

Completing Death Certificate Handout 1:

Resources:

Cause of Death Quick Reference x Hyperosmolar - Google Search x hypoxemia - Google Search x dyspneic def - Google Search x +

play.google.com/store/apps/details?id=gov.cdc.iu.anubis

Google Calendar ... Office Carmeras JP Listserve LEGAL FORMS PaymentWorks 36 Quotes from MA... Public Safety Repor... TRAVEL REIMBURSE... New Tab

Google Play Games Apps Movies & TV Books Kids

Cause of Death Quick Reference

Centers for Disease Control and Prevention

4.6★ 17 reviews 1K+ Downloads Everyone

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This app is available for your device

Part I

Direct Causes of Death

Part I is for reporting the sequence of conditions or events leading directly to death. It begins with the **immediate cause of death**, the final disease or injury resulting in death, and proceeds backwards to the **underlying cause of death** (**covered line code in Part II**), which is defined as:

- the disease or injury that initiated the train of morbid events leading directly to death or
- the circumstances of the accident or violence that produced the fatal injury.

Each condition in Part I should cause the condition above it. A hierarchy of Part I is delineated below.

A specific underlying cause of death should be reported on the lowest line used in Part I so there is no ambiguity about the degree of the cause, or any question as to why it developed. In other words, the reported underlying cause should not be the result of another condition. For example, sepsis is not specific because a number of different conditions may result in sepsis, whereas human immunodeficiency virus infection is

Introduction

78-year-old Female with Temperature of 102.6 F

Introduction

The death certificate is the legal record of the fact of death and the cause of death. It is a vital part of the information that is used to monitor and improve public health.

Important Registrations

- the patient's final year of age
- local, state, and national conditions, diseases, injuries, and other events

A 78-year-old female with a temperature of 102.6 F was admitted to the hospital from a nursing home. She had become a resident of the nursing home 2 years earlier following a cerebrovascular accident, which left her with a residual left hemiparesis. Over the next year, she became increasingly dependent on others to help with her activities of daily living, eventually requiring an in-bed toilet chair. Six months before the current admission, for the 3 days prior to admission, she was unable to have food her appetite and to have become increasingly withdrawn. On admission to the hospital her rectal temperature was 102.6 F, she had dysuria, and gram-negative rods were seen on a gram stain of urine. Ampicillin and gentamicin were administered intravenously. On the third hospital day, admission blood cultures turned positive for *Pseudomonas aeruginosa*, which was resistant to ampicillin and gentamicin. Antibiotic therapy was changed to ticarcillin clavulanate, to which the organism was sensitive. Despite the antibiotic and intensive fluid support, the patient's liver continued. On the fourth hospital day, she became hypotensive and died.

How And When to Start:

The screenshot shows an email client interface. At the top, there is a navigation bar with a 'New message' button and several icons. The right side of the header shows the email address 'bcummings@hopkinscountytx...' and a profile icon.

Archive

INBOX

- Autopsy and Inquest
 - 1st Term
 - 2nd term
 - 2020
 - 2021
 - 2022
- City of Sulphur Springs
- Death Certification
 - 1st Term
 - 2nd term
 - 2019
 - 2020
 - 2021
 - 2022
- Defendant GPS

Message List:

From	Subject	Date
No_Reply@dshs.texas.gov	You Have Been Assigned a Death Record to Complete	yesterday at 3:28 PM
No_Reply@dshs.texas.gov	You Have Been Assigned a Death Record to Complete	11 Oct.
No_Reply@dshs.texas.gov	You Have Been Assigned a Death Record to Complete	28 Sep.
No_Reply@dshs.texas.gov	You Have Been Assigned a Death Record to Complete	15 Sep.
No_Reply@dshs.texas.gov	You Have Been Assigned a Death Record to Complete	12 Sep.
No_Reply@dshs.texas.gov	You Have Been Assigned a Death Record to Complete	9 Sep.
No_Reply@dshs.texas.gov	You Have Been Assigned a Death Record to Complete	8 Sep.
No_Reply@dshs.texas.gov	You Have Been Assigned a Death Record to Complete	28 Aug.
No_Reply@dshs.texas.gov	Record Information Changed	22 Aug.
No_Reply@dshs.texas.gov	You Have Been Assigned a Death Record to Complete	16 Aug.
No_Reply@dshs.texas.gov	You Have Been Assigned a Death Record to Complete	15 Aug.

Message Details:

You Have Been Assigned a Death Record to Complete

From: No_Reply@dshs.texas.gov (September 12, 2022 10:00 AM)

To: BCUMMINGS@hopkinscountytx.org

CC: TCALHOUN@hopkinscountytx.org

Electronic Death Record #000044445435263 has been designated to you for Medical Data Entry.

Decedent Name: Paul Bearer

Date of Death: 09/11/2022

Funeral Home: MURRAY-ORWOSKY FUNERAL HOME

Certifier: HOPKINS COUNTY JP PCT 2

Please visit <https://txever.dshs.texas.gov/TxEverUI/Welcome.htm> to view/update the details.

If it has been more than 90 days since your last login to TxEVER - please contact your facility's local administrator to unlock your account.

This is an automatically generated E-mail. Please do not 'Respond' to this E-mail as a response by E-mail will not be processed.

