# BASIC FETAL DEATH REGISTRATION FOR FUNERAL HOMES

02/2024







Press T or 🔟	Enters current date in any date field.
Press T and 👖 or 耳	Enters the current date and you can populate a day before or after.
Tab or tab	Moves forward from one box/field to another box/field.
Shift Tab or shift + tab	Moves backward from one box/field to another box/field.
Enter or enter	Activates the next button on the page.
1st Letter of a Word	Enters selection from pick list of a dropdown list. Scroll through that letter.
Space Bar or space	Selects a radio button or check box.
Arrow Keys or 듡 or 🖃	Moves from one radio button to the next. Right to Left or Left to Right.
Down Arrow or 耳	Opens a dropdown list.
Escape or esc	Closes a dropdown list.
Ctrl + S or Ctrl + S	Saves the current record.
State Abbreviations	Selects the associated State by typing the first letter.

# **Diacritical Marks**

TxEVER will allow the use of Diacritical Marks. To insert a diacritical mark within a name, Press and Hold the "ALT" key and type the 3 or 4 digit code. Release the "ALT" key and the respective diacritical mark will appear. Example: ALT+128 = C

ALT Code	Name		ALT Code	Name
128	Ç Diacritical Mark	L	0200	È Diacritical Mark
142	Ä Diacritical Mark		0205	Í Diacritical Mark
144	É Diacritical Mark	ľ	0207	Ï Diacritical Mark
153	Ö Diacritical Mark		0204	Ì Diacritical Mark
154	Ü Diacritical Mark	ľ	0211	Ó Diacritical Mark
165	Ñ Diacritical Mark		0210	Ò Diacritical Mark
0193	Á Diacritical Mark	ľ	0213	Õ Diacritical Mark
0194	Diacritical Mark	L	0218	Ú Diacritical Mark
0192	À Diacritical Mark	ľ	0217	Ù Diacritical Mark
0195	à Diacritical Mark		0221	Ý Diacritical Mark
0235	Ë Diacritical Mark			

## Login to TxEVER

### Login to TxEVER via the web:

### https://txever.dshs.texas.gov/TxEverUI/Welcome.htm



Get ADOBE" READER"

Texas Department of State Health Services



#### Welcome to the Texas Department of State Health Services!



#### Contacting the Texas Department of State Health Services (DSHS)

Please see our website for important updates, training guides, and informational materials. https://dshs.texas.gov/txever/

You can also reach us by email at help-txever@dshs.texas.gov, or phone at 1-888-963-7111 (at the prompt, press 1 for English, then press 2 for the TxEVER help desk).

State vital records are considered to be private and confidential. Access to vital records is restricted by statute.







### **TxEVER Terms of Use**

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Are you in agreement with above stated terms & conditions?

Step 2: Click Yes to agree to the terms and conditions and gain access to TxEVER.









### Location





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TEXAS Health and Huma Services	n Texas Depart Health Servic	ment of State es				FUNCTION - TOO	DLS - HELP -
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Skip to ma	ain content <u>GLOBAL</u>	DEATH FETAL DEATH				♀   ≗	ff   LogOut
	TEXAS Health and Human Services Heal	s Department of State Ith Services		FUNCTIONS	• RECORD •	HELP -	
	✓ X I I I I Unresolved Work CSelect a value	Queue Filter: ▼	FETAL DEATH REGISTRAT	ION	Unresolved Work Queue: Select a value		¥ 🤹 0
Step 10: upper lef new reco	Click new record in t-hand corner to sta ord Unresolved / StakeHolders	con in art a					
1	Fetus	Record type:	Plurality:		ery Order:		
	Mothor	Is Fetus Unnamed?	FEIUS S INFORMATIO	N			
	Mother Dem	First Name:	Middle	e Name:			
	Mother Medical-1	Last Name:	Suffix:	:			
	Mother Medical-2	Date Of Delivery:	Time o	of Delivery:			

