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TxEVER – Super Users Death Registration

In Person or Webinar Training

Date and Time

Name of Field Services Trainer

Agenda

1. TxEVER Super Users

- a. Overview
- b. Duties and Responsibilities

2. Death Registration

- a. New Record Data Entry (Funeral Home)
- b. New Record Data Entry (Medical Certifier)
- c. Medical Certification (Medical Certifier)
- d. Demographic Verification (Funeral Home)



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TxEVER Super Users

Overview

Who is a Super User?

- Individual with extensive knowledge of the TxEVER system.
- Knowledge base includes all aspects of TxEVER.
- Knowledge of both how and why of TxEVER.



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TxEVER Super Users

Responsibilities

- TxEVER subject-matter expert.
- Serve as point-of-contact for TxEVER users.
- Provide assistance and training to stakeholders.

The TxEVER System



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Welcome to the Texas Department of State Health Services!



TxEVER is the vital records registration and issuance software that was developed for Texas Department of State Health Services (DSHS), State Office of Vital Records by Genesis Systems, Inc.
DSHS Vital Records office hours are 8:00 AM - 4:30 PM, Monday - Friday.
State vital records are considered to be private and confidential. Access to vital records is restricted by statute.

Contacting the Texas Department of State Health Services(DSHS)

Telephone Numbers:

Description	Phone Number	Hours
Vital Events Registration System	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F
Fax Number	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F
Vital Records - Customer Service	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F

Mailing Address:

Texas Department of State Health Services
State Office of Vital Records
Address: 1100 West 49th Street,
Austin, TX 78756
Ph. (512) 776-7111

Log on to Texas Department of State Health Services

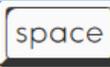
[User Enrollment](#)
[Report TxEVER Issue\(s\)](#)



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Keyboard Shortcuts

T		Enters current date in any date field.
T + up/down	  	Enters the current date and you can populate a day before or after.
Tab		Moves forward from one box/field to another box/field.
Shift Tab	 	Moves backward from one box/field to another box/field.
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		Selects a radio button or check box.
Arrow Keys	 	Moves from one radio button to the next.
Down Arrow		Opens a dropdown list.
Escape		Closes a dropdown list.
Ctrl + S	 	Saves the current record.
State Abbreviations		Selects the associated state by typing the first letter.



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Diacritical Marks

TxEVER will allow Diacritical Marks. Press and hold the "ALT" key and type the 3 digit code. Release the "ALT" key and the diacritical mark will appear.

Example: **ALT+128 = Ç**

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

Basic Death Registration



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For funeral homes (FH) and medical certifiers (MC)

1. FH creates new record and completes data entry
2. FH designates medical certifier
3. MC accepts record and completes data entry
4. MC certifies record
5. FH verifies record and completes DCOA
6. FH prints or requests BTP
7. FH releases record

TxEVER Navigation



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Skip to main content GLOBAL DEATH

Quick Overview of the Death Icons

FUNCTIONS RECORD TOOLS

DEMOCRAPHIC DATA ENTRY

Unresolved Work --Select a value--

Day(s) --Select a value--

Help tips

Navigation buttons for switching between registration tabs

Search For a Record

Save Current Record

Start NEW Record

Send a Reminder to the Medical Certifier

CANCEL Current Changes Since Last Save

Designate the Medical Certifier

Print Verification of Death Facts

Navigation Buttons For Switching Between Records in Queue

State File Number: [] 10th State File Number: [] Record Type: --Select a value--

Demographic 1
Demographic 2
Demographic 3
Demographic 4
Demographic 5

Prefix: --Select a value--
Middle: --Select a value--

DATE OF DEATH
Date of Death: * []

TIME OF DEATH
Time Of Death Type: --Select a value-- Time Of Death: [] Time Of Death Indicator: --Select a value--

DECEDENT'S SEX
Sex: * --Select a value-- Maiden Last Name: []

DECEDENT'S DATE OF BIRTH
Date Of Birth: [] Age Units: --Select a value-- Age: []

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

ACTIVITY:
Field Name: []
Field Status: []
Action: []
Default Mode

New Record Data Entry (Funeral Home)



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ALICIA WESTWORLD , welcome to the Texas Department of State Health Services

FUNCTION TOOLS HELP

- Demographic Data Entry
- Facility Statistical Correction
- Permit Print Queue
- Funeral Home Processes
- Switch Location
- Exit Application

Show Dashboard

Current Date: 27-Apr-2018 | Build Number: 1.0.0.0 ©2017 | Genesis Systems, Inc. GENESIS

Step 2: Click the dropdown arrow next to "FUNCTION" to be taken to the Demographic Data Entry.

Step 3: Select "Demographic Data Entry" to start a new death record, search, save, or abandon a record from your work queue.

New Record Data Entry (Funeral Home)



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Skip to main content GLOBAL DEATH LogOut

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FUNCTIONS RECORD TOOLS HELP

DEMOCRATIC DATA ENTRY

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

Unresolved Work Queue: --Select a value--

Help tips

New Record

GENERAL

Date Of Death Type:*
ACTUAL DATE OF DEATH

Date Of Death:*
--Select a value--

SSN:
--Select a value--

SSN Missing Value Variable:
--Select a value--

Record Type:*
IDENTIFIED

EDR Number:
--Select a value--

MED Rec:
--Select a value--

ME Case Number:
--Select a value--

DECEDENT

First Name: Middle Name: Last Name:*

Generational ID: Date Of Birth: Gender:*

--SELECT A VALUE-- --Select a value-- --Select a value--

PLACE OF DEATH

Type Of Place Of Death:
--Select a value--

Place Of Death:
--Select a value--

Find Record Cancel

Field Name: time Of Death type: time Of Death: time Of Death Indicator:

Field Status: time Of Death type: time Of Death: time Of Death Indicator:

Action: Default: time Of Death type: time Of Death: time Of Death Indicator:

checkbox to filter countries only) Social Security Missing Value Variable: --Select a value--

Step 4: Click NEW Icon to start a new record.

Red Asterisks (*) are MANDATORY Fields and cannot be left blank.

Yellow Fields without red asterisks (*) are not mandatory on this window. Filling them out will transfer the information to the main window.

- A New Record window will open requesting information about the decedent.
- The information obtained here will be used to search for a duplicate record.
 - Duplicate records relinquished by other funeral homes will be available to take the ownership of the record.
 - If there are no duplicates, the information typed here will transfer to the main page.

Helpful Tips

Use your keyboards TAB key to move the cursor to each field.

New Record Data Entry (Funeral Home)



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FUNCTIONS RECORD TOOLS HELP

DEMOCRATIC DATA ENTRY

Unresolved Work Queue: 0

New Record

Some fields will require Double Data Entry. This helps ensure accuracy and to minimize mistakes.

Double Data Entry

This field is required double data entry. Please re-enter the value.

Re-enter Value:

OK

Find Record Cancel

Step 5: After providing general information, Click "Find Record."

Actual Date of Death: 04/27/2018

SSN:

Record Type: IDENTIFIED

EDR Number:

Place Of Death:

Sex:

Maiden Last Name:

State/Country:

County Of Birth:

New Record Data Entry (Funeral Home)



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When a user enters new information for names, dates, and Social Security numbers, they will be prompted to verify these through Double Data Entry.