[Skip to main content](#)

📍 | 👤 | [LogOut](#)



TEXAS
Health and Human
Services | Texas Department of State
Health Services



Location

Message By: MCARRILLO On 2/1/2022 3:41:53 PM

For deaths related to the winter weather, please indicate "February 2022 Winter Weather" on the death certificate. Please complete the "Disaster-Related Mortality Surveillance Form" for the February 2022 Winter Weather. The form can be found here <https://www.dshs.texas.gov/commprep/disasterepi/surveillance/DisasterMortalitySurvForm.pdf> and email to DSHSDisasterEpi@dshs.texas.gov.

SELECT LOCATION

Location:

HOPKINS COUNTY JP PCT 2 - (DEATH) ▾

OK





Texas Department of State Health Services



FUNCTION ▾ TOOLS ▾ REPORTS ▾ HELP ▾

- [Medical Data Entry](#)
- [Statistical Import Review](#)
- [Medical Amendment](#)
- [Switch Location](#)
- [Exit Application](#)

BRAD CUMMINGS , welcome to the Texas Department

Services!

Show Dashboard





EDR: [input] Filing Deadline: [input] Day(s)

Unresolved Work Queue Filter: --Select a value--

MEDICAL DATA ENTRY

Unresolved Work Queue: --Select a value-- 0

Help tips

- All Unresolved
- Awaiting Medical Certification
- Medical Amendments
- JP/ME Review Pending
- Medical Data Entry Incomplete
- Pending Cause of Death
- Records filed with Registrar
- Rejected
- Submitted to Funeral Establishment

Unresolved List / Stakeholders

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

ACTIVITY:

Field Name:

Field Status:

Unknown Allowed:

Action:

Default Mode

GENERAL INFORMATION

Birth State File Number: [input] Record Type: * --Select a value--

DECEDENT'S LEGAL NAME

Prefix: --Select a value-- First Name: [input]

Middle Name: [input] Last Name: * [input]

Suffix: --Select a value--

DATE OF DEATH

Date of Death Type: * --Select a value-- Date of Death: * [input]

TIME OF DEATH

Time Of Death Type: --Select a value-- Time Of Death: [input] Time Of Death Indicator: --Select a value--

DECEDENT'S SEX

Sex: * --Select a value-- Maiden Last Name: [input]

DECEDENT'S DATE OF BIRTH

Date Of Birth: [input] Age Units: --Select a value-- Age: [input]

DECEDENT'S BIRTHPLACE

State/Country: (Please click checkbox to filter countries only) --Select a value-- County Of Birth: --Select a value-- City Of Birth: --Select a value--

DECEDENT'S SSN

SSN: [input] Social Security Missing Value Variable: --Select a value-- SSN Verification Status: [input]

EDR: 000044445462744 | Filing Deadline: 8 Day(s) | Unresolved Work Queue Filter: All Unresolved | MEDICAL DATA ENTRY | Unresolved Work Queue: PRUITT, LANA, 2022/10/18 1

Please select Decedent's Presumed Prefix

Unresolved List / Stakeholders ✓ Demographic 1 ✓ Demographic 2 ✓ Demographic 3 ✓ Demographic 4 Demographic 5 Medical 1 Medical 2 Medical 3 Comments Activity: Decedent's Presumed Prefix: --Select a value-- Field Status: Unresolved Unknown Allowed: No Action: Updating Record	DECEDENT'S PRESUMED NAME	
	Prefix: --Select a value--	First Name: PAUL
	Middle Name: MORTUARY	Last Name: BEARER
	Suffix: --Select a value--	Sex: []
	Medical Record Number: []	ME Case Number: []
CERTIFIER		
Certifier Type: JP	Certifier Name: BRAD CUMMINGS	
Certifier Office Name: HOPKINS COUNTY JP PCT 2	Certifier Title: JP	
Street Address: 128G JEFFERSON	State/Country: TEXAS	
County: HOPKINS	City/Town: SULPHUR SPRINGS	
Zip: 75482	Zip Ext: []	
Certifier License: []	Date Certifier Signed: []	
DATE AND TIME OF DEATH		
Date Of Death: 10/18/2022	Time Of Death Type: --Select a value--	
Time Of Death: []	Time Of Death Indicator: --Select a value--	
[Previous] [Save] [Next]		

Please enter Time Of Death From

Unresolved List / Stakeholders

- Demographic 1
- Demographic 2
- Demographic 3
- Demographic 4
- Demographic 5

Medical 1

Medical 2

Medical 3

Comments

ACTIVITY:

Time Of Death: .

Field Status: Unresolved

Unknown Allowed: Yes

Action: Updating Record

Crosscheck

Message: Presumed Time Of Death should be same as actual Time Of Death

Time Of Death: 02:08

Actual Time Of Death: 02:50

Please enter a comment

THE TIME OF DEATH IS 2:08 PM

OK

DECEASED'S PRESUMED NAME

HOPKINS | SOLPHUR SPRINGS

Zip: 75482 | Zip Ext:

Certifier License: | Date Certifier Signed: / /

DATE AND TIME OF DEATH

Date Of Death: 10/18/2022 | Time Of Death Type: FOUND ON

Time Of Death: 02:08 | Time Of Death Indicator: --Select a value--

Previous Save Next



EDR: 000044445462744

Filing Deadline: 8 Day(s)

