Help Desk Coordinator

Vital Records Email: DHHS.VRRS@nebraska.gov