

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Center for Records and Statistics

EDR

ELECTRONIC DEATH REGISTRATION

Center for Records and Statistics

- Centralized registration and issuance system located in Downtown New Orleans.
- 61 local registrars at Parish Health Units (PHU)
 - All issue certified death certificates
 - 9 Service Centers throughout the State
- Approximately 43,000 Louisiana death certificates are registered each year.
- Original death certificates are archived at Vital Records for 50 years.
- Death registration is currently an entirely manual process.

What is EDR?

The **primary purpose** of an EDR system is to enable the participants of death registration to **file death records with local and state registrars electronically**. An EDR system provides for on-line access so that decedent fact-of-death and cause-of-death information can be registered electronically by **multiple death registration participants working on the same case**. With an EDR system, funeral directors will be **better able to serve families** by obtaining copies of death certificates with **fewer errors, faster and more efficiently**.

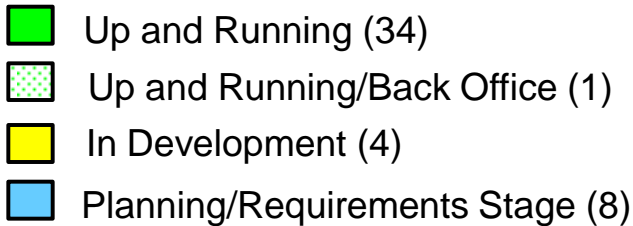
EDR Benefits

- ⦿ Provides for paperless filing of a death record
- ⦿ Facilitates on-line collaboration among multiple death registration system users, including funeral homes, physicians, coroners, and local and state registrars
- ⦿ Eliminates the need to physically track down physicians to obtain signatures
- ⦿ Allows for the printing of the Burial Transit Permit (BTP) at the local funeral home
- ⦿ Provides the capability to electronically order certified copies for the family

EDR Benefits ... *continued*

- ⦿ Improves the **timeliness and quality** of death data
- ⦿ Improves **fraud prevention** by using electronic authentication
- ⦿ **Reduces errors** by verifying the decedent's SSN by automatically matching with **SSA files**
- ⦿ Enables faster death registration at the Vital Records Office, which will **speed turnaround time** for obtaining certified copies for families
- ⦿ Supports the **completion and filing** of a death record that is **partially an electronic record** and **partially a paper certificate** if all participants are not on-line

Updated December 2010





Louisiana Electronic Events Registration System

LEERS is a web-based registration and processing software application with integrated business, accounting and statistical analysis systems.

The full range of the LEERS modules includes the birth, death, fetal death, marriage, divorce and induced termination of pregnancy (ITOP) modules which are integrated with a state-of-the-art business (Sales & Management) module and an imaging system for scanning and saving approximately 10 million archived records.

LEERS

Louisiana Electronic Events Registration System

- ◉ Modules completed & implemented
 - ◉ Birth – launched December 6th 2010
 - ◉ Sales & Management (SAM) – launched January 31st 2011
- ◉ Modules in-progress
 - ◉ Induced Termination of Pregnancy (ITOP) – Designed & Tested
 - ◉ Marriage & Divorce – In Development phase
 - ◉ Death & Fetal Death – In Design & Development phase

LEERS Features

- ✓ User-friendly death record data entry screens
- ✓ Highly secure and Internet-accessible
- ✓ Available 24 hours/day, 7 days/week
- ✓ Accommodates large funeral home firms and small funeral homes
- ✓ Advanced content-specific search engine
- ✓ Auto-population feature reduces redundancy
- ✓ Page by Page Built-in Data Entry Validations
- ✓ Electronic Certification option for physicians / certifiers
- ✓ Friendly Support Team
- ✓ Indexed, content-specific Web Help with screenshots and instructions
- ✓ Downloadable User Guides and Forms
- ✓ NCHS Standards & HIPPA Compliant
- ✓ Improved reporting to NCHS, SSA & other partners
- ✓ Superior Communication between “customers” and the State
- ✓ Streamlined Auto-Registration
- ✓ Swift Turn-around Time = Less ‘Wait Time’

The LEERS Advantage for Death Registration

Death Certificate

- The death certificate is completed by the funeral director and physician or coroner as per LA R.S. 40:49 and LAC §12307.
- LEERS** will allow the death certificate to be completed on the funeral home and/or physician's computer and electronically submitted to Vital Records.