Unresolved Work Queue Filter: All Unresolved

MEDICAL DATA ENTRY

Unresolved Work Queue: PRUITT, LANA, 2022/10/18 1

Please enter Time Of Death From

<p>Unresolved List / Stakeholders</p> <p>Demographic 1 ✓</p> <p>Demographic 2 ✓</p> <p>Demographic 3 ✓</p> <p>Demographic 4 ✓</p> <p>Demographic 5</p> <p>Medical 1 ✓</p> <p>Medical 2</p> <p>Medical 3</p> <p>Comments</p> <p>ACTIVITY:</p> <p>Time Of Death: 02:08</p> <p>Field Status: Resolved</p> <p>Unknown Allowed: Yes</p> <p>Action: Updating Record</p>	GENERAL INFORMATION		
	State File Number:	Birth State File Number:	Record Type: IDENTIFIED
	DECEDENT'S LEGAL NAME		
	Prefix:	First Name: PAUL	
	Middle Name: MORTUARY	Last Name: BEARER	
	Suffix:		
	DATE OF DEATH		
	Date of Death Type: ACTUAL DATE OF DEATH	Date of Death: 10/18/2022	
	TIME OF DEATH		
	Time Of Death Type: ACTUAL TIME OF DEATH	Time Of Death: 02:50	Time Of Death Indicator: PM
DECEDENT'S SEX		DECEDENT'S DATE OF BIRTH	
Sex: FEMALE	Date Of Birth: 10/01/1949		
Maiden Last Name: TOWNSEND	Age Units: YEARS		
		Age: 73	
DECEDENT'S BIRTHPLACE		DECEDENT'S SSN	
State/Country: (Please click checkbox to filter countries only) <input type="checkbox"/> TEXAS		SSN: 463-90-2243	
County Of Birth: HOPKINS	Social Security Missing Value Variable:		
City Of Birth: HOPKINS COUNTY	SSN Verification Status: PASSED		
City(Other):			

Previous Save Next



EDR: 000044445462744
Filing Deadline: 8 Day(s)
Unresolved Work Queue Filter: All Unresolved

MEDICAL DATA ENTRY

Unresolved Work Queue: PRUITT, LANA, 2022/10/18

Please select Cause Of Death Is Pending

Unresolved List / Stakeholders	CAUSE OF DEATH - PART I
<input checked="" type="checkbox"/> Demographic 1	<input type="checkbox"/> Cause Of Death Is Pending
<input checked="" type="checkbox"/> Demographic 2	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: Onset to Death
<input checked="" type="checkbox"/> Demographic 3	IMMEDIATE CAUSE (Final disease or condition resulting in death.)
<input checked="" type="checkbox"/> Demographic 4	a. <input type="text"/>
Demographic 5	DUE TO (or as a consequence of.)
<input checked="" type="checkbox"/> Medical 1	b. <input type="text"/>
Medical 2	DUE TO (or as a consequence of.)
Medical 3	c. <input type="text"/>
Comments	DUE TO (or as a consequence of.)
	d. <input type="text"/>
ACTIVITY:	CAUSE OF DEATH - PART II
Cause Of Death Is Pending: false	Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I:
Field Status: Resolved	<input type="text"/>
Unknown Allowed: No	AUTOPSY INFORMATION
Action: Updating Record	Was an Autopsy Performed: <input type="text"/>
	Were Autopsy Findings Available to Complete Cause of Death: <input type="text"/>
	MANNER OF DEATH
	Manner Of Death: <input type="text"/>
	DID TOBACCO USE CONTRIBUTE TO DEATH
	Tobacco use contribute to death: <input type="text"/>
	IF FEMALE (AGED 10-75) PREGNANT
	Pregnant: <input type="text"/>
	<input type="button" value="Previous"/> <input type="button" value="Save"/> <input type="button" value="Next"/>

Is This Properly Completed? No!

The screenshot displays the Texas Department of State Health Services Medical Data Entry interface. A validation error message is shown in a pop-up window:

Field: Cause Of Death Line A.
Term: CARDIAC ARREST
Message: Ill Defined term "CARDIAC ARREST" found on Line1a. Please be more specific.
Validation Type: IllDefined

The user is prompted to "Select 'Ok' to continue or 'Cancel' to correct." The background form includes sections for "DEATH - PART I", "CAUSE OF DEATH - PART II", "AUTOPSY INFORMATION", and "MANNER OF DEATH". The "MANNER OF DEATH" section shows "Manner Of Death" set to "--Select a value--". The "Did TOBACCO USE CONTRIBUTE TO DEATH" section shows "Tobacco use contribute to death" set to "--Select a value--". The "IF FEMALE (AGED 10-75) PREGNANT" section shows "Pregnant" set to "--Select a value--".

At the bottom of the screen, the Windows taskbar shows the system time as 4:24 PM on 10/20/2022, with a temperature of 80°F and a sunny weather condition.



EDR: 000044445462744 Filing Deadline: 8 Day(s)

Unresolved Work Queue Filter: All Unresolved

MEDICAL DATA ENTRY

Unresolved Work Queue: Bearer, Paul 2022/10/18 1

Please select Female - Pregnant

- Unresolved List / Stakeholders
- Demographic 1
- Demographic 2
- Demographic 3
- Demographic 4
- Demographic 5
- Medical 1
- Medical 2
- Medical 3
- Comments

ACTIVITY:

Female - Pregnant: --Select a value--

Field Status: Unresolved

Unknown Allowed: Yes

Action: Updating Record

CAUSE OF DEATH - PART I

Cause Of Death Is Pending

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: Onset to Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. CARDIAC ARREST DUE TO HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE MINUTES

DUE TO (or as a consequence of.)

b. HYPERTENSION YEARS

DUE TO (or as a consequence of.)

c. CHRONIC OBSTRUCTIVE PULMONARY DISEASE YEARS

DUE TO (or as a consequence of.)

d.