Answer the question	s below regard 1. Did the fetu 2. Was there p 3. Was there o 4. Select APG	less of the calculated or s take a breath? oulsation of the umbilica definite movement of vo AR score	r estimated ge al cord? Juntary muscl	estational age of the fet Yes [ Yes [ Yes [ Yes [ Select Close	us: No No No a value V	Step 11: Questions 1-3 wi pre-populated wi "no". You can sk	ill be ith ip #4
			Gen	IERAL			
Record Type: Select a value EFR Number:	•	Plurality: Select a value Mother's Medical Reco	▼ ord Number:	Delivery Order: Select a value	•	Date Of Delivery:*	
_			Fe	TUS			
First Name:		Middle Name:		Last Name:			
			Mo	THER			
First Name:		Middle Name:		Last Name:*		Date Of Birth:*	
		Fi	ndRecord	Close			

Answer the questions	s below regard 1. Did the fetu 2. Was there p 3. Was there o 4. Select APG	less of the calculated o is take a breath? oulsation of the umbilica definite movement of vo GAR score	or estimated g al cord? oluntary musc	estational ag	e of the fetu Yes Yes Yes O	IS: No No No		
		<b>Step 13:</b> Click "OK"	ОК	Close				
Record Type:		Plurality:		Delivery Or	der:		Date Of Delivery:*	
Select a value	~	Select a value	~	Select a va	alue	*	_/_/	
EFR Number:		Mother's Medical Rec	ord Number:					
			Fe	ETUS				
First Name:		Middle Name:		Last Name:				
			Mo	THER				
First Name:		Middle Name:		Last Name:	.*		Date Of Birth:*	
		F	indRecord	Close				

Answer the questions below regard 1. Did the fet 2. Was there 3. Was there 4. Select AP	dless of the calculated or estimated tus take a breath? pulsation of the umbilical cord? definite movement of voluntary mu GAR score	gestational age of the fetus:	~	<b>Step 14:</b> Fill-out General, Fetus and Mother Fields. Fields with a red asterisk are
	OK	Close		required.
	G	ENERAL		
Record Type: BORN AT THIS FACILIT 🔽	Plurality: SINGLE	Delivery Order: SINGLE	Date 05/	e Of Delivery:* 04/2019
EFR Number: 000000000	Mother's Medical Record Numbe 00000000	r:	/	
		Fetus		
First Name: CHEWBACCA	Middle Name:	Last Name: VADER		
	N	OTHER		
First Name: PRINCESS	Middle Name:	Last Name:* LEIA	Date 05/	e Of Birth:* 04/1977
<b>Step</b> "Find	<b>15:</b> Click FindRecord Record"	Close		



7 Complet	e the		FUNCT		
	·		PONCIN		_ `
Fetus, Mot	her,			- Cauch	
Nathar D	, ,			rent Save	
wother D	em,	FEIAL DEATH REG	SISTRATION	-Sele Cancel	× 5
Father, a	nd			Abandon	
				Verify	
Demograp	Dhic		- 5	De-verify:	
tahs			<i>"_</i>	Eninate	
tub5.		18. Click	"Record"	Medical Designation	-
Felt	Is Fetus Unnamed?	then c	lick on	Reinquish	
of Malhar	First Name:	() 4 -		Reminder to Medical Cert	fer
- Mourer	Last Name:	IVIE	dical		
<ul> <li>Mother Dem</li> </ul>	SAMPLE	Design	ation"	*	
✓ Father	Date Of Delivery:	J			
Demographic	10/01/2022				
- Contrographic		MOTHER	'S INFORMATION		
Mother Medical-1	Title Preference		First Name:		
Mother Medical-2	MOTHER Middle Name:	*	ASHLEY		
Mother Medical-3	SANDY		SAMPLE		
Mother Medical-d	Suffix		Date of birth:		
Folge He deal 4	UNKNOWN	*	04/23/1995		
Fetus Medical-1		Метноо	OF DISPOSITION		
Fetus Medical-2	Method of Disposition:		if Other (Specify):		
Cause Of Death	CREMATION	*			
Certification		Bur	IAL DETAILS		
Comments	Unknown Section/Block/Lot/Space	Number:	Section Number:		
ACIMITY	Block Number:		Lot Number		
(Demo) Is Fetus Unnamed?:			Lot Humber.		
Field Status:	Space Number:				
Unknown Allowed:					
No Action:		PLACE (	F DISPOSITION		
Updating Record	Place of Disposition Type:		Place of Disposition (S	Specify):	
	DIEMATORY Place of Disposition:		Streat Eddrago		
	ALISTIN DEEL & CON COEMATORY	× 10	UNRACUAL		
	State/Country (Please dick chark)	box to filter countries only	County:		
	TEXAS	v v to inter countries unity)	UNKNOWN	*	
	City/Town:		City(Other):		
	AUSTIN	*	AUSTIN		
	Zia		Zin Evt		