The screenshot shows a dialog box titled "Double Data Entry". The main text inside the box reads: "This field is required double data entry. Please re-enter the value." Below this text, there is a label "Re-enter Value:" followed by a text input field containing the word "JOHN". The input field has a light blue border and a light blue background. At the bottom right of the dialog box, there is an "OK" button.

New Record Data Entry (Funeral Home)



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EDR: Filing Deadline: Unresolved Work Queue Filter: DEMOGRAPHIC DATA ENTRY Unresolved Work Queue:

New Record

GENERAL	DECEDENT		
Date of Death Type: ACTUAL DATE OF DEATH	First Name: ANY	Middle Name: DECEASED	Last Name: PERSON
Date of Death: 04/27/2018	Generational ID: --SELECT A VALUE--	Date Of Birth: / /	Gender: UNKNOWN
SSN: -	New Record No matching record was found. Do you want to create a new record? OK Cancel		
SSN Missing Value Variable: UNKNOWN	Place Of Birth: --Select a value--		
Record Type: IDENTIFIED			
EDR Number: MED Rec.			
ME Case Number:			

Field Name: Time Of Death Type: Time Of Death Indicator:
Field Status: --Select a value-- --Select a value--
Action: Default Mode

DECEDENT'S SEX	DECEDENT'S DATE OF BIRTH
Sex: --Select a value--	Date Of Birth: / /
Maiden Last Name:	Age Units: --Select a value--
	Age:

DECEDENT'S BIRTHPLACE	DECEDENT'S SSN
State/Country: (Please click checkbox to filter countries only) --Select a value--	SSN: -
County Of Birth: --Select a value--	Social Security Missing Value Variable: --Select a value--
City Of Birth: --Select a value--	SSN Verification Status:

Step 6: No Matching records found. Click "OK" to create a new record to continue entering data.

New Record Data Entry (Funeral Home)



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EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue Filter: --Select a value-- DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: --Select a value--

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:
- Action: Updating Record

GENERAL INFORMATION

State File Number: Birth State File Number: Record Type: * IDENTIFIED

DECEDENT'S LEGAL NAME

Prefix: --Select a value-- First Name: ANY
Middle Name: Last Name: * PERSON
Generational ID: DECEASED --Select a value--

DATE OF DEATH

Date of Death Type: * ACTUAL DATE OF DEATH Date of Death: * 04/27/2018

TIME OF DEATH

Time of Death Type: --Select a value-- Time Of Death: _:_: Time Of Death Indicator: --Select a value--

DECEDENT'S SEX

Sex: * UNKNOWN Maiden Last Name:

DECEDENT'S DATE OF BIRTH

Date Of Birth: _/ _/ _ Age Units: --Select a value--
Age: _

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--
City(Other):

DECEDENT'S SSN

SSN: Social Security Missing Value Variable: UNKNOWN
SSN Verification Status:

Previous Save Next

The Data provided on the "New Record" pop up window is transferred to the matching fields on the demographics tabs.

New Record Data Entry (Funeral Home)



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New Record Data Entry (Funeral Home)



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EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue Filter: --Select a v... Unresolved Work Queue: 0

Please select Social Security Missing Value

Step 7: Complete all Yellow Fields. Once all fields have been filled in or addressed, a green check mark (✓) will appear next to the tab showing the tab as completed.

Unresolved List / Stakeholders

✓ Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

ACTIVITY:
Social Security Missing Value Variable: UNKNOWN
Field Status: Resolved
Action: Updating Record

GENERAL INFORMATION

State File Number: Birth State File Number: Record Type: * IDENTIFIED

DECEDENT'S LEGAL NAME

Prefix: First Name: ANY
Middle Name: Last Name: * PERSON
Generational ID: --Select a value--

DATE OF DEATH

Date of Death Type: * Date of Death: * 04/27/2018
ACTUAL DATE OF DEATH

TIME OF DEATH

Time of Death Type: Time of Death: 08:30 Time of Death Indicator: MILITARY
ACTUAL TIME OF DEATH

DECEDENT'S SEX

Sex: * UNKNOWN Maiden Last Name:

DECEDENT'S DATE OF BIRTH

Date of Birth: 01/01/1901 Age Units: YEARS Age: 117

DECEDENT'S BIRTHPLACE

State/Country: (Please click checkbox to filter countries only) CALIFORNIA SAN BERNARDINO VICTORVILLE

SSN: Social Security Missing Variable: SSN Verification Status:

Previous Save Next

It is recommended to save often to avoid losing data.

Step 8: Click "Next" to advance through the demographic tabs. The green arrows (← →) on the icon bar can also be used to navigate between tabs.

New Record Data Entry (Funeral Home)



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EDR: 000000000000369 Filing Deadline: 0 Day(s) Unresolved Work Queue Filter: All Unresolved DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: SMITH, JOE, 2018/07/10 20

Please select Record Type

Unresolved List / Stakeholders

Unresolved List Record Stakeholders

User ID	Action	Date	Location	Phone	Email
ADMIN	Record created.	7/10/2018 4:22:47 PM	GOLDEN GATE FUNERAL HOME-DAL		sderrick@genesisir
ADMIN	Record updated.	7/10/2018 4:24:49 PM	GOLDEN GATE FUNERAL HOME-DAL		sderrick@genesisir

RECORD STATUS
Demographic Data Entry Incomplete

Record type: IDENTIFIED
Field Status: Resolved
Action: Updating Record

Time of Death type: ACTUAL TIME OF DEATH Time of Death: 05:00 Time of Death indicator: AM

DECEDENT'S SEX		DECEDENT'S DATE OF BIRTH	
Sex: *	MALE	Date Of Birth:	01/01/1980
Maiden Last Name:		Age Units:	YEARS

Sign Verification of Death Facts (Funeral Home)



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Step 9: Once all Demographics tabs are completed, Print the Verification of Death Facts and have the informant sign it. Click () to verify the verification has been signed.

EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue Filter: --Select a value-- DEMOGRAPHIC DATA ENTRY PERSON, ANY, 2018/04/27

Please select Decedent's Education

Unresolved List / Stakeholders

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

ACTIVITY:

Decedent's Education: --Select a value--

Field Status: Unresolved

Action: Updating Record

VERIFICATION OF DEATH FACTS HAS BEEN SIGNED

Verification of Death Facts has been signed

METHOD OF DISPOSITION

Method: CREMATION (Specify):

BURIAL DETAILS

Unknown Section/Block/Lot/Space Number: Section Number:

Block Number:

Space Number:

Place of Disposition Type: OTHER

Place of Disposition: --Select a value--

State/Country: (Please click checkbox to filter countries only)

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City/Town: AUSTIN City(Other):

Zip: 78756 Zip Ext:

Date Of Disposition: 04/27/2018

NAME AND ADDRESS OF FUNERAL FACILITY

Facility Name: FINAL DESTINATION FUNERAL HOME - AU Facility Name(Other):

TIP: The "Verification of Death Facts has been signed" cannot be checked until after printing the Verification of Death Facts (VDF). After printing the VDF, the Demographics 5 Tab green check mark will disappear once the box has been checked.