CAUSE OF DEATH - PART II

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

COMPLICATIONS OF ALZHEIMER'S DISEASE, CHRONIC KIDNEY DISEASE

AUTOPSY INFORMATION

Was an Autopsy Performed: NO Were Autopsy Findings Available to Complete Cause of Death: --Select a value--

MANNER OF DEATH

Manner Of Death: NATURAL

DID TOBACCO USE CONTRIBUTE TO DEATH

Tobacco use contribute to death: UNKNOWN If FEMALE (AGED 10-75) PREGNANT: Pregnant: NOT PREGNANT WITHIN THE PAST YEAR

Previous Save Next

Approximate Interval: Onset to Death

Medical Data Entry - TxEVER - Google Chrome
txever.dshs.texas.gov/TxEVERUI/death/gui/Medical%20Data%20Entry/MedicalDataEntry.aspx#5

TEXAS Health and Human Services | Texas Department of State Health Services

FUNCTIONS RECORD TOOLS HELP

EDR: 000044445462744 Filing Deadline: 8 Day(s) Unresolved Work Queue Filter: All Unresolved Unresolved Work Queue: 1

MEDICAL DATA ENTRY

Please select Cause Of Death Is Pending

Unresolved List / Stakeholders

- Demographic 1
- Demographic 2
- Demographic 3
- Demographic 4
- Demographic 5
- Medical 1
- Medical 2
- Medical 3
- Comments

ACTIVITY:

Cause Of Death Is Pending: false
Field Status: Resolved
Unknown Allowed: No
Action: Updating Record

CAUSE OF DEATH - PART I

Cause Of Death Is Pending

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: Onset to Death

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

a. [Redacted] []

b. DUE TO (or as a consequence of.) []

c. DUE TO (or as a consequence of.) []

d. DUE TO (or as a consequence of.) []

CAUSE OF DEATH - PART II

Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I:

[Redacted]

AUTOPSY INFORMATION

Was an Autopsy Performed: --Select a value-- Were Autopsy Findings Available to Complete Cause of Death: --Select a value--

MANNER OF DEATH

Manner Of Death: --Select a value--

DID TOBACCO USE CONTRIBUTE TO DEATH | **IF FEMALE (AGED 10-75) PREGNANT**

Tobacco use contribute to death: --Select a value-- Pregnant: --Select a value--

Previous Save Next

80°F Sunny 4:20 PM 10/20/2022

- Years
- Months
- Days
- Weeks
- Hours
- Minutes
- Seconds
- Immediately
- Approximately
- Unknown

Injury

Medical Data Entry - TxEVER - Google Chrome
txever.dshs.texas.gov/TxEVERUI/death/gui/Medical%20Data%20Entry/MedicalDataEntry.aspx#6

TEXAS Health and Human Services | Texas Department of State Health Services

FUNCTIONS - RECORD - TOOLS - HELP -

EDR: 000044445462744 | Filing Deadline: 8 Day(s) | Unresolved Work Queue Filter: All Unresolved | MEDICAL DATA ENTRY | Unresolved Work Queue: PRUITT, LANA, 2022/10/18 1

Please select Female - Pregnant

Unresolved List / Stakeholders

- Demographic 1
- Demographic 2
- Demographic 3
- Demographic 4
- Demographic 5
- Medical 1
- Medical 2
- Medical 3**
- Comments

ACTIVITY:

- Female - Pregnant: --Select a value--
- Field Status: Unresolved
- Unknown Allowed: Yes
- Action: Updating Record

ANY INJURY INFORMATION TO REPORT

Any Injury Information To Report: --Select a value--

TRANSPORTATION INJURY INFORMATION

Was injury related to a transportation accident: --Select a value-- | Decedent's Role In Transportation Injury: --Select a value--

(Specify):

DATE AND TIME OF INJURY

Date Of Injury Type: --Select a value-- | Date of Injury: / /

Time Of Injury Type: --Select a value-- | Injury Time: : :

AM/PM: --Select a value--

PLACE OF INJURY

Injury at Work: --Select a value-- | Place of Injury:

Street Address: | Apt:

State/Country: (Please click checkbox to filter countries only) | County: --Select a value--

City/Town: --Select a value-- | City(Other):

Zip: --SELECT A VALUE-- | Zip Ext:

DESCRIBE HOW INJURY OCCURED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLES INVOLVED

Describe how injury occurred:

Previous Save Next

Certification

Medical Data Entry - TxEVER - Google Chrome
 txever.dshs.texas.gov/TxEVERUI/death/gui/Medical%20Data%20Entry/MedicalDataEntry.aspx#1

Skip to main content GLOBAL DEATH FETAL DEATH

TEXAS Health and Human Services | Texas Department of State Health Services

FUNCTIONS RECORD TOOLS HELP

EDR: 000044445462744 Filing Deadline: 8 Day(s) Unresolved Work Queue Filter: All Unresolved

MEDICAL DATA ENTRY Work Queue: 10/20/2022/10/18 1

Please select Cause Of Death Is Pending

Unresolved List / Stakeholders

- ✓ Demographic 1
- ✓ Demographic 2
- ✓ Demographic 3
- ✓ Demographic 4
- Demographic 5
- ✓ Medical 1
- ✓ Medical 2
- ✓ Medical 3
- Comments

