

ERAVE

Electronic Death Registration System



Coroner/Deputy Coroner's Guide to Filing Electronic Death Certificates

Created by:
Arkansas Department of Health
4815 W Markham St.
Little Rock, AR 72205

For:
Arkansas County Coroners



This guide is intended for use by Arkansas County Coroner personnel only.

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1. Getting Started

How to gain access to ERAVE

How to login for the first time

Sign-up for ERAVE

User Application

All users must complete and sign an ERAVE user application before they receive their user name and password. The user application must be emailed or faxed to the ERAVE Project Team at the number listed on the application.

If you are a Coroner but also perform duties at a Funeral Home, ERAVE will allow you to access both locations.

ERAVE		ARKANSAS DEPARTMENT OF HEALTH VITAL RECORDS ERAVE USER APPLICATION FORM		Administrative Use Only	
			Account Created on (Date):	Initials	
			Roles Assigned on (Date):	Initials	
Directions: Complete form and sign user agreement. Fax completed form to 501-661-2544, or mail form to ATTN: Marilea Jones, Arkansas Department of Health, 4815 West Markham, Slot 19, Little Rock, AR 72205					
Applicant's Data (*Required Fields):					
*First Name	Middle Name/Initial	*Last Name			
ERIC	L	ERAVE			
*Business Address			Email Address (Will be used as ERAVE User ID)		
4815 W MARKHAM			ERIC.ERAVE@VOID.NET		
*Primary Phone			Fax Number		
501-661-2785					
Mobile Phone with Provider (for text alerts)					
Pager Number with Provider					
Secondary Phone			*Preferred Contact Method (email, fax, text, pager)		
			EMAIL		
*ERAVE Roles (List each group/location combination separately.)					
Permission Group (See group list below)			Facility Name/Location (funeral home name, hospital name, county, etc.)		
Role 1	ELECTED CORONER		ERAVE COUNTY		
Role 2	FUNERAL DIRECTOR		ERAVE FUNERAL HOME - LITTLE ROCK		
Role 3					
ERAVE Permission Groups: Funeral Director, Funeral Director Office Staff, Coroner, Deputy Coroner, Coroner Office Staff, Physician, Physician Clinic Staff, Medical Examiner, Medical Examiner Office Staff, Hospital Death Clerk, Hospice RN, Local Health Unit.					
*License Number (Required for Physicians, Funeral Directors, and Hospice RN):					
		License Type			License Number
License 1	FUNERAL DIRECTOR		12345		
License 2	EMBALMER		45623		
By signing below, I agree to the following:					
<i>The purpose of the Electronic Registration of Arkansas Vital Events (ERAVE) system is to support the needs of the Arkansas Department of Health and other users, such as Funeral Directors, Attending Physicians, Medical Examiners, Coroners, Hospice RNs and Delivering Hospitals. This system may be used only for the purpose for which it is provided. Any attempt to file fraudulent Certificates of Birth, Death or Stillbirth is punishable in accordance with Arkansas Statutes.</i>					
<i>By accessing this system, I agree to use this system only for the purpose of filing a Certificate of Birth, Death or Stillbirth where that vital event has occurred in the State of Arkansas.</i>					
<i>I understand that failure to adhere to the above agreement will result in loss of access to ADH Internet databases, and may be subject to legal penalties.</i>					
Signature of Applicant			Date		

ERAVE User Confirmation Email

Once you are setup in the system you will receive an email containing your ERAVE User Account Information that includes;

- Your username
- A temporary password
- A link to the ERAVE production site

Simply click on the link and it will take you to the ERAVE Welcome page

To...	Anthony Enoch (anthony.enoach@arkansas.gov)
CC...	
Subject:	ERAVE Account Information - ANTHONY D ENOCH
We have received your application and a user id has been set up for you on the ERAVE Production site. Your user name, temporary password and a link to our ERAVE Production site is shown below. When you log in for the first time, you will be prompted to change your password. The ERAVE password is required to have at least 8 characters that contain at least one capital letter, one special character, and one number.	
ERAVE LINK for Production site: https://adherave.arkansas.gov/erave/ (ONCE YOU CLICK ON THE LINK, SAVE THE WEB PAGE TO YOUR FAVORITES)	
Login User ID: aenoch	
Temporary Password: Erave123!	
If you have any questions or concerns please feel free to call the ERAVE Project Team at: 501-661-2785, or email them at email addresses copied in this email.	
Thank you	
ANTHONY ENOCH ERAVE Technical Representative Arkansas Department of Health Anthony.enoach@arkansas.gov Phone: 501-682-4278 Fax: 501-683-6646	
	