Designate Medical Certifier (Funeral Home)



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TEXAS Health and Human Services Texas Department of Health Services RECORD TOOLS HELP

EDR: 000000000182 Filing Deadline: 10 Days(s) Unresolved Work Queue Filter: --Select a value-- DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27

Please select Decedent's Education

Unresolved List / Stakeholders

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

Medical 1

Medical 2

Medical 3

Comments

ACTIVITY:

Decedent's Education: --Select a value--

Field Status: Unresolved

Action: Updating Record

Verification of Death Facts has been signed

Medical Certifier Designation

Certifier Type: --Select a value--

Facility Name:

And/Or

First Name: Middle Name: Last Name: License:

Designate Search Cancel

Zip: 78756 Zip Ext:

Date Of Disposition: 04/27/2018

NAME AND ADDRESS OF FUNERAL FACILITY

Facility Name: FINAL DESTINATION FUNERAL HOME - AL Facility Name(Other):

Step 10: Once all Demographics tabs are completed, Assign the Medical Certifier. Click (👉) to designate.

Unresolved List / Stakeholders

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

Designate Medical Certifier (Funeral Home)



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Medical Certifier Designation

Certifier Type:

Facility Name:

And/Or

First Name: Middle Name: Last Name: License:

Step 11: Select Certifier Type.

Medical Certifier Designation

Certifier Type:

Facility Name:

And/Or

First Name: Middle Name: Last Name: License:

Step 12: Type the Facility name and click "Search."

Medical Certifier Designation

Certifier Type:

Facility Name:

And/Or

First Name: Middle Name: Last Name: License:

Facility Name	Type	First Name	Middle Name
AUSTIN REGIONAL CLINIC-AUSTI	PRONOUNCING AND CERT	MAJOR	

Step 13: Select the certifier and click "Designate."

Find an Incomplete Record



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- To complete a record already in progress, you can
 1. Use the stakeholder dashboard
 2. Use the unresolved work queue filters
 3. Use the binoculars icon to search

Find an Incomplete Record - Stakeholder Dashboard (Funeral Home)



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The screenshot shows the TxEVER Stakeholder Dashboard interface. At the top, there are navigation tabs for 'GLOBAL' and 'DEATH'. A red box highlights the 'DEATH' tab with the text: "Step 1: Select Death Module Tab to start the Death Registration." Below the navigation, there is a header area with the Texas Health and Human Services logo and the text "ALICIA WESTWORLD, we". A "Show Dashboard" button is visible. The main content area features a "Dashboard filters:" dropdown menu with the following options: "RECORD NOT FILED WITHIN 10 DAYS OF DEATH", "--Select a value--", "RECORD NOT FILED WITHIN 10 DAYS OF DEATH", "RECORD RETURNED FOR CORRECTION FROM STATE", and "ALL UNRESOLVED". A dashed box highlights this dropdown with the text: "Helpful Tip: Click 'Show Dashboard' for a list of different reports regarding records." Another dashed box highlights the dropdown menu with the text: "Helpful Tip: Click on Dashboard Filters to see a dropdown of record options like 'Records not filed within 10 days of Death', 'Records Returned for Correction from State', and 'All Unresolved'." The dashboard also includes a table with columns for "EDR #", "Medical Case Number", "Date Of Death", "Date Of Birth", and "Decedent". The table is currently empty, and a message at the bottom right states "No records to display." The footer of the dashboard shows "Page 1 of 1" and a refresh icon.



The TxEVER Dashboard is a tool that helps track, analyze, and displays information regarding registration. The Dashboard is the most efficient way to track multiple record statuses.

Find an Incomplete Record - Stakeholder Dashboard (Funeral Home)



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TxEVER provides a way for the stakeholder to glance at the set of records currently in their work queue(s).

The information displayed in the dashboard is unique to the stakeholder and includes such information as:

- Electronic Death Record (EDR) number;
- Decedent's date of death;
- Decedent's date of birth;
- Decedent's entire name; and
- Certifier's name and office.

The dashboard will offer such filtering options as:

- Records not filed within 10 days;
- Records returned for correction; and
- Records unresolved.

Finding an Incomplete Record – Unresolved List (Funeral Home)



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GLOBAL

DEATH

[LogOut](#)

FUNCTION

TOOLS

HELP

[Demographic Data Entry](#)

[Facility Statistical Correction](#)

[Permit Print Queue](#)

[Funeral Home Processes](#)

[Switch Location](#)

[Exit Application](#)

Show Dashboard

Step 1: Navigate back to the Demographic Data Entry screen.

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Finding an Incomplete Record – Unresolved List (Funeral Home)



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The screenshot displays the 'DEMOGRAPHIC DATA ENTRY' interface. A red box highlights the 'Unresolved Work Queue Filter' dropdown menu, which is open to show a list of filter options. A second red box highlights the 'Unresolved Work Queue' dropdown menu on the right side of the form, which is currently set to '--Select a value--'. The form itself contains various fields for entering demographic data, including birth state file number, decedent's legal name, date of death, time of death, decedent's sex, decedent's date of birth, decedent's birthplace, and decedent's SSN.

Step 2: Select an unresolved list

Step 3: Select a record from the drop-down list.

Medical Certification - Introduction



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TxEVER medical certification features:

- Medical data entry available after a record is accepted;
- A comprehensive Cause of Death reporting; and
- A Medical Certification with electronic signature.

Medical Data Entry (Medical Certifier)



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The screenshot shows the TxEVER dashboard for a medical certifier. At the top, there are navigation tabs for 'GLOBAL' and 'DEATH'. A red box highlights the 'DEATH' tab with the text: "Step 1: Select Death Module Tab to start the Medical part of Death Registration." Below the navigation, there is a header area with the Texas Health and Human Services logo and a "Show Dashboard" button. A dashed box points to this button with the text: "Helpful Tip: Click 'Show Dashboard' for a list of different reports regarding records." The main content area features a "Dashboard filters:" dropdown menu. A dashed box points to this menu with the text: "Helpful Tip: Click on Dashboard Filters to see a dropdown of record options like 'Records not filed within 10 days of Death', 'Records Returned for Correction from State', and 'All Unresolved.'" The dropdown menu is open, showing options: "--Select a value--", "RECORD NOT FILED WITHIN 10 DAYS OF DEATH", "RECORD RETURNED FOR CORRECTION FROM STATE", and "ALL UNRESOLVED". Below the filters is a table with columns for "EDR #", "Medical Case Number", "Date Of Death", "Date Of Birth", and "Decedent". The table is currently empty, and a message at the bottom right of the table area says "No records to display." At the bottom of the page, there is a footer with "Current Date: 27-Apr-2018 | Build Number: 1.0.0.0" and "©2017 | Genesis Systems, Inc.".



The TxEVER Dashboard is a tool that helps track, analyze, and displays information regarding registration. The Dashboard is the most efficient way to track multiple record statuses.

Medical Data Entry (Medical Certifier)



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The screenshot shows the web application interface for Medical Data Entry. At the top, there are navigation tabs: [Skip to main content](#), [GLOBAL](#), [DEATH](#), and [FETAL DEATH](#). The [DEATH](#) tab is selected. On the right side of the header, there are icons for location, user profile, and home, along with a [LogOut](#) link. Below the header, the Texas Health and Human Services logo and name are displayed on the left, and the text "Texas Department of State Health Services" is on the right. A blue banner reads "MAJOR MAJOR , welcome to the Texas Department of State Health Services". Below this, there is a navigation menu with "FUNCTION", "TOOLS", and "HELP". The "FUNCTION" dropdown menu is open, showing options: "Medical Data Entry", "Medical Amendme", "Switch Location", and "Exit Application". A "Show Dashboard" button is also visible. Three red boxes with arrows point to specific elements: Step 1 points to the "DEATH" tab; Step 2 points to the dropdown arrow next to "FUNCTION"; Step 3 points to the "Medical Data Entry" option in the dropdown menu.