ACTIVITY:

Field Name: _____

Field Status: _____

Unknown Allowed: Yes

Action: Updating Record

GENERAL INFORMATION		
State File Number:	Birth State File Number:	
DECEDENT'S LEGAL NAME		
Prefix:	First Name: Paul	
Middle Name: Mortuary	Last Name: Bearer	
Suffix:		
DATE OF DEATH		
Date of Death Type:	Date of Death:	
ACTUAL DATE OF DEATH	10/18/2022	
TIME OF DEATH		
Time Of Death Type:	Time Of Death:	Time Of Death Indicator:
ACTUAL TIME OF DEATH	02:50	PM
DECEDENT'S SEX		DECEDENT'S DATE OF BIRTH
Sex:	MALE	Date Of Birth: 10/01/1949
Maiden Last Name:		Age Units: YEARS
		Age: 73
DECEDENT'S BIRTHPLACE		DECEDENT'S SSN
State/Country: (Please click checkbox to filter countries only) <input type="checkbox"/> TEXAS		SSN: 463-90-2243
County Of Birth: HOPKINS		Social Security Missing Value Variable:
City Of Birth: HOPKINS COUNTY		SSN Verification Status: PASSED
City(Other):		

- Search
- New
- Save
- Print
- Cancel
- Decline
- Process Medical Amendment
- Demographic Designation
- Medical Re-Designation
- Medical Certification
- Release
- De-Certify
- Abandon



Texas Department of State Health Services

FUNCTIONS RECORD TOOLS HELP



EDR: 000044445462744 Filing Deadline: 8 Day(s) Unresolved Work Queue Filter: All Unresolved

MEDICAL DATA ENTRY

Unresolved Work Queue: PRUITT, LANA, 2022/10/18

Please select Cause Of Death is Pending

Medical Certification

DECEDENT'S INFORMATION

First Name: Paul
Middle Name: Mortuary
Last Name: Bearer
Suffix:

Date of Death:
Time of Death:
Place of Death:

PLEASE ENTER PIN

To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Certifier Pin: [REDACTED]

Buttons: Preview, Cancel, Certification, Forgot PIN, Ok, Cancel

Death Registration

Record certified successfully.

OK

Field Name:	DECEDENT'S SEX	DECEDENT'S DATE OF BIRTH
Field Status:	Sex: FEMALE	Date Of Birth: 10/01/1949
Unknown Allowed: Yes	Maiden Last Name: TOWNSEND	Age Units: YEARS
Action: Updating Record		Age: 73
	DECEDENT'S BIRTHPLACE	DECEDENT'S SSN
	State/Country: (Please click checkbox to filter countries only) <input type="checkbox"/> TEXAS	SSN: 463-90-2243
	County Of Birth: HOPKINS	Social Security Missing Value Variable:
	City Of Birth: HOPKINS COUNTY	SSN Verification Status: PASSED
	City(Other):	

Medical Amendment

Medical Amendment

Home - TSEVER - Google Chrome
tsever.dshs.texas.gov/TSEVERUI/Death/Home.aspx

Skip to main content GLOBAL DEATH FETAL DEATH

TEXAS Health and Human Services | Texas Department of State Health Services

BRAD CUMMINGS , welcome to the Texas Department of State Health Services!

FUNCTION - TOOLS - REPORTS - HELP -

- Medical Data Entry
- Statistical Report Review
- Medical Amendment
- Switch Location
- Exit Application

Show Dashboard

Current Date: 20-Oct-2022 | Build Number: 2.0.7.5

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https://tsever.dshs.texas.gov/TSEVERUI/Death/Home.aspx#

80°F Sunny 4:09 PM 10/20/2022



Texas Department of State Health Services



Search

MEDICAL AMENDMENT

Unresolved Work Queue:

--Select a value-- 0

PLEASE SELECT RECORD TO PROCEED





TEXAS
Health and Human
Services | Texas Department of State
Health Services



Search

MEDICAL AMENDMENT

Unresolved Work Queue:
--Select a value-- 0

PLEASE SELECT RECORD TO PROCEED





MEDICAL AMENDMENT

Death Search

PLEASE: TYPE OF SEARCH

Wild-Card Soundex

DECEDENT'S INFORMATION

EDR Number:

Date Of Death: (ex. 00/00/2012 if month and day are not known, 02/00/2012 if day is not known.)*

Decedent's First Name:

Decedent's Middle Name:

Decedent's Last Name:

Decedent's SSN:

RECORD INFORMATION

State File Number:

DECEDENT'S PRESUMED INFORMATION

Medical Record Number:

EDR Number	Date Of Death	Decedent's First Name	Decedent's Middle Name	Decedent's Last Name	Decedent's SSN	State File Number	Medical Record Number

Page 1 of 1

Search Select Record(s) Clear Close

When and How to Start?