IMPORTANT: 1080588

STATE OF LOUISIANA
CERTIFICATE OF DEATH

BIRTH No. **FILE No. 117**

DECEASED

1A. LAST NAME OF DECEASED 1B. FIRST NAME 1C. MIDDLE NAME 2A. DATE OF DEATH (Month, Day, Year)

2B. HOUR OF DEATH 3. SEX 4. RACE (Specify White, Black, etc.) 5. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) 6. SURVIVING SPOUSE (If Wife, give Maiden Name)

7. DATE OF BIRTH (Month, Day, Year) 8A. AGE YEARS 8B. UNDER 1 YEAR MONTHS 8C. UNDER 1 DAY HOURS MINUTES 9. BIRTHPLACE (City and State or Foreign Country)

10. USUAL OCCUPATION (Kind of work done during most of working life. NEVER specify retired) 11. KIND OF BUSINESS/INDUSTRY 12. OF HISPANIC ORIGIN?

13. EVER IN U.S. ARMED FORCES? (YES or NO) 14. SOCIAL SECURITY NUMBER 15. DECEASED'S EDUCATION (Specify ONLY HIGHEST grade completed) ELEMENTARY/SECONDARY (0-12) COLLEGE (1-4, 5)

PLACE OF DEATH

16A. PLACE OF DEATH (Check ONLY one. If death in NON-LISTED facility check OTHER and specify on line BELOW)
HOSPITAL 1 ☐ INFANT 2 ☐ ER / OUTPATIENT 3 ☐ DCA NON-HOSPITAL 4 ☐ NURSING HOME 5 ☐ RESIDENCE 6 ☐ OTHER

16B. NAME OF FACILITY (If not in facility, give street address or location) 16C. PLACE OF DEATH IN CITY LIMITS? (YES or NO)

17A. CITY, TOWN OR LOCATION OF DEATH 17B. PARISH OF DEATH

18A. STREET ADDRESS (If rural, specify rural route number or location) 18B. PARISH OF RESIDENCE 18C. STATE OF RESIDENCE

RESIDENCE

19D. USUAL RESIDENCE OF DECEASED (City, town or location) 19E. ZIP CODE 19F. RESIDENCE INSIDE CITY LIMITS? (YES or NO)

PARENTS

19A. FATHER'S LAST NAME FIRST MIDDLE 19B. FATHER'S PLACE OF BIRTH 19C. STATE

20A. MOTHER'S MAIDEN NAME FIRST MIDDLE 20B. MOTHER'S PLACE OF BIRTH 20C. STATE

INFORMANT

21A. TYPE OR PRINT NAME OF INFORMANT 21B. INFORMANT'S ADDRESS 21C. DATE (Month, Day, Year)

DISPOSITION

22A. METHOD OF DISPOSITION
1 ☐ BURIAL 2 ☐ CREMATION 3 ☐ REMOVAL 4 ☐ OTHER 22B. DATE THEREOF (Month, Day, Year) 22C. NAME AND LOCATION OF CEMETERY OR CREMATORIUM

23A. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR 23B. FACILITY NUMBER 23C. LICENSE NUMBER

24. ALTERATIONS

REGISTRAR

25A. BURIAL TRANSIT PERMIT 25B. PARISH OF ISSUE 25C. DATE OF ISSUE 26. SIGNATURE OF LOCAL REGISTRAR

MANNER OF DEATH

27. MANNER OF DEATH 1 ☐ NATURAL 2 ☐ ACCIDENT 3 ☐ SUICIDE 4 ☐ HOMICIDE 5 ☐ PENDING INVESTIGATION 6 ☐ UNDETERMINED

28A. DATE OF INJURY (Month, Day, Year) 28B. TIME OF INJURY 28C. INJURY AT WORK (YES or NO) 28D. DESCRIBE HOW INJURY OCCURRED

28E. PLACE OF INJURY (Specify at home, farm, factory, street, etc.) 28F. LOCATION (Street, Number or Rural Route, City Parish, State)

CERTIFIER

29A. I CERTIFY THAT I ATTENDED THE DECEASED FROM TO AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE DUE TO THE CAUSES AND IN THE MANNER SO STATED. 29B. SIGNATURE OF PHYSICIAN OR CORONER 29C. DATE (Month, Day, Year)

29D. TYPE OR PRINT NAME AND TITLE OF PHYSICIAN OR CORONER 29E. ADDRESS OF PHYSICIAN OR CORONER

CAUSE OF DEATH

30. PART I: ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING. SUCH AS CARDIAC OR RESPIRATORY ARREST OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