Medical Certifier Desi	gnation			×
Certifier Type:	MEDICAL EXAMINER	~		
Facility Name:				
And/Or		-		
First Name:	Midd Step 23: Click	Last Name:	License:	
	Designate	ZANOT		
	Designate	Search Cancel		
Facility Name	Туре	First Name	Middle Name	
DALLAS COUNTY MED	DICAL EXAN MEDICAL EXAMINER	CAROLINE		
Step 22: Sele	ct			
certifier in tabl	le			
				$\sim$
<				>

EFR: 099999941124513 Is Fetus Unnamed? Unresolved // StakeHolders	Texas Department of State Tealth Services Click "Record "Reminder Certifier" email rer complete t	d" then click to Medical to send an minder to the current ord.		New       Search       Save       Cancel       Abandon       Verify       De-verify       Release       Mertical Designation	
	Record type:	Plurality:	Den Ord	Relinquish	
Ectue		Ferrarda Luzzarea		Reminder to Medical Certifier	
reas	🗌 la Estus Linnamad?	FETUS'S INFORMA	TION		
🛩 Mother	Eirot Name:	Mide	dle Name:		
🛩 Mother Dem		BAY	LOR		
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Demographic	SAMPLE	UNK	NOWN	~	
Demographic	Date Of Delivery:	Time	e of Delivery:		
Mother Medical-1	10/01/2022		_		
Mother Medical-2	JEX.				
Mother Medical-3		Mother's Current Le	egal Name		
Mother Medical-4	Title Preference	First	t Name:		
Fetus Medical-1	MOTHER	× ASH	ILEY		
Eetus Medical-2	Middle Name:	Lasi	t Name: *		
	Suffix:	SAM	IPLE		
Cause of Death		× Mot	ners wedical Record NUMD	er:	
Certification	Date of birth: *	Age	at Child's Birth:		
Comments	04/23/1995	27			
Астіуіту:		FACILITY INFORMATION & PLA	CE OF DELIVERY		
Is Fetus Unnamed?: false	Name:	Faci	ility Name Other (Specify):		
Field Status: Resolved	Type:	Tune	e Other (Specify)		
Unknown Allowed: No	1300.	туре	o other (specify).		
Action: Updating Record	Address:	Apt:	:		
	State:	Cou	inty:		
	Looph	City	Town		

# From the Medical Certifier Side

- The medical certifier will login to TxEVER, open the fetal death record, accept designation, fill-out the remaining tabs, then certify the record.
  - Fetal Death -> "Show Dashboard" -> All Unresolved work queue filter -> select record designated to you -> accept ownership of record -> fill-out remaining tabs -> certify record

#### **Texas Department of State** RECORD -**Health Services** FUNCTIONS + HELP -New Search M $\langle = \Rightarrow$ d Work Queue Filter: Un Save **Step 24:** Once the certifier has filled out V value-v Cancel the remaining tabs and certified the med? Abandon record, the funeral home will verify the record. To verify: Select "verify" under the Verify record-drop down menu. De-verify Release olders **FETUS'S INFORMATION** Medical Designation Is Fetus Unnamed? Refer to JP/Medical Examiner Middle Name: Reminder to Medical Certifier First Name: CHEWBACCA Suffix: Last Name: --Select a value--Y VADER Date Of Delivery: 05/04/2019 MOTHER'S INFORMATION **Title Preference** First Name: MOTHER PRINCESS × Middle Name: Last Name: LEIA Suffix: Date of birth: --Select a value--05/04/1977 Y METHOD OF DISPOSITION Method of Disposition: if Other (Specify): BURIAL V

#### Verification

	FETUS INFORMATION
First Name:	CHEWBACCA
Middle Name:	
Last Name:	VADER
Suffix:	
Date of Delivery:	05/04/2019
	VERIFIER INFORMATION
Funeral Home:	GOLDEN GATE FUNERAL HOME-DALLAS
First Name:	CAROLINE
Middle Name:	
Last Name:	ZANOT
	Recommended: Click "Preview" to open a printable screen for the abstract of the fetal death record.