The screenshot shows an email interface. On the left is a sidebar with folders: Archive, INBOX, Autopsy and Inquest (with sub-folders for 1st Term, 2nd term, 2020, 2021, 2022, and City of Sulphur Springs), Death Certification (with sub-folders for 1st Term, 2nd term, 2019, 2020, 2021, 2022), and Defendant GPS. The main area displays a list of emails from 'No_Reply@dshs.texas.gov' with the subject 'You Have Been Assigned a Death Record to Complete'. The selected email is dated '12 Sep.' and is highlighted in blue. To the right, the content of this email is shown. It includes a header with the subject, a profile picture of 'No_Reply@dshs.texas.gov', and recipient information: 'To: BCUMMINGS@hopkinscountytx.org' and 'CC: TCALHOUN@hopkinscountytx.org'. The body text states: 'Electronic Death Record #000044445435263 has been designated to you for Medical Data Entry.' It lists details for a decedent: 'Decedent Name: Paul Bearer', 'Date of Death: 09/11/2022', 'Funeral Home: MURRAY-ORWOSKY FUNERAL HOME', and 'Certifier: HOPKINS COUNTY JP PCT 2'. A link is provided: 'Please visit <https://txever.dshs.texas.gov/TxEver/Welcome.htm> to view/update the details.' A note follows: 'If it has been more than 90 days since your last login to TxEVER - please contact your facility's local administrator to unlock your account.' The email concludes with: 'This is an automatically generated E-mail. Please do not 'Respond' to this E-mail as a response by E-mail will not be processed.'



MEDICAL AMENDMENT

Unresolved Work Queue: 0

Death Search

TYPE OF SEARCH

Wild-Card Soundex

DECEDENT'S INFORMATION

EDR Number:

Date Of Death: (ex. 00/00/2012 if month and day are not known, 02/00/2012 if day is not known.)*

Decedent's First Name:

Decedent's Middle Name:

Decedent's Last Name:

Decedent's SSN:

RECORD INFORMATION

State File Number:

DECEDENT'S PRESUMED INFORMATION

Medical Record Number:

EDR Number	Date Of Death	Decedent's First Name	Decedent's Middle Name	Decedent's Last Name	Decedent's SSN	State File Number	Medical Record Number

Page 1 of 1

Search Select Record(s) Clear Close

Current Date: 20





MEDICAL AMENDMENT

Unresolved Work Queue:

Bearer, Paul, 09/10/2022 1

DECEDENT'S INFORMATION

Date Of Death:	09/11/2022
Decedent's First Name:	Paul
Decedent's Middle Name:	Mortuary
Decedent's Last Name:	Bearer
Decedent's Suffix:	
Decedent's Sex:	MALE
Decedent's Date Of Birth:	05/15/1963
Decedent's State/Country Of Birth:	TEXAS
Birth State File Number:	

PARENT'S INFORMATION

Father/Parent 2 First Name:	Morty
Father/Parent 2 Last Name:	Bearer
Mother/Parent 1 First Name:	Morticia
Mother/Parent 1 Last Name:	Bearer

DISPOSITION AND FACILITY

Method Of Disposition:	CREMATION
Facility Name:	MURRAY-ORWOSKY FUNERAL HOME
Funeral Service Licensee:	

CERTIFIER

Certifier Name:	BRAD CUMMINGS
-----------------	---------------

REGORD INFORMATION

State File Number:	1669742022
State File Date:	09/15/2022

PLACE OF DEATH INFORMATION

Place Of Death:	SPRINGS, HOPKINS, TX 75482
Place Of Death County:	HOPKINS
Place Of Death Town:	SULPHUR SPRINGS

DECEDENT'S PRESUMED INFORMATION

Time Of Death:	08:25
Time Of Death Indicator:	AM

MANNER OF DEATH

Manner Of Death:	NATURAL
------------------	---------

Go

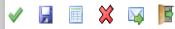


[Skip to main content](#)



Texas Department of State Health Services

PROCESS



EDR: 000044445435263

MEDICAL AMENDMENT

Unresolved Work Queue:

TANTON, JEFFREY, 09/11/2022

[Help tips](#)

Unresolved	DECEDENT'S PRESUMED NAME	
Demographic 1	Prefix:	First Name: Paul
Demographic 2	Middle Name: Mortuary	Last Name: Bearer
Demographic 3	Suffix:	Sex: MALE
Demographic 4	Medical Record Number:	ME Case Number:
Demographic 5		
Medical 1	CERTIFIER	
Medical 2	Certifier Type: JP	Certifier Name: BRAD CUMMINGS
Medical 3	Certifier Office Name: HOPKINS COUNTY JP PCT 2	Certifier Title: JP
Comments	Street Address: 128G JEFFERSON	State/Country: TEXAS
ACTIVITY:	County: HOPKINS	City/Town: SULPHUR SPRINGS
Field Name:	Zip: 75482	Zip Ext:
Field Status:	75482	Date Certifier Signed: 09/12/2022
Unknown Allowed:	Certifier License:	
Action: Retrieving Record		
	DATE AND TIME OF DEATH	
	Date Of Death : 09/11/2022	Time Of Death Type: FOUND ON
	Time Of Death: 08:25	Time Of Death Indicator: AM

000044449435203

TANTON, JEFFREY, 09/11/2022

Please enter Enter the chain of events - that caused the death D

Unresolved

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

ACTIVITY:
Enter the chain of events - that caused the death:
Field Status: Unresolved
Unknown Allowed: No
Action: Updating Record

CAUSE OF DEATH - PART I

Cause Of Death Is Pending
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: Onset to Death

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

a. TYPE 3 MYOCARDIAL INFARCTION SECONDS

b. DUE TO (or as a consequence of.) HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE MONTHS

c. DUE TO (or as a consequence of.) HYPERTENSION MONTHS

d.