IMMEDIATE CAUSE (Final disease or condition resulting in death.) a. _____ b. DUE TO (OR AS A CONSEQUENCE OF) _____

Sequentially list conditions, if any, leading to immediate cause. c. _____ d. DUE TO (OR AS A CONSEQUENCE OF) _____

Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST e. _____ f. DUE TO (OR AS A CONSEQUENCE OF) _____

30. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE IN PART I. 31. IF DECEASED WAS FEMALE 15-49 WAS SHE PREGNANT IN THE LAST 90 DAYS? Yes ☐ No ☐ UNK ☐ 32A. WAS AN AUTOPSY PERFORMED? Yes ☐ No ☐ 32B. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes ☐ No ☐

PHS 16 - (REV 04/04) OFFICE OF PUBLIC HEALTH - VITAL RECORDS REGISTRY

Burial Transit Permits (BTP)

- Funeral homes can obtain BTPs from a nearby parish health unit as per LA R.S. 40:52.
- BTPs can be obtained at any parish health unit in the state regardless of the location of the funeral home or decedent's remains
- LEERS will provide funeral homes with the ability to obtain a BTP through the system 24/7. After submitting the information in LEERS, the funeral home will have the ability to print from any computer with internet access

DHH, OFFICE OF PUBLIC HEALTH DIVISION OF RECORDS & STATISTICS		BURIAL - TRANSIT PERMIT NO. 951401	
NAME OF DECEASED		SEX	COLOR
PLACE OF DEATH (CITY OR TOWN)		(PARISH)	(WARD)
DATE OF DEATH			
A Certificate of Death having been presented as required by law, permission to dispose of the body of the above named decedent, is hereby granted.			
TO: NAME OF FUNERAL DIRECTOR OR OTHER SUCH PERSON		SIGNATURE OF LOCAL REGISTRAR	
ADDRESS OF FUNERAL DIRECTOR		BY: PARISH	DATE
I am duly licensed to practice embalming by the Louisiana State Board of Embalming and Undertaking, or by a similar agency possessing like powers in the State of _____		I have registered with the authorized Health Department of _____ Parish, have complied with laws of the State of _____ regarding final disposition of dead human bodies, and have _____ this decedent.	
I have prepared the body of this decedent for final disposal as indicated below.		(BURIED, CREMATED, ETC.)	
METHOD OF EMBALMING OR PREPARATION	DATE	DATE (BURIED, ETC.)	CEMETERY OR CREMATORY & ADDRESS
EMBALMER	LICENSE NO.	SEXTON'S SIGNATURE	LOT NO.
ADDRESS			
This permit must accompany remains to destination. Return permit to Registrar of Parish of burial within 10 days.			

ONLINE SSN VERIFICATION

Through online verification of Social Security Number (SSN), a decedent's SSN reported through electronic death registration will be transmitted to the Social Security Administration (SSA) to be electronically verified. Funeral directors will receive notification through the EDR system about the accuracy of the SSN as compared with the decedent's name, sex, and date of birth reported on the death record. The potential benefits of online verification of SSN include:

- ◉ Reducing decedent's SSN errors on death certificates
- ◉ Improving accuracy of the SSN reported to SSA
- ◉ Speeding notification of fact-of-death to SSA

Eliminates the need to physically track down physicians to obtain signatures



National Funeral Director's Association (NFDA)


Official 2003 Stance

That NFDA continue to support the adoption of a national uniform death certificate and the implementation of a national electronic death registration system by the federal government providing financial incentives to eligible vital records districts for implementation.

LEERS Death Module Screenshots

LEERS Death Module

Log In



WARNING - USE OF THIS SYSTEM EXPRESSLY CONSENTS TO MONITORING

This system may contain Government information, which is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transmit to/from this system constitutes violation of state law, and my subject the individual to criminal and civil penalties. This system and equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitoring may result in the acquisition, recording and analysis of all data being communicated, transmitted processed or stored in this system by a user. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to law enforcement personnel.