Step 1: Select Death Module Tab to start the Medical part of Death Registration.

Step 2: Click the dropdown arrow next to "FUNCTION" to be taken to the Medical Data Entry.

Step 3: Select "Medical Data Entry" to locate a death record, search, save, or reject a record from your work queue.

Medical Data Entry (Medical Certifier)



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Skip to main content GLOBAL DEATH FETAL DEATH

FUNCTIONS RECORD TOOLS HELP

MEDICAL DATA ENTRY

Unresolved Work Queue: PERSON, ANY, 2018/04/27

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

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

GENERAL INFORMATION

Birth State: --Select a value--

Prefix: --Select a value--

Middle Name: --Select a value--

Generational ID: --Select a value--

DATE OF DEATH

Date of Death Type: * --Select a value--

Date of Death: * / /

TIME OF DEATH

Time of Death Type: --Select a value--

Time of Death: _ : _

Time of Death Indicator: --Select a value--

DECEDENT'S SEX

Sex: * --Select a value--

Maiden Last Name: --Select a value--

DECEDENT'S DATE OF BIRTH

Date Of Birth: / /

Age Units: --Select a value--

Age: --Select a value--

Unresolved List / Stakeholders

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

ACTIVITY:

Field Name: --Select a value--

Field Status: --Select a value--

Action: --Select a value--

Default Mode

Helpful Tips

The Unresolved Work Queue will update showing how many records are in the queue after selecting which queue you would like to view on step 4.

Medical Data Entry (Medical Certifier)



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Skip to main content GLOBAL DEATH FETAL DEATH LogOut

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EDR: Filing Deadline: Unresolved Work Queue Filter: MEDICAL DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27

Help tips

Unresolved List / Stakeholders

GENERAL INFORMATION

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

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

Field Name: Field Status: Action: Default Mod

DATE OF DEATH

Date of Death Type: * Date of Death:

TIME OF DEATH

Age Units: --Select a value--

Age:

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: --Select a value--

Social Security Missing Value Variable: --Select a value--

SSN Verification Status:

Death Registration

You have been designated on this record for Medical Certification. Click "Accept" to complete certification or you can "Reject" this record.

Accept Reject

Step 5: Click "Accept" to start adding the Medical Data for the selected Record.

If you are not the Medical Certifier for this record, Click Reject. The Funeral Home will be notified to designate the correct Medical Certifier.

Medical Data Entry (Medical Certifier)



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Skip to main content GLOBAL DEATH FETAL DEATH

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FUNCTIONS RECORD TOOLS HELP

DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27

EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue: --Select a value--

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

DECEDENT'S PRESUMED NAME

Prefix: --Select a value--

Middle Name: DECEASED

Generational ID: --Select a value--

Medical Record Number:

First Name: ANY

Last Name: PERSON

Sex: UNKNOWN

ME Case Number:

CERTIFIER

Certifier Type: PRONOUNCING AND CERTIFYING PHYSICIAN

Certifier Office Name: AUSTIN REGIONAL CLINIC-AUSTIN

State/Country: TEXAS

City/Town: AUSTIN

Zip Ext:

Certifier License: 34545

Certifier Name: MAJOR MAJOR

Street Address: 300 WEST 49TH STREET

County: TRAVIS

Zip: 78751

Date Certifier Signed: / /

DATE AND TIME OF DEATH

Date Of Death: 04/27/2018

Time Of Death: --Select a value--

Time Of Death Type: --Select a value--

Time Of Death Indicator: --Select a value--

Yellow Fields still need to be addressed. If it has a Red Asterisk (*), then it is mandatory. If not, select it and tab out to show it was reviewed.

Step 6: Click "Medical 1" Tab.

Some Fields, though not mandatory, want to verify you intended to leave blank or gives you the option to complete later.

Mandatory fields on the Medical Tabs will ask you if you want to complete them later if you click or tab into the field and then tab out without completing.

Cause of Death Reporting (Medical Certifier)



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- Cause of death, manner of death, and other contributing factors are reported on medical tab 2. This is important for data quality.

EDR: 00000000182 Filing Deadline: 10 Days Unresolved Work Queue Filter: --Select a value-- MEDICAL DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27

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

Unresolved List / Stakeholders

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

CAUSE OF DEATH - 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:

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

a. PRIMARY IMMEDIATE CAUSE OF DEATH Approximate Interval: Onset to Death MINUTES

b. SUPPORTING CAUSE OF DEATH DUE TO (or as a consequence of.) DAYS

c. ADDITIONAL CONTRIBUTING CAUSES OF DEATH DUE TO (or as a consequence of.) MONTHS

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

CAUSE OF DEATH - PART II

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

LIST ANY SIGNIFICANT ADDITIONAL REASONS LEADING TO THE DEATH

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: NO

IF FEMALE (AGED 10-54) PREGNANT

Pregnant: NOT APPLICABLE

Previous Save Next

Cause of Death Reporting (Medical Certifier)



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There is a data quality check on the cause of death section, and you may see feedback messages asking you confirm what you've entered.

EDR: 000000000182 Filing Deadline: 10 Days Unresolved Work Queue Filter: --Select a value-- MEDICAL DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

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

Unresolved List / Stakeholders

- ✓ 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:
Primary Immediate Cause of death
Field Status: Resolved
Action: Updating Record

CAUSE OF DEATH - 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:
IMMEDIATE CAUSE (Final disease or condition resulting in death.)

a. PRIMARY IMMEDIATE CAUSE OF DEATH Approximate Interval: Onset to Death MINUTES

b. SUPPORTING CAUSE OF DEATH DUE TO (or as a consequence of.) DAYS

c. ADDITIONAL CONTRIBUTING CAUSES OF DEATH DUE TO (or as a consequence of.) MONTHS

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

CAUSE OF DEATH - PART II
Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I:
LIST ANY SIGNIFICANT ADDITIONAL REASONS LEADING TO THE DEATH

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 NO

If FEMALE (AGED 10-54) PREGNANT Pregnant: NOT APPLICABLE

Previous Save Next

Medical Certification (Medical Certifier)



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Skip to main content GLOBAL DEATH FETAL DEATH LogOut

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Step 9: Once all Medical tabs are completed, Click the drop down arrow to select Medical Certification.

RECORD TOOLS HELP

Search New Save Print Cancel Drop to Paper Process Medical Amendment Demographic Designation Refer to JP/Medical Examiner Medical Certification Release De-Certify Abandon

EDR: 000000000182 Filing Deadline: 10 Day(s) --Select a value--

MEDICAL DATA ENTRY

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

Unresolved List / Stakeholders

- 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:
PRIMARY IMMEDIATE CAUSE OF DEATH
Field Status:
Resolved
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--
(Specify):
Decedent's Role In Tra --Select a value--

DATE AND TIME OF INJURY

Date of Injury: / /
Injury Time: : :
AM/PM: --Select a value--

PLACE OF INJURY

Injury at Work: --Select a value--
Street Address:
State/Country: (Please click checkbox to filter countries only)
City/Town:
Zip:

Place of Injury:
Apt:
County:
City(Other):
Zip Ext:

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

Describe how injury occurred:

Save Next

https://txever.dshs.texas.gov/TxEVERUI/Death/GUI/Medical Data Entry/MedicalDataEntry.aspx?FromWhere=DashBoard#

Medical Certification (Medical Certifier)



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Skip to main content GLOBAL DEATH FETAL DEATH

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FUNCTIONS RECORD TOOLS HELP

EDR: 00000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: All Unresolved MEDICAL DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27

Help tips

Medical Certification

DECEDENT'S INFORMATION

First Name: ANY
Middle Name: DECEASED
Last Name: PERSON
Generational ID:

DEATH INFORMATION

Date of Death: 04/27/2018
Time of Death: 08:30 MILITARY
Place of Death: SETON NORTHWEST HOSPITAL

Preview Cancel Certification

Verify the information is correct.
Preview the record by clicking the "Preview" button.