#### Verification

	FETUS INFORMATION
First Name:	CHEWBACCA
Middle Name:	
Last Name:	VADER
Suffix:	
Date of Delivery:	05/04/2019
	VERIFIER INFORMATION
Funeral Home:	GOLDEN GATE FUNERAL HOME-DALLAS
First Name:	CAROLINE
Middle Name:	
Last Name:	ZANOT
Step 26: Read and check box	Step 27: Enter pin number. (Same pin pumber used for death
	PLEASE ENTER PIN registration
I verify that to the best of n Verifier Pin:	ny knowledge the demographic information on this record is complete and accurate.
Forgot my PIN	Step 28: Ok Clos

FETUS INFORMATION	
First Name: CHEWBACCA	
Middle Name:	
Last Name: VADER	
Suffix:	
Date of Delivery: 05/04/2019	
VERIFIER INFORMATION	
Funeral Home: Fetal Death Registration	
First Name:	
Middle Name:         Are you sure you are ready to verifiy the record?	
Last Name:	
Yes No	
	lon
V I verify that to the best of my knowledge the demon Stop 20: record is complete and accurate	
Verifier Pin:	
Click Yes	
Forgot my PIN Ok Clo	se

Unresolved / StakeHolders		
🖌 Fetus	Is Fetus Unname	Death Registration ×
Mother //	First Name: CHEWBACCA	
Mother Dem	Last Name:	ок
Mother Medical-1	VADER	
	Date Of Delivery:	Step 30: Click "OK"





# Who can order fetal death records?

The family of the deceased fetus or the funeral home can order the certificate from:

- The state (form on DSHS website that family can mail-in)
- The local registrar in the county where the death occurred

# **Basic Fetal Death Registration for Medical Certifiers and Funeral Homes**

- Medical certifiers <u>can</u> create, and release fetal death records start to finish without involvement of a funeral home.
- Funeral homes <u>cannot</u> complete fetal death records independent of Medical certifiers.
  - Funeral homes can start fetal death records, but they are limited in what they can do.

# **Basic Fetal Death Registration if Funeral Home Starts Record**

- 1. Funeral home starts record
- 2. Funeral home fills-out demographic tab
- 3. Funeral home designates a medical certifier
- 4. Medical certifier performs data entry and certifies record
- 5. Funeral home verifies record (FH cannot verify until MC certifies record)
- 6. Funeral home releases record (Medical certifier can also release record as long as the funeral home has completed verification).

# **Basic Fetal Death Registration if Medical Certifier starts record with involvement of Funeral Home**

- 1. Medical Certifier starts record and performs data entry
- 2. Medical Certifier demographically designates Funeral Home
  - Note: Medical certifier cannot click "demographic designation" if they have already medically certified
- 3. Medical certifier certifies record
- 4. Funeral home accepts and verifies record
- 5. Medical certifier releases record

# **Basic Fetal Death Registration if Medical Certifier Starts Fetal Death Record without involvement of Funeral Home**

- 1. Medical Certifier starts record and performs data entry
- 2. Medical certifier certifies record
- 3. Medical certifier releases record

# Statutes and Codes

### Rule §181.7 - Fetal Death (Stillbirth)

- (a) A certificate of fetal death shall be filed for any fetus weighing 350 grams or more, or if the weight is unknown, a fetus aged 20 weeks or more as calculated from the start date of the last normal menstrual period to the date of delivery.
- (b) A certificate of fetal death shall be considered properly filed:
  - (1) when all of the items thereon have been satisfactorily and definitely answered; and
  - (2) when the certificate has been presented for filing to the local registrar of the registration district in which the fetal death (stillbirth) occurred or the fetus was found. A certificate of fetal death (stillbirth) shall be filed with the local registrar within five days after the date of fetal death (stillbirth).

**APGAR Score:** The acronym for "Appearance, Pulse, Grimace, Activity, and Respiration" score. This score (from 0 to 10) is determined by evaluating the condition of the newborn baby based on the five criteria above.