☒ **I ACCEPT the above statement**

Login to LEERS

User Id:


Password:

[Forgot User Id?](#) [Forgot Password?](#)

Best if viewed using IE 7.0 or higher with min screen resolution of 1024 x 768 or higher

LEERS Death Module

Welcome & Message Center



Help

BACK OFFICE

Welcome: Last, First Logout

My Account Interfaces Reports Administrative ▾

Birth

Death

Marriage

Divorce

Fetal Death

ITOP

SAM

MESSAGES

Date	Message
3/31/2011	The following cities are now available on the "Update Address" screen in LEERS: Eagle River, Alaska in Anchorage County, Rochelle, LA in Grant Parish, Weeks, LA in Iberia Parish, Quitman, LA in Bienville Parish, Broussard, LA in Iberia Parish, Erath, LA in Iberia Parish, Curtis, LA in Bossier Parish, St. John, LA in Lafourche Parish, Clermont Harbor, MS in Hancock County, Antioch, LA in Claiborne Parish, Bristow, Indiana in Perry County, Olivier, LA in Iberia Parish, Fryeburg, LA in Bienville Parish, Deerford, LA in East Baton Rouge Parish, Germantown, LA in Webster Parish and Zylks, LA in Caddo Parish.
3/21/2011	The following cities are now available on the "Update Address" screen in LEERS: Gansevoort, NY in Saratoga County, Rolla, AR in Hot Spring County, New Boston, MI in Wayne County, Creston, LA in Natchitoches Parish, Elysian Fields, TX in Harrison County, Malta, NY in Saratoga County, Church Point, LA in Lafayette Parish, Starks, LA in Beauregard Parish, Convent, LA in Ascension Parish, Pensacola, FL in Santa Rosa County, and Woodlawn, LA in East Feliciana Parish.
2/28/2011	The following hotlines will be active beginning February 28, 2011: LEERS Hotline (LEERS and password issues) (504) 593-5101 * Birth Registration Hotline (hospital birth registration issues) (504) 593-5197 *

FAQ

CONTACT INFORMATION

LEERS Death Module

Front Office

[Add New Death](#) [Search](#) [Reports](#) [Forms](#)

Status	Records
Incomplete	4
To be Certified	0
To be Approved	0
Returned from State	0
Open BTPs	2
All Records	

Decedent Name	Date of Death	Sex	Date Created	Linked
▼ DEATH RECORDS Total Records: 4				
SMITH, DAVID	02/12/2010	M	04/28/2010	Y
UNKNOWN,	99/99/9999	M	04/28/2010	N
JACKSON,	01/05/2010	F	04/27/2010	N
SAMSON, JOHN	01/05/2010	F	04/27/2010	Y
▼ BTP RECORDS Total Records: 2				
SIMPSON,	02/06/2010	M	04/28/2010	N
JACKSON, JEREMIAH	01/05/2010	F	04/27/2010	N
Total Count: 6				

LEERS Death Module

Create a New Record Screen

☐ Request BTP ☐ Create New Death Record

Decedent's Last Name

Decedent's Sex

▼

Facility:

▼

Date of Birth

__/__/__

MM/DD/YYYY

Date of Death

__/__/__

MM/DD/YYYY

☐ APPROXIMATE ☐ FOUND

Submit

Clear Form

LEERS Death Module

Burial Transit Permit Screen

Burial Transit Permit

Decedent Name: DON, JARED

Date of Death: 01/05/2010

Date BTP Requested: 6/22/2010

Record Status: [Open BTP](#)

Version #: 0

Close Out

Deceased Information

Name of Deceased

Last Name

DON

First Name

JARED

Middle Name

Suffix

Sex:

M

Date of Birth

01/05/1980 MM/DD/YYYY

Date of Death

01/05/2010 MM/DD/YYYY

Age:

30

☐ APPROXIMATE ☐ FOUND

Place of Death

Place where Death Occured

☒ Inpatient ☐ Emergency room/Outpatient ☐ Dead on arrival ☐ Decedent's home ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Other

Facility of Death

Facility Name: ABC Hospital

Address

House #: 6745 Street: DIVISION St. Designator: ST

Country: UNITED STATES State: LOUISIANA County: JEFFERSON City: METAIRIE Zipcode: 70002

Funeral Facility Information

Permission to dispose of the body of the above named decedent, is hereby granted to:

Facility: abc funeral home

Name of Funeral Director or other such person: abc, approver

Last Name

ABC

First Name

APPROVER

Middle Name

Suffix

License #

Address of Funeral Facility

House #: 13 Street: ELMWOOD St. Designator: ST

Country: UNITED STATES State: LOUISIANA County: JEFFERSON City: METAIRIE Zipcode: 70006

☐ To be removed from the continental U.S.

Please use letters A-Z (?) and (-) for all Text Boxes in the form.