ACTIVITY:
Field Name:
Field Status:
Action:
Retrieving Record

Medical Certification (Medical Certifier)



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MedicalAbstract 1 / 1

MEDICAL ABSTRACT OF DEATH CERTIFICATE

STATE OF TEXAS **STATE FILE NUMBER**

ENTER NAME OF DECEASED AND PLACE OF DEATH EXACTLY AS SHOWN ON THE ORIGINAL DEATH CERTIFICATE

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) ANY DECEASED PERSON		DATE OF DEATH (mm-dd-yyyy) 04/27/2018	
PLACE OF DEATH (CITY OR TOWN AND COUNTY) SETON NORTHWEST HOSPITAL, AUSTIN, TRAVIS		IS THE DATE OF DEATH BEING CORRECTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - 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) and manner stated.			
27. SIGNATURE OF CERTIFIER: MAJOR MAJOR, BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER J4545
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) MAJOR MAJOR, 300 WEST 40TH STREET, AUSTIN, TX 78706		30. TIME OF DEATH (Actual or presumed) 08:30 AM	
32. TITLE OF CERTIFIER MD		33. PART 1. 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 PATHOLOGY. DO NOT ARRANGE/VIATE. ENTER ONLY ONE CAUSE ON A EACH.	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. PRIMARY IMMEDIATE CAUSE OF DEATH Due to (or as a consequence of):		Approximate interval Onset to death MINUTES	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST b. SUPPORTING CAUSE OF DEATH Due to (or as a consequence of):		DAYS	
c. ADDITIONAL CONTRIBUTING CAUSES OF DEATH Due to (or as a consequence of):		MONTHS	
d. IF YOU NEED ADDITIONAL CAUSES OF DEATH, FILE A MEDICAL AMENDMENT		YEARS	
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.		34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
LIST ANY SIGNIFICANT ADDITIONAL REASONS LEADING TO THE DEATH		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	37. DID TOBACCO USE LEAD TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	38. 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 one year before death <input checked="" type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	40a. DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
40e. LOCATION (Street and Number, City, State, Zip Code)		40f. COUNTY OF INJURY	
41. DESCRIBE HOW INJURY OCCURRED			
42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR (MM-DD-YYYY)	42c. REGISTRAR	
FINAL DESTINATION FUNERAL HOME - AUSTIN, ELECTRONICALLY FILED			

EDR 00000000182

Review the information and ensure nothing was missed. This includes the Date of death, Time of Death, and Cause of death.

Medical Certification (Medical Certifier)



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Medical Certification

DECEDENT'S INFORMATION

First Name: ANY
Middle Name: DECEASED
Last Name: PERSON
Generational ID:

DEATH INFORMATION

Date of Death: 04/27/2018
Time of Death: 08:30 MILITARY
Place of Death: SETON NORTHWEST HOSPITAL

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:

Preview Cancel Certification

Ok Cancel

Step 10: After Previewing the record, Click "Certification" to expand the section.

Step 11: Click the box to verify you have reviewed the data and you agree with the statement. Enter your PIN then click "OK."

Medical Certification

DECEDENT'S INFORMATION

First Name: ANY
Middle Name: DECEASED
Last Name: PERSON
Generational ID:

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:

review Cancel Certification

Ok Cancel

Death Registration

Are you sure you are ready to certify the record?

Yes No

Step 12: Click "OK" to complete the Medical Certification.

Medical Certification (Medical Certifier)



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The screenshot displays the 'MEDICAL DATA ENTRY' software interface. At the top, there are fields for 'EDR: 000000000182', 'Filing Deadline: 7 Day(s)', and 'Unresolved Work Queue Filter: All Unresolved'. On the right, it shows 'Unresolved Work Queue: PERSON, ANY, 2018/04/27' with a refresh icon and a count of '1'. Below this is a 'Help tips' section. The main area is a 'Medical Certification' form with sections for 'DECEDENT'S INFORMATION' (First Name: ANY, Middle Name: DECEASED, Last Name: PERSON, Generational ID:), 'Date of Death:', 'Time of Death:', and 'Place of Death:'. A 'PLEASE ENTER PIN' section contains a checked checkbox 'To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.' and a 'Certifier Pin:' field with a masked input. A 'Death Registration' dialog box is overlaid in the center, displaying the message 'Record certified successfully.' with an 'OK!' button. At the bottom right of the form are 'Preview', 'Cancel', and 'Certification' buttons. A bottom status bar shows 'ACTIVITY:' with fields for 'Field Name:', 'Field Status:', and 'Action: Retrieving Rec...'

After the Medical Certification is complete, the funeral home will receive notification that it is ready to be verified. The record will stay in your queue until the Funeral Home certifies and releases the demographic portion.

Find an Incomplete Record



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- To complete a record already in progress, you can
 1. Use the stakeholder dashboard
 2. Use the unresolved work queue filters
 3. Use the binoculars icon to search

Find an Incomplete Record - Stakeholder Dashboard (Medical Certifier)



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The screenshot shows the TxEVER Stakeholder Dashboard for a Medical Certifier. The user is logged in as ALICIA WESTWORLD. The 'DEATH' tab is selected. A dropdown menu for 'Dashboard filters' is open, showing options: 'RECORD NOT FILED WITHIN 10 DAYS OF DEATH', 'RECORD RETURNED FOR CORRECTION FROM STATE', and 'ALL UNRESOLVED'. The main table area is empty, displaying 'No records to display.' at the bottom right. Navigation and utility icons are visible at the top right, including a location pin, user profile, home button, and 'LogOut' link. A 'Show Dashboard' button is also present.

Step 1: Select Death Module Tab to start the Death Registration.

Helpful Tip: Click "Show Dashboard" for a list of different reports regarding records.

Helpful Tip: Click on Dashboard Filters to see a dropdown of record options like "Records not filed within 10 days of Death", "Records Returned for Correction from State", and "All Unresolved".



The TxEVER Dashboard is a tool that helps track, analyze, and displays information regarding registration. The Dashboard is the most efficient way to track multiple record statuses.

Find an Incomplete Record - Stakeholder Dashboard (Medical Certifier)



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TxEVER provides a way for the stakeholder to glance at the set of records currently in their work queue(s).

The information displayed in the dashboard is unique to the stakeholder and includes such information as:

- Electronic Death Record (EDR) number;
- Decedent's date of death;
- Decedent's date of birth;
- Decedent's entire name; and
- Certifier's name and office.

The dashboard will offer such filtering options as:

- Records not filed within 10 days;
- Records returned for correction; and
- Records unresolved.

Finding an Incomplete Record – Unresolved List (Medical Certifier)



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[Skip to main content](#)

GLOBAL

DEATH

FETAL DEATH

LogOut



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Step 1: Select Death Module Tab to start the Medical part of Death Registration.