CAUSE OF DEATH - PART I

Cause Of Death Is Pending
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: Onset to Death

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

a. CARDIAC ARREST DUE TO HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE SECONDS

b. DUE TO (or as a consequence of.) HYPERTENSION MONTHS

c. DUE TO (or as a consequence of.) DIABETES YEARS

d. DUE TO (or as a consequence of.)

Comments

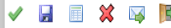
Confirm Changes

[Skip to main content](#)



Texas Department of State Health Services

PROCESS



EDR: 000044445435263

MEDICAL AMENDMENT

Unresolved Work Queue:

TANTON, JEFFREY, 09/11/2022

Help tips

Unresolved	
Demographic 1	
Demographic 2	
Demographic 3	
Demographic 4	
Demographic 5	
Medical 1	
Medical 2	
Medical 3	
Comments	
ACTIVITY:	
Field Name:	
Field Status:	
Unknown Allowed:	
Action:	
Retrieving Record	

DECEDENT'S PRESUMED NAME			
Prefix:		First Name: Paul	
Middle Name: Mortuary		Last Name: Bearer	
Suffix:		Sex: MALE	
Medical Record Number:		ME Case Number:	

CERTIFIER			
Certifier Type:	JP	Certifier Name:	BRAD CUMMINGS
Certifier Office Name:	HOPKINS COUNTY JP PCT 2	Certifier Title:	JP
Street Address:	128G JEFFERSON	State/Country:	TEXAS
County:	HOPKINS	City/Town:	SULPHUR SPRINGS
Zip:	75482	Zip Ext:	
Certifier License:		Date Certifier Signed:	09/12/2022

DATE AND TIME OF DEATH			
Date Of Death :	09/11/2022	Time Of Death Type:	FOUND ON
Time Of Death:	08:25	Time Of Death Indicator:	AM

Certification

Certification

The screenshot displays the Texas Department of State Health Services' Medical Data Entry interface. The main window shows a form for entering death data, with a central pop-up window titled "Medical Certification" and a smaller "Death Registration" confirmation box.

Medical Certification Pop-up:

- Decedent's Information:**
 - First Name: Paul
 - Middle Name: Anthony
 - Last Name: Brewer
 - Suffix:
- Date of Death:**
- Time of Death:**
- Place of Death:**

Death Registration Confirmation:

Record certified successfully.

PLEASE ENTER PIN:

To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Certifier Pin: [Redacted]

Decedent's Information Table:

Field Name	DECEASED'S SEX	DECEASED'S DATE OF BIRTH
Sex:	FEMALE	Date Of Birth: 1991194
Maiden Last Name:	TOWNSEND	Age Units: YEARS
		Age: 73

Decedent's Birthplace:

State/Country:	Decedent's SSN
State/Country: (Please click checkbox to filter countries only) <input type="checkbox"/> TEXAS	SSN: 40-86-2543
County Of Birth: HOPKINS	Social Security Missing Value Variable:
City Of Birth: HOPKINS COUNTY	SSN Verification Status: PASSED
City(Other):	

Texas EMS & Trauma Registries

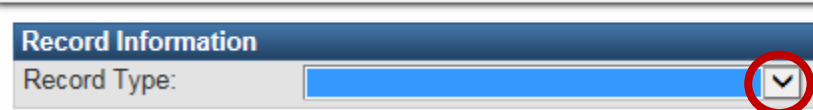
Data Entry Hints & Tips for Justices of the Peace

Once you have been able to log into the Texas EMS & Trauma Registries, the new user training slides will provide basic instructions for navigating the system. The following hints are provided to assist you with entering the records into the Registry system. This document assumes that you have logged into the Registry and have selected "Create a New Record."

CREATE RECORD – PERSON INFORMATION

For Record Type, you will select Patient Record – Submersion or Patient Record TBI/SCI. For this discussion, we will address entering a submersion record.

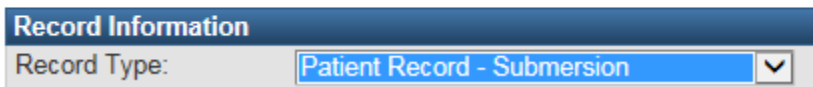
Create Record - Person Information



Record Information
Record Type:

Click the down arrow. A drop down list will show all records available. Select Patient Record – Submersion (If you wish to enter TBI/SCI in the future, follow this same process.)

Create Record - Person Information



Record Information
Record Type:

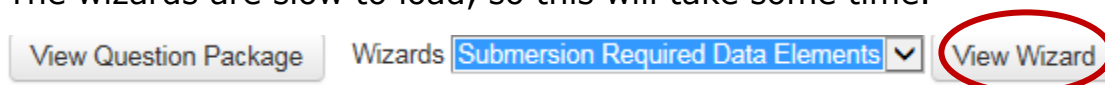
Enter the person information. When completed, click Save at the bottom.

This will take you to the Record Summary. You now want to complete the question packages. At the bottom, you will see the following:



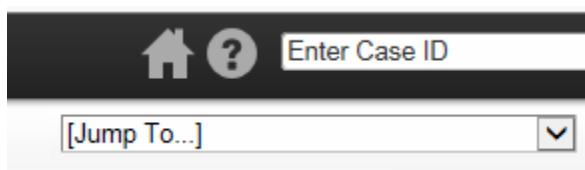
View Question Package Wizards View Wizard

Click the down arrow and select Submersion Required Data Elements. Click View Wizard. The wizards are slow to load, so this will take some time.