LEERS Death Module Decedent Tab

Print Save Validate Abandon

Decedent
Personal
Death Info
Assignment
Medical Info
Certifier
Comments
Attachments

Decedent's Information

Last Name	First Name	Middle Name	Suffix
<input type="text" value="SAMUEL"/>	<input type="text" value="JOSHUA"/>	<input type="text"/>	<input type="text" value=""/>
Date of Birth	Date of Death	Time of Death	Sex
<input type="text" value="01/05/1980"/> MM/DD/YYYY	<input type="text" value="05/10/2010"/> MM/DD/YYYY	<input type="text" value="02"/> : <input type="text" value="00"/> <input type="text" value="AM"/>	<input type="text" value="M"/>
SSN	<input type="checkbox"/> APPROXIMATE <input type="checkbox"/> FOUND		
<input type="text" value="___-__-__"/> <input checked="" type="checkbox"/>	If SSN not available: <input type="text" value="Unknown"/>		
Age - Last Birthday: (Enter age in years/ If under 1 year, Enter age in months and days/ If under 1 day, Enter age in hours and minutes)			
<input type="text" value="YEARS"/> <input type="text" value="30"/> Years			

Alias Information

Alias Last Name: <input type="text" value=""/>	Alias First Name: <input type="text" value=""/>	Alias Middle Name: <input type="text" value=""/>	Add Alias
Alias Last Name	Alias First Name	Alias Middle Name	
SAMUEL	JOSH		Delete

Place of Birth

Country: UNITED STATES State: LOUISIANA City: METAIRIE

[Update Address](#)

Residence of Decedent

House #: 12 Street: HANES St. Designator: ST

Country: UNITED STATES State: LOUISIANA County: JEFFERSON City: MARRERO Zipcode: 70548

Within City Limits?

☒ Yes
 ☐ No
 ☐ Unknown

LEERS Death Module

Death Record Entry Screen – Personal Tab

Decedent	Personal	Death Info	Assignment	Medical Info	Certifier	Comments	Attachments
Occupation							
Ever in US Armed Forces? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown		Occupation of the Decedent HIGH SCHOOL TEACHER		Industry of Occupation EDUCATION			
Marital Status at Time of Death							
<input type="radio"/> Married but separated <input type="radio"/> Divorced <input checked="" type="radio"/> Married <input type="radio"/> Never Married <input type="radio"/> Unknown <input type="radio"/> Widowed							
Surviving Spouse's Name (If wife, give name prior to first marriage)							
Last Name BOURGEOIS		First Name ASHLEY		Middle Name JADE		Suffix ▼	
Parents							
Father's Name		First Name		Middle Name		Suffix	
Last Name SAMUEL		JONATHON		PAUL		▼	
Father's Place of Birth		Update Address					
Mother's Name Prior to First Marriage		First Name		Middle Name		Suffix	
Last Name BAKER		LYDIA		MARIE		▼	
Mother's Place of Birth		Update Address					
Informant's Information							
Last Name SCHNIDER		First Name TERRENCE		Middle Name		Suffix JR ▼	
Relationship to Decedent NONE		Update Address					
Informant's Mailing Address							
Country: UNITED STATES		State: LOUISIANA					
Update Address							
Education, Origin, Race							
Decedent's Education Check the box that best describes the highest degree or level of school completed at the time of death.		Decedent of Hispanic Origin? Check the box that best describes whether the decedent is Spanish/Hispanic/Latina. Check the 'No' box if decedent is not of Hispanic origin.		Decedent's Race Check one or more races to indicate what the decedent considers himself or herself to be.			
<input type="radio"/> 8TH GRADE OR LESS <input type="radio"/> 9TH THROUGH 12TH, NO DIPLOMA <input type="radio"/> HIGH SCHOOL GRADUATE, OR GED COMPLETED <input type="radio"/> SOME COLLEGE CREDIT, BUT NO DEGREE <input type="radio"/> ASSOCIATE DEGREE (E.G. AS, AA) <input checked="" type="radio"/> BACHELOR'S DEGREE (E.G. BS, AB, BA) <input type="radio"/> MASTER'S DEGREE (E.G. MS, MA, MENG, MED, MSW, MBA) <input type="radio"/> DOCTORATE (E.G. PHD, EDD) OR PREOFESSIONAL DEGREE (E.G. MD, DDS, DVM, LLB, JD) <input type="radio"/> UNKNOWN		<input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANA <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER <input type="checkbox"/> SPANISH/HISPANIC/LATINA Specify <input type="checkbox"/> UNKNOWN IF SPANISH/HISPANIC/LATINO <input checked="" type="checkbox"/> NO, NOT SPANISH/HISPANIC/LATINA		<input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN <input type="checkbox"/> NATIVE Specify <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN Specify <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> GUAMANIAN OR CHARMORRO <input type="checkbox"/> SAMOAN <input type="checkbox"/> OTHER PACIFIC ISLANDER Specify <input type="checkbox"/> OTHER Specify <input type="checkbox"/> UNKNOWN			
If Education is Unknown Please specify the reason:		If Origin is Unknown Please specify the reason:		If Race is Unknown Please specify the reason:			