FUNCTION

TOOLS

HELP



MAJOR MAJOR , welcome to the Texas Department of State Health Services

Step 2: Click the dropdown arrow next to "FUNCTION" to be taken to the Medical Data Entry.

Medical Data Entry

Medical Amendme

Switch Location

Exit Application

Show Dashboard

Step 3: Select "Medical Data Entry" to locate a death record, search, save, or reject a record from your work queue.

Current Date: 27-Apr-2018 | Build Number: 1.0.0.0

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Finding an Incomplete Record – Unresolved List (Medical Certifier)



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The screenshot shows the 'MEDICAL DATA ENTRY' interface. At the top, there are navigation links: 'Skip to main content', 'GLOBAL', 'DEATH', and 'FETAL DEATH'. On the right, there are user icons and a 'LogOut' link. Below the navigation, there are tabs for 'FUNCTIONS', 'RECORD', 'TOOLS', and 'HELP'. The main content area is divided into several sections. On the left, there is a sidebar with 'Unresolved List / Stakeholders' and a list of demographic and medical categories. The main area contains a form for 'MEDICAL DATA ENTRY' with various fields and dropdown menus. A red box highlights the 'Unresolved Work Queue Filter' dropdown menu, which is expanded to show a list of options including 'All Unresolved', 'Awaiting Medical Certification', 'Medical Amendments', 'Medical Data Entry Incomplete', 'Pending Cause of Death', 'Records filed with Registrar', 'Rejected', 'Sent to Medical Examiner/Coroner', and 'Submitted to Funeral Establishment'. Another red box highlights the 'Unresolved Work Queue' dropdown menu, which is expanded to show a list of records assigned in the selected queue. A dashed orange box highlights the 'Unresolved Work Queue' dropdown menu and the 'Unresolved List / Stakeholders' sidebar.

Step 4: Click the drop down arrow to expand the list of available queues. Select "All Unresolved."

Step 5: Click the drop down arrow to expand the list of available records assigned in the selected queue. Select the record to complete the Medical Tabs.

Helpful Tips

The Unresolved Work Queue will update showing how many records are in the queue after selecting which queue you would like to view on step 4.

Demographic Verification (Funeral Home)



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TxEVER demographic verification features:

- Demographic Verification;
- DCOA—Pending TX Online; and
- Record Release.

Stakeholder Dashboard (Funeral Home)



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The screenshot shows the TxEVER Stakeholder Dashboard interface. At the top, there are navigation tabs for 'GLOBAL' and 'DEATH'. A red box highlights the 'DEATH' tab with the text: "Step 1: Select Death Module Tab to start the Death Registration." Below the navigation, there is a header area with the Texas Health and Human Services logo and the text "ALICIA WESTWORLD, we". A "Show Dashboard" button is visible. A dropdown menu is open, showing filter options: "RECORD NOT FILED WITHIN 10 DAYS OF DEATH", "--Select a value--", "RECORD NOT FILED WITHIN 10 DAYS OF DEATH", "RECORD RETURNED FOR CORRECTION FROM STATE", and "ALL UNRESOLVED". A dashed box highlights this dropdown with the text: "Helpful Tip: Click 'Show Dashboard' for a list of different reports regarding records." Another dashed box highlights the filter dropdown with the text: "Helpful Tip: Click on Dashboard Filters to see a dropdown of record options like 'Records not filed within 10 days of Death', 'Records Returned for Correction from State', and 'All Unresolved'." The main content area shows a table with columns for EDR #, Medical Case Number, Date of Death, Date of Birth, Decedent, and Certifier. The table is currently empty, and a message at the bottom right says "No records to display." The footer of the dashboard shows "Page 1 of 1" and a refresh icon.



The TxEVER Dashboard is a tool that helps track, analyze, and displays information regarding registration. The Dashboard is the most efficient way to track multiple record statuses.



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Stakeholder Dashboard (Funeral Home)

TxEVER provides a way for the stakeholder to glance at the set of records currently in their work queue(s).

The information displayed in the dashboard is unique to the stakeholder and includes such information as:

- Electronic Death Record (EDR) number;
- Decedent's date of death;
- Decedent's date of birth;
- Decedent's entire name; and
- Certifier's name and office.

The dashboard will offer such filtering options as:

- Records not filed within 10 days;
- Records returned for correction; and
- Records unresolved.

Demographic Verification (Funeral Home)



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[Skip to main content](#)

GLOBAL

DEATH

[LogOut](#)



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ALICIA WESTWORLD , welc

Step 1: Navigate back to the
Demographic Data Entry screen.

FUNCTION

TOOLS

HELP

[Demographic Data Entry](#)

[Facility Statistical Correction](#)

[Permit Print Queue](#)

[Funeral Home Processes](#)

[Switch Location](#)

[Exit Application](#)

Show Dashboard

Current Date: 27-Apr-2018 | Build Number: 1.0.0.0

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Demographic Verification (Funeral Home)



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Skip to main content GLOBAL DEATH

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FUNCTIONS RECORD TOOLS HELP

Unresolved Work Queue: --Select a value--

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

Help tips

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:

Action:

Default Mode

DEMOGRAPHIC DATA ENTRY

GENERAL INFORMATION

Birth State File Number:

DECEDENT'S LEGAL NAME

Prefix: --Select a value--

Middle Name:

Generational ID: --Select a value--

First Name:

Last Name: *

DATE OF DEATH

Date of Death Type: * --Select a value--

Date of Death: *

TIME OF DEATH

Time Of Death Type: --Select a value--

Time Of Death: _: _

Time Of Death Indicator: --Select a value--

DECEDENT'S SEX

Sex: * --Select a value--

Maiden Last Name:

DECEDENT'S DATE OF BIRTH

Date Of Birth: _/ _/ _

Age Units: --Select a value--

Age: _

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: _-_-

Social Security Missing Value Variable: --Select a value--

SSN Verification Status:

Demographic Verification (Funeral Home)



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Skip to main content GLOBAL DEATH LogOut

TEXAS Health and Human Services Texas Department of State Health Services

FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: All Unresolved DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27 2

Help tips

Unresolved List / Stakeholders

Enter a comment below.

Unresolved List Record Stakeholders

Record Status

Demographic Verification Not Complete

4/27/2018 2:04:10 PM : AWESTWORLD
AGE IS BETWEEN 100 & 135 YEARS. PLEASE VERIFY. - NO COMMENT

Demographic 4
Demographic 5
Medical 1
Medical 2
Medical 3

Comments

ACTIVITY:
Field Name:
Field Status:
Action:
Retrieving Record

You can verify that the record is ready for Demographic Verification and Release by clicking on the "Unresolved List/Stakeholders" shortcut. It should show all fields resolved and the record status as "Demographic Verification Not Complete."

Demographic Verification (Funeral Home)



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Skip to main content GLOBAL

TEXAS Health and Human Services

Demographic Data Entry

EDR: 000000000182 Filing Deadline: 7 Days(s) Unresolved Work Queue Filter: All Unresolved

RECORD TOOLS HELP

- Search
- New
- Save
- Print
- Relinquish
- Cancel
- Designate Medical Certifier
- Refer to JP/Medical Examiner
- Demographic Verification**
- Release
- De-verify
- Abandon
- Order Additional Death Certificates

Help tips

Unresolved List / Stakeholders

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

Comments

Enter a comment below.