View Question Package Wizards View Wizard

The Individual information should be populated from the first page where you entered the person's demographics. If not, on the upper right tool bar is an option to "Jump To...". Click on that and select Edit person.



Home ? Enter Case ID
[Jump To...]

COMPLETE ALL QUESTIONS WITH AN ASTERISK (*) TO THE LEFT OF THE QUESTION. THIS ARE ALL REQUIRED QUESTIONS.

Provider Name: This is where you enter your assigned DSHS Id number.

Click on the magnifying glass and search for your entity name.

* Provider Name *Not answered*  * Provider DSHS ID number

This will bring up the Search Event page.

Search Event

Search Criteria

Record ID:


Name:


Street:

State:

Zip Code:

Record Type:

From Date: 

To Date: 

Sort Options

Sort By:

Sort Order:

Search Options

Search History:

Search Soundex:

On Record Type: Click down arrow and select Justice of the Peace

Record Type:

On Name: Enter your entity name followed by an asterisk

When you enter your entity name, include an asterisk (*) following the name. This is a wildcard symbol that must be included.

You may enter only a portion of your entity name (.e.g. County name).

Click Search at the bottom. It will bring up all JP entities with the entered criteria.

See following example:

Search Event

Search Criteria

Record ID:

Name:

Street:

State:

Zip Code:

Record Type:

From Date:

To Date:

Sort Options

Sort By: ▼

Sort Order: ▼

Search Options

Search History:

Search Soundex:

Search Results

Search Results

Record ID	Name
JP_2279970	Travis Precinct 1 Place 1
JP_2279971	Travis Precinct 2 Place 1
JP_2279972	Travis Precinct 3 Place 1
JP_2279973	Travis Precinct 4 Place 1
JP_2279974	Travis Precinct 5 Place 1

Showing 1 to 5 of 5 entries

Double click on your entity name. It will populate in the Provider Name field and populate the DSHS Id number on the right side of the screen.

* Provider Name

JP_2279970 - Justice of the Peace - Travis Precinct 1 Place 1

* Provider DSHS ID number

2279970

Hospital Arrival/Discharge section - Skip this section. (That is for hospitals to complete since they also use this same record to report.)

JP/ME Section: Complete Date of Death

If Date of Death is grayed out, go to the Jump To box in the top tool bar and select Edit Person from the drop down. Return here to complete the record.

ICD-10 underlying cause of death code: This is an optional field- You may select a null value – Not Known/Not Recorded. We know that JPs do not work with ICD-10 codes. We are considering converting this to a narrative field.

Event Section: Complete required questions (*) or provide null value listed on right side of record. Optional questions do not have to be answered. You may opt to answer any pertinent questions you have information on. (e.g. Witness, drug/alcohol use, supervision, lifeguard, etc.) You may enter a narrative in the last box labeled "Enter any circumstances no previously entered....."

Enter any circumstances not previously entered / recorded that further describe this incident

When all information completed, click Save. You should be done.

If you have any questions or need assistance, please feel free to email us at injury.web@dshs.texas.gov

CASE # _____

INQUEST INFORMATION

DEMOGRAPHICS				NOTIFICATION					
NAME				DATE	TIME NOTIFIED	ARRIVAL TIME			
DOB	AGE	SEX	RACE	POSITIVE ID BY					
DL #				LOCATION					
ADDRESS				ADDRESS					
TOWN			ST	ZIP					
NEXT OF KIN				DEATH INFORMATION					
PRIMARY	NAME		PHONE		DATE OF DEATH	TIME OF DEATH	DATE & TIME PRONOUNCED		
	RELATIONSHIP	ON SCENE	NOTIFIED		DEFINITIVE	APPROXIMATE	FOUND		
	ADDRESS		CERT	ORGANIZATION		Actual	Presumed	Est.	
TOWN		ST	ZIP		POSITION				
SECONDARY	NAME		PHONE		CONDITION				
	RELATIONSHIP	ON SCENE	NOTIFIED		LAST SEEN DATE	LAST SEEN TIME	LAST SEEN BY		
	ADDRESS		TOWN		ST	ZIP			
MEDICAL INFORMATION				DIAGRAM					
PCP		PHONE							
SPECIALIST		PHONE							
DX	RX	NOTES							
LAST ORAL INTAKE				TIME					
NOTES				CAUSE & MANNER					
				GENERAL CAUSE		MANNER			
				SPECIFIC CAUSE			ONSET		
				DUE TO			ONSET		
				DUE TO			ONSET		
				DUE TO			ONSET		
				DUE TO			ONSET		
OTHER SIGNIFICANT CONTRIBUTING CONDITIONS									
DID TOBACCO USE CONTRIBUTE				PREGNANT IF FEMALE 10-54					
INVESTIGATING AGENCY INFORMATION				BODY RELEASE					
AGENCY			CASE NUMBER						
LEAD INVESTIGATOR			PHONE						
INITIAL OFFICER			PHONE						
AUTOPSY		PERFORMED BY							
FUNERAL HOME				NOTIFIED		ARRIVED			
CONTACT				PHONE					
REQUIRED REPORTS									
DSHS INJURY	CONSULATE	TX DPS	DSHS/HEALTH DEPT	MPCH	LE / CFRT				
SUBMERSION		CR-1001	COMMUNICABLE DISEASE	UNIDENTIFIED BODY	CHILD ABUSE				
TBI / SCI									