LEERS Death Module Death Info Tab

[Print](#) [Save](#) [Validate](#) [Abandon](#)

Decedent

Personal

Death Info

Assignment

Medical Info

Certifier

Comments

Attachments

[Initiate BTP](#)

Place of Death
Place where Death Occured
☒ Inpatient ☐ Emergency room/Outpatient ☐ Dead on arrival ☐ Decedent's home ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Other
Facility of Death
Facility Name:
Address
House #: 6745 Street: DIVISION St. Designator: ST
Country: UNITED STATES State: LOUISIANA County: JEFFERSON City: METAIRIE Zipcode: 70002

Disposition Information
Method of Disposition
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Other ☐ Removal from State
Place of Disposition: Date of Disposition: MM/DD/YYYY
Address
Country: UNITED STATES State: LOUISIANA County: JEFFERSON City: METAIRIE [Update Address](#)

Funeral Facility Information
Funeral Facility Name:
Address
House #: 13 Street: ELMWOOD St. Designator: ST
Country: UNITED STATES State: LOUISIANA County: JEFFERSON City: METAIRIE Zipcode: 70006

LEERS Death Module Assignment Tab

PrintSaveValidateAbandon

DecedentPersonalDeath InfoAssignmentMedical InfoCertifierCommentsAttachments

Was Coroner Notified?

☒ Yes☐ No☐ Unknown

Approver Information

Facility: ABC FUNERAL HOME Approver: abc, approver

Last NameFirst NameMiddle NameSuffixLicense #

ABCAPPROVER

Approver Address

Certifier Information

☐ Certifier Not in Table

Last NameFirst NameSearch For

☐ Certifier☐ Coroner Certifier☒ Both

☐ Use Soundex?

Find

LEERS Death Module

Death Record Entry Screen – Medical Information Tab

Decedent	Personal	Death Info	Assignment	Medical Info	Certifier	Comments	Attachments
----------	----------	------------	------------	--------------	-----------	----------	-------------

Manner of Death:
☒ Accident
☐ Homicide
☐ Pending investigation
☐ Could not be determined
☐ Natural
☐ Suicide

If Female:
☐ Not pregnant within the past Year
☐ Pregnant at the time of death
☐ Not pregnant, but pregnant within 42 days of death
☐ Not pregnant, but pregnant 43 days to 1 year before death
☒ Not applicable
☐ Unknown

Did tobacco use contribute to death?
☐ Probably
☐ Unknown
☒ No
☐ Yes

Date and Time of Decedents Death
☐ Change Date and Time of Death Information
Date of Death: 05/10/2010 MM/DD/YYYY
Time of Death: 02:00 AM
☐ APPROXIMATE ☐ FOUND

Cause of Death
[Spell Check](#)
Part I: Enter the chain of events, diseases, injuries or complications that 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 per textbox.
Immediate Cause (Final disease or condition resulting in death): MOTOR VEHICLE ACCIDENT
Approximate interval: 2 Hrs
Due to (or as a consequence of):
Due to (or as a consequence of):
Due to (or as a consequence of):
Part II: Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I.
Was an Autopsy Performed? ☐ Yes ☐ No
Were Autopsy findings available to complete the cause of death? ☐ Yes ☐ No ☐ Not Applicable

Injury Information
Date of Injury: 05/10/2010 MM/DD/YYYY
Time of Injury: 12:00 PM
Place of Injury:
Injury at Work? ☐ Yes ☒ No
Location of Injury: Country: UNITED STATES State: LOUISIANA
Describe How Injury Occurred:
If Transportation Injury, Specify:
☒ Driver ☐ Not Applicable ☐ Other (Specify) ☐ Passenger ☐ Pedestrian ☐ Unknown

LEERS Death Module

Certifier Tab

(Front Office)

Print Save Validate Abandon

Decedent

Personal

Death Info

Assignment

Medical Info

Certifier

Comments

Attachments

Certifier Information

- ☐ Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
- ☐ Pronouncing & Certifying Physician - To the best of my knowledge, death occurred at the time, date, and due to the cause(s) and manner stated.
- ☐ Medical Examiner/Coroner- On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner stated.
- ☐ Other Individual Legally Allowed To Certify

Certifier Name (Last, First Middle.): ABC, CERTIFIER

Certifier Licence #:

Address:

Enter PIN To Certify

Certify

LEERS Death Module Comments Tab

PrintSaveValidateAbandon

DecedentPersonalDeath InfoAssignmentMedical InfoCertifierCommentsAttachments

Enter Comments Below:

Save

Comments	User	Entered On
No records to display.		