4/27/2018 2:04:10 PM : AWESTWORLD
AGE IS BETWEEN 100 & 135 YEARS. PLEASE VERIFY. - NO COMMENT

Previous Next

ACTIVITY:

Field Name:

Field Status:

Action:
Retrieving Record

https://txever.dshs.texas.gov/TxEVERUI/death/gui/Demographic Data Entry/DemographicDataEntry.aspx#

Demographic Verification & DCOA (Funeral Home)



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Demographic Data Entry - TxEVER - Google Chrome

Secure | <https://txever.dshs.texas.gov/TxEVERUI/Death/GUI/Demographic%20Data%20Entry/DemographicDataEntry.aspx?FromWhere=DCOA#>

Skip to main content GLOBAL DEATH Logout

TEXAS Health and Human Services Texas Department of State Health Services FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: --Select a value-- DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: PERSON, ANY, 04/27/2018

Help tips

Unresolved List / Stakeholders Enter a comment below.

Comments

Death Registration

Please complete DCOA order

OK

Add Comments View Comments

Previous Next

ACTIVITY:

Field Name:

Field Status:

Action: Retrieving Record

You will be prompted to complete the DCOA Order. Step 5: Click "OK."

DCOA—Pending TxONLINE (Funeral Home)



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Death Certificate Order Interface

Record Details

Decedent ID: **182**

Decedent Name: **ANY DECEASED PERSON**

Funeral Home: **FINAL DESTINATION FUNERAL HOME - AUSTIN**

Funeral Director: **ALICIA WESTWORLD**

Requestor Details

Requestor Type: **FUNERAL HOME**

First Name:

Middle Name:

Last/Organization Name: **FINAL DESTINATION FUNERAL HOME**

Suffix: **--Select a value--**

Address1: **1234 POND SPRINGS ROAD**

Address2:

State/Country: **TEXAS**

City/Town: **AUSTIN**

Zip: **78750**

Zip Ext:

Shipping Address Details

Shipping address same as requestor

Shipping Method: **USPS STD SHIPPING**

First Name:

Middle Name:

Last/Organization Name: **FINAL DESTINATION FUNERAL HOME**

Suffix: **--Select a value--**

Address1: **1234 POND SPRINGS ROAD**

Address2:

State/Country: **TEXAS**

City/Town: **AUSTIN**

Zip: **78750**

Zip Ext:

Certificate Details

Type Of Certificate: **DEATH LONG**

No Of Copies:

Cost: **\$47.00**

Shipping Fee: **\$0.00**

Total: **\$47.00**

Verify that the Requestor Details are correct.

If shipping to a business address, you can click the box labeled "Shipping Address Same as requestor".

Optional: Change the Shipping Method to select faster shipping. *There will be a charge for different shipping methods.*

Step 6: Enter the number of copies you would like to order.

Costs and shipping fees will be automatically calculated.

Step 7: Click "Proceed."

Proceed Cancel

DCOA—Pending TxONLINE (Funeral Home)



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Death Certificate Order Interface

Record Details
Decedent ID: **182** Decedent Name: **ANY DECEASED PERSON**
Funeral Home: **FINAL DESTINATION FUNERAL HOME - AUSTIN** Funeral Director: **ALICIA WESTWORLD**

Requestor Details
Requestor Type: FUNERAL HOME
First Name:
Last/Organization Name: FINAL DESTINATION FUNERAL HOME
Address 1: 1234 POND SPRINGS ROAD
State/Country: TEXAS City/Town: AUSTIN
Zip: 78750

Shipping Address Details
 Shipping address same as requestor
Shipping Method: USPS STD SHIPMENT
First Name: Middle Name:
Last/Organization Name: FINAL DESTINATION FUNERAL HOME
Address 1: 1234 POND SPRINGS ROAD
State/Country: TEXAS City/Town: AUSTIN
Zip: 78750 Zip Ext:

Certificate Details
Type Of Certificate: DEATH LONG
No Of Copies: 10
Cost: \$ 47.00
Shipping Fee: \$ 0.00
Total: \$ 47.00

Mark Payment Done
 Mark Payment Done

Proceed Cancel

System will verify your request for the number of copies of death certificates.

DCOA Order

Are you sure you want to order **10 copies** of Death Certificate?

Step 7: Click "Proceed."

Demographic Verification (Funeral Home)



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Skip to main content GLOBAL DEATH LogOut

The System will return to the Demographic Data Entry screen after ordering the death certificates.

FUNCTIONS RECORD TOOLS HELP

Search
New
Save
Print
Relinquish
Cancel
Designate Medical Certifier
Refer to JP/Medical Examiner
Demographic Verification
Release
De-verify
Abandon
Order Additional Death Certificates

EDR: 000000000182 7 Day(s) All Unresolved

DEMOGRAPHIC DATA ENTRY

Help tips

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:
Action:
Retrieving Record

4/27/2018 2:04:10 PM : AWESTWORLD
AGE IS BETWEEN 100 && 135 YEARS. PLEASE VERIFY. - NO COMMENT

Previous Next

https://txever.dshs.texas.gov/TxEVERUI/death/gui/Demographic Data Entry/DemographicDataEntry.aspx#

Demographic Verification (Funeral Home)



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FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: DEMOCRAPHIC DATA ENTRY Unresolved Work Queue: SON, ANY, 2018/04/27

Help tips

Demographic Verification

DECEDENT'S INFORMATION	
First Name:	ANY
Middle Name:	DECEASED
Last Name:	PERSON
Generational ID:	
Prefix:	
Sex:	UNKNOWN
Date Of Birth:	01/01/1901

DEATH INFORMATION	
Date of Death:	04/27/2018
Funeral Director:	ALICIA WESTWORLD
Place of Death:	SETON NORTHWEST HOSPITAL

Preview Cancel Verification

Step 9: Click "Preview" to verify the death record looks completed and there were no mistakes.

Demographic Verification (Funeral Home)



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DEATH CERTIFICATE 1 / 1

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) **UNKNOWN** 2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) **APR 27, 2018**

3. SEX **ANY** 4. DATE OF BIRTH (mm-dd-yyyy) **01/01/1901** 5. AGE - Last Birthday (Years) **117** 6. UNDER 1 YR **PERSON** 7. FUNERAL 1 DAY **DECEASED** 8. BIRTHPLACE (City & State or Foreign Country) **VICTORVILLE, CA**

9. SOCIAL SECURITY **UNKNOWN** 10. MARITAL STATUS AT TIME OF DEATH Married Married, but Separated Widowed (and not remarried) Divorced (and not remarried) Never Married Unknown 11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)

10a. RESIDENCE STREET ADDRESS **5401 MCCANDLESS ST** 10b. APT. NO. **AUSTIN** 10c. CITY OR TOWN **AUSTIN**

10d. COUNTY **TRAVIS** 10e. STATE **TEXAS** 10f. ZIP CODE **78756** 10g. INSIDE CITY LIMITS? Yes No

11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE **PROUD FATHER PERSON VERY PROUD MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE**

12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE **PROUD FATHER PERSON VERY PROUD MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE**

13. PLACE OF DEATH (CHECK ONLY ONE) Death Occurred in a Hospital: Inpatient EPO/Outpatient DCA Hospice Facility Nursing Home Decedent's Home Other (Specify) **SETON NORTHWEST HOSPITAL**

14. COUNTY OF DEATH **TRAVIS** 15. CITY/TOWN, ZIP IF OUTSIDE CITY LIMITS (GIVE PRECINCT NO.) **AUSTIN, 78759** 16. FACILITY NAME (if not institution, give street address) **SETON NORTHWEST HOSPITAL**

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED **PROUD FATHER PERSON VERY PROUD MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE** 18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) **5402 MCCANDLESS ST, AUSTIN, TX 78756**

19. METHOD OF DISPOSITION Burial Entombment Removal from state Donation Mausoleum **ALICIA WESTWORLD, BY ELECTRONIC SIGNATURE - ASDF**

20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH **ALICIA WESTWORLD, BY ELECTRONIC SIGNATURE - ASDF**

21. Section Book Lot Space

22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) **MY MANTAL** 23. LOCATION (City/Town, and State) **AUSTIN, TX**

24. NAME OF FUNERAL FACILITY **FINAL DESTINATION FUNERAL HOME - AUSTIN** 25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) **1234 POND SPRINGS ROAD, AUSTIN, TX 78750**

26. CERTIFIER (check only one) Certifying physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. Medical Examiner/Justice of the Peace - 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) and manner stated.