LEERS Death Module Attachments Tab

PrintSaveValidateAbandon

DecedentPersonalDeath InfoAssignmentMedical InfoCertifierCommentsAttachments

Type of Document

By Whom Issued & Signed

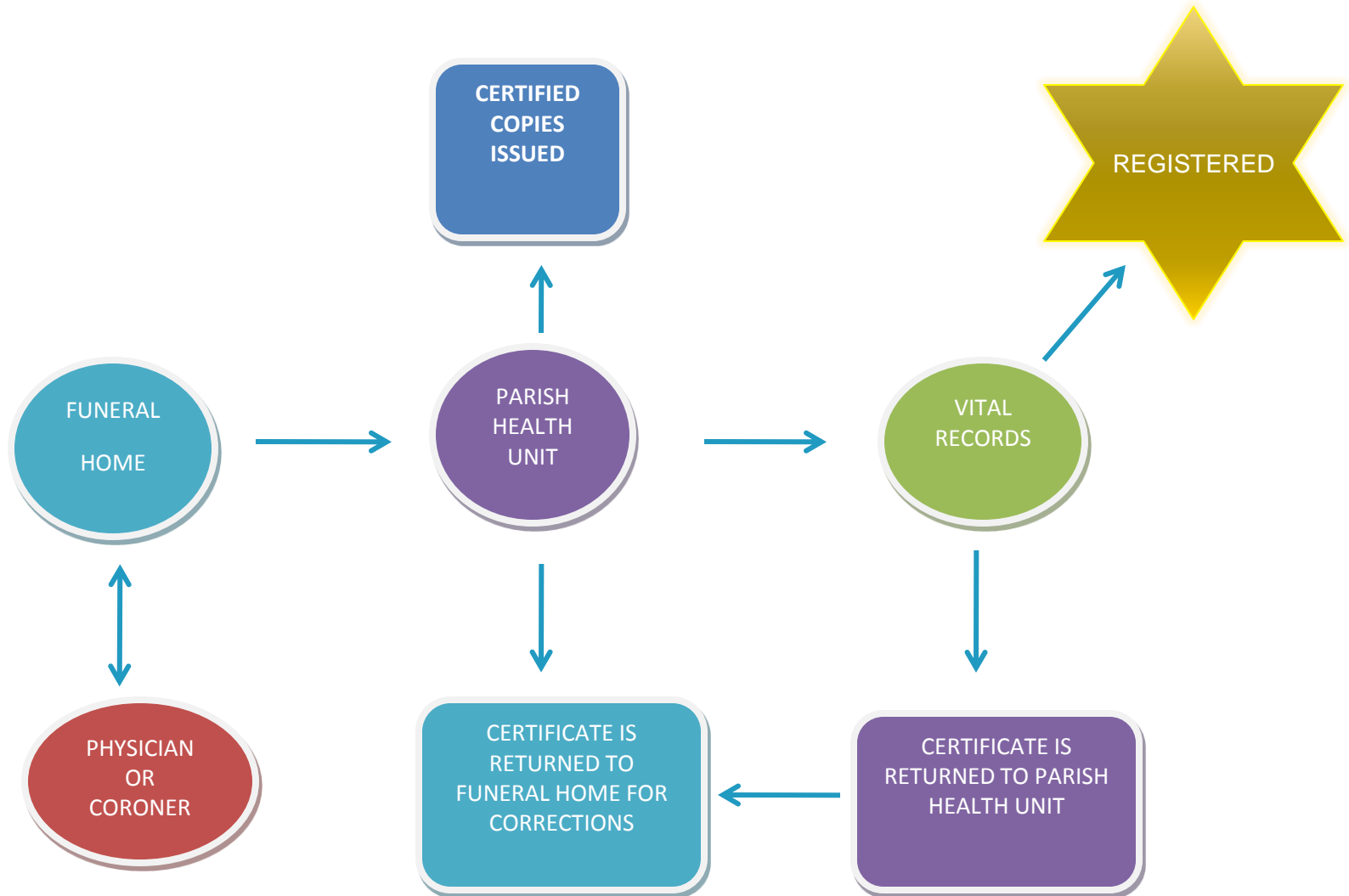