27. SIGNATURE OF CERTIFIER **MAJOR MAJOR, BY ELECTRONIC SIGNATURE** 28. DATE CERTIFIED (mm-dd-yyyy) **04/30/2018** 29. LICENSE NUMBER **J4545** 30. TIME OF DEATH (Actual or presumed) **08:30 AM**

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) **MAJOR MAJOR, 300 WEST 49TH STREET, AUSTIN, TX 78765** 32. TITLE OF CERTIFIER **MD**

33. PART 1: ENTER THE "CHAIN OF EVENTS" - DISEASES, TRAUMA, 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 EACH.

34. WAS AN AUTOPSY PERFORMED? Yes No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

36. MANNER OF DEATH Natural Accident Suicide Homicide Pending Investigation Could not be determined

37. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No Probably Unknown

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

39. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Passenger Pedestrian Other (Specify)

40a. DATE OF INJURY (mm-dd-yyyy) **VS-112 REV 1/2006** 40b. TIME OF INJURY 40c. INJURY AT WORK? Yes No 40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)

41. LOCATION (Street and Number, City, State, Zip Code) 41. COUNTY OF INJURY

42. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO. 42b. DATE RECEIVED BY LOCAL REGISTRAR 42c. REGISTRAR **EDR NUMBER 00000000182**

Review the document. Double-check the demographic information. Close the document once you are done reviewing it.

Demographic Verification (Funeral Home)



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FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: Pending Demographic Verification

DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27

Help tips

Demographic Verification

DECEDENT'S INFORMATION	
First Name:	ANY
Middle Name:	DECEASED
Last Name:	PERSON
Generational ID:	
Prefix:	
Sex:	UNKNOWN
Date Of Birth:	01/01/1901

DEATH INFORMATION	
Date of Death:	04
Funeral Director:	AL
Place of Death:	SETON NORTHWEST HOSPITAL

Running checks for DTP. Please wait...

Preview Cancel Verification

Field Name:
Field Status:
Action:
Retrieving Record

The system will run a check to make sure the record was never dropped to paper (DTP).

Step 10: Click "Verification" to open the verification section.

Demographic Verification (Funeral Home)



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FUNCTIONS RECORD TOOLS HELP

Unresolved Work Queue: PERSON, ANY, 2018/04/27

Demographic Verification

Queue Filter: Public Verification

DEMOGRAPHIC DATA ENTRY

DECEDENT'S INFORMATION	
First Name:	ANY
Middle Name:	DECEASED
Last Name:	PERSON
Generational ID:	
Prefix:	
Sex:	UNKNOWN
Date Of Birth:	01/01/1901

DEATH INFORMATION	
Date of Death:	04/27/2018
Funeral Director:	ALICIA WESTWORLD
Place of Death:	SETON NORTHWEST HOSPITAL

PLEASE ENTER PIN

I verify that to the best of my knowledge the demographic information on this record is complete and accurate

Verifier Pin:

Preview Cancel Verification

Ok Cancel

The Verification PIN section will expand.

Step 11: Click the box to indicate you have reviewed the Demographic Information.

Step 12: Enter your 6 digit PIN.

Step 13: Click "OK."

Demographic Verification (Funeral Home)



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FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182 Filing Deadline: 7 (Days) Unresolved Work Queue Filter: Pending Demographic Verification DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27

Help tips

Demographic

System Check: The system will double-check you are ready to verify the record.

First Name: Middle Name: Last Name: Generational ID: Prefix: Sex: Date Of Birth: Date of Death: Funeral Director: Place of Death: UNKNOWN

Death Registration

Are you sure you are ready to verify the record?

Yes No

Preview Cancel Verification

PLEASE ENTER PIN

I verify that to the best of my knowledge the demographic information on this record is complete and accurate

Verifier Pin: *****

Ok Cancel

Field Name: Field Status: Action: Retrieving Record

Record Release (Funeral Home)



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FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182

Help tips

Unresolved List / Stakeholders

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

Comments

AGE IS BETWEEN 100 && 135 YEARS. PLEASE VERIFY.-- NO COMMENT

Previous Next

ACTIVITY:

Field Name:

Field Status:

Action: Retrieving Record

After Demographic Verification is complete; the system will go back to the record screen.

Step 15: Click "Record" and then select "Release."

Search
New
Save
Print
Relinquish
Cancel
Designate Medical Certifier
Refer to JP/Medical Examiner
Demographic Verification
Release
De-verify
Abandon
Order Additional Death Certificates

https://txever.dshs.texas.gov/TxEVERUI/death/gui/Demographic Data Entry/DemographicDataEntry.aspx#

Record Release (Funeral Home)



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FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: Pending Demographic Verification DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27

Help tips

Step 16: Enter your PIN again and Click "OK."

Comments

4/27/2018 2:04:1... AW...
AGE IS BETWEEN 100 && 155...

Enter PIN

Pin:.....

Ok Cancel

Demographic 2
Demographic 3
Demographic 4
Demographic 5
Medical 1
Medical 2
Medical 3

Comments

ACTIVITY:

Field Name:
Field Status:
Action:
Retrieving Record

Previous Next

Record Release (Funeral Home)



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TEXAS Health and Human Services Texas Department of State Health Services FUNCTIONS RECORD TOOLS HELP

EDR: Filing Deadline: Unresolved Work Queue Filter: DEMOGRAPHIC DATA ENTRY Unresolved Work Queue:

Help tips

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:

Action:

Default Mode

Prefix: --Select a value--

Middle Name: --Select a value--

Generational ID: --Select a value--

DATE OF DEATH

Date of Death Type: * --Select a value--

Date of Death: * / /

TIME OF DEATH

Time Of Death Type: --Select a value--

Time Of Death: _ : _

Time Of Death Indicator: --Select a value--

DECEDENT'S SEX

Sex: * --Select a value--

Maiden Last Name:

DECEDENT'S DATE OF BIRTH

Date Of Birth: / /

Age Units: --Select a value--

Age:

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: _ - -

Social Security Missing Value Variable: --Select a value--

SSN Verification Status:

Once you get the pop-up "Record released successfully," the Funeral Home's portion is completed.

Death Registration

Record released successfully.

OK

Thank You



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If you have any questions, please contact your TxEVER Field Services team at TxEVERinfo@dshs.texas.gov or (512) 776-3010.

Please continue to visit our website at <http://www.dshs.texas.gov/vs/field/The-TxEVER-Project/> for the latest updates.