Date Issued or Reviewed

Date of Original Entry

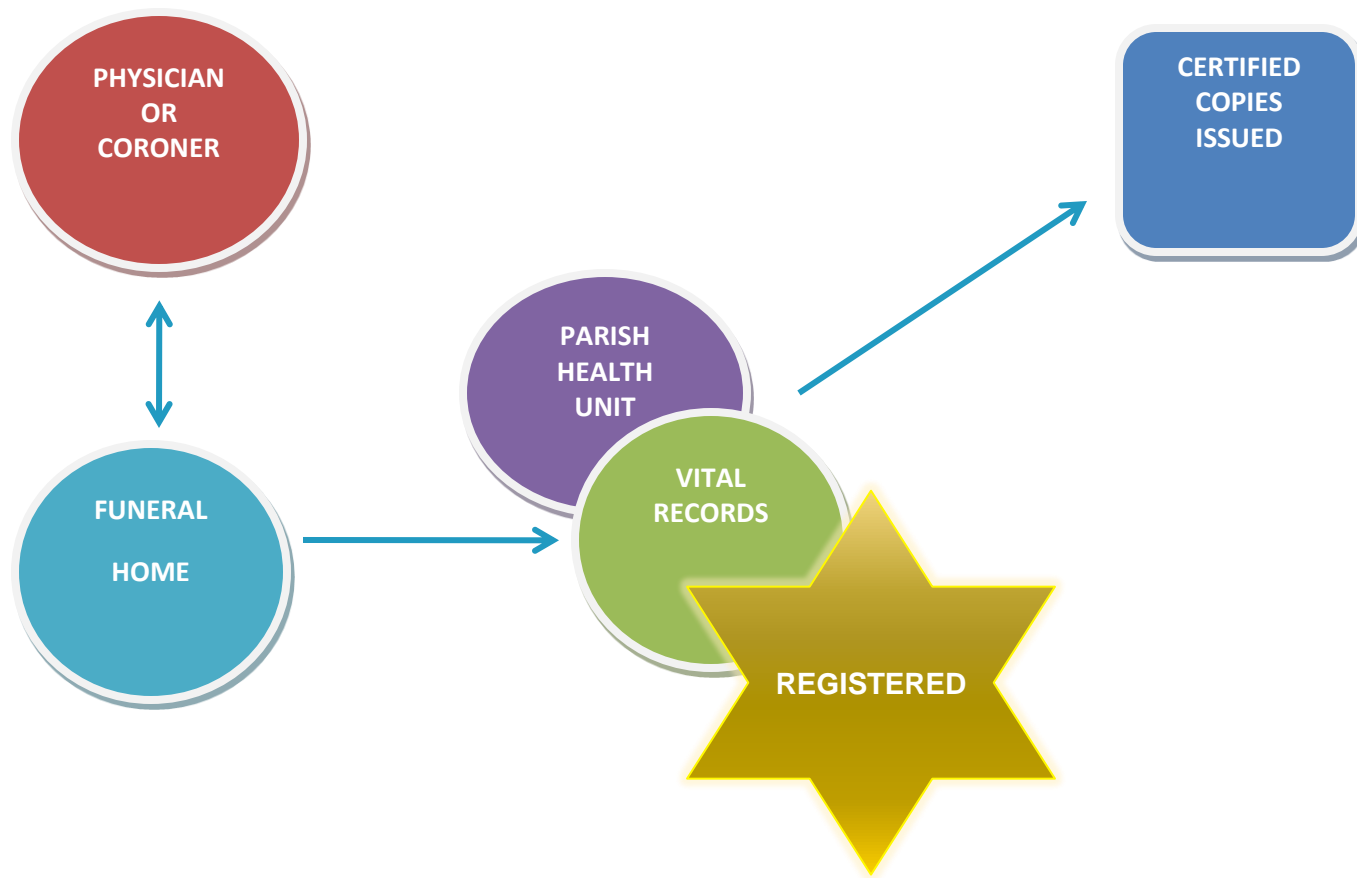
Upload Files:

Add Comments:

Current Death Certificate Process



LEERS Death Certificate Process



QUESTIONS