ERAVE Welcome Screen

Consist of three Modules

- Death Registration Module
- Infant Hearing Screening Module
- Birth Registration Module

Additional Information

- ERAVE Help Desk Information
- Vital Records Section Information
- Infant Hearing Screening Information

ERAVE Help Desk
PHONE: 501-661-2785
EMAIL: ADHErave@Arkansas.gov
8:00 am to 4:00 pm
(Monday - Friday)

Vital Records Section
PHONE: 501-661-2336
FAX: 501-661-2717
[Vital Records ERAVE Information](#)
ADDRESS:
Vital Records Section
Arkansas Department of Health
4815 West Markham, Slot 44
Little Rock, AR 72205

Infant Hearing Screening Program
PHONE: 501-280-4765
FAX: 501-280-4170
ADDRESS:
Infant Hearing Program
Arkansas Department of Health
4815 West Markham, Slot 20
Little Rock, AR 72205

ERAVE
Electronic Registration
of Arkansas Vital Events

Welcome to the Electronic Registration of Arkansas Vital Records (ERAVE) system provided by the Arkansas Department of Health. The ERAVE system provides authorized users a secure, online method for submitting and managing reports of vital events including deaths, infant hearing screenings, births, and fetal deaths.

Death Registration Module
The Electronic Death Registration System (EDRS) allows funeral directors and medical certifiers to electronically file death certificates. The EDRS includes online correction and amendment requests, printing of permits, and requests for certified copies.

Infant Hearing Screening Module
The Electronic Infant Hearing System (EHS) allows specified users involved in Early Hearing Detection and Intervention (EHDI) in Arkansas online access for reporting newborn hearing screening and follow-up hearing test results.

Birth Registration Module
The Electronic Birth Registration System (EBRS) provides electronic filing of birth and fetal death records. The EBRS will be available late 2013.

LOGIN

Click the “**LOGIN**” button

Logging in the First Time

Step 1. Enter the username and password you received in your confirmation email and click the “Log In” button.

Username:

Password:

Forgot your password or password expired?
[click here](#)

Step 2. Once you click the Log In button you will be prompted to change your password. You will be asked to re-enter the password you received in your email in the “Original Password” field. Next, you must create a new password in the “New Password” field, then re-enter it into the “Confirm New Password” field and click the “Continue” button.

Please reset your password:

Original Password:

New Password:

Confirm New Password:

Note: Your new password must be at least 8 characters long containing one upper case letter, one lower case letter, one number and one special character.

Password example: Online97%

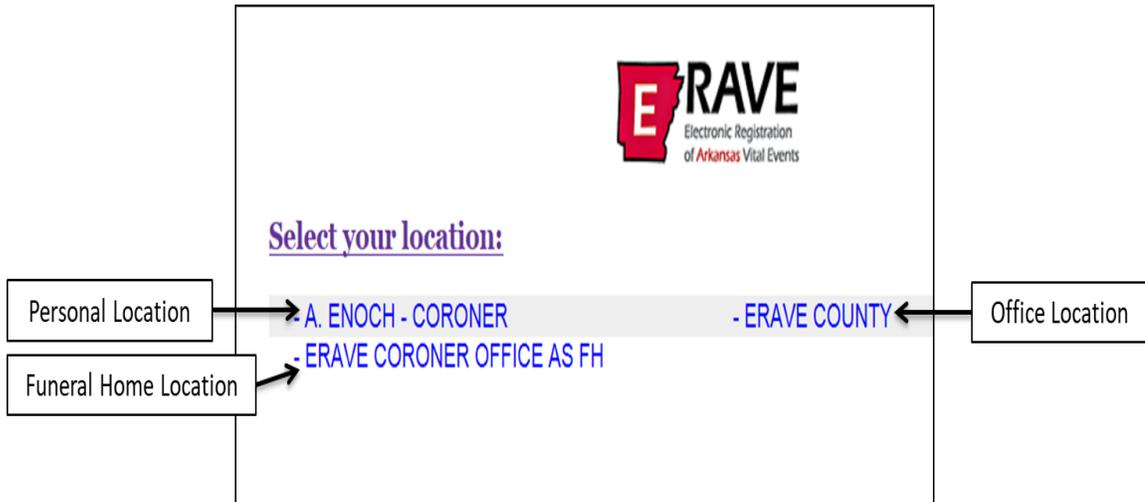


3. Select Your Location Screen

Understanding the different Coroner Locations

- Personal Location
- Office Location
- Coroner as FH location

Select Your Location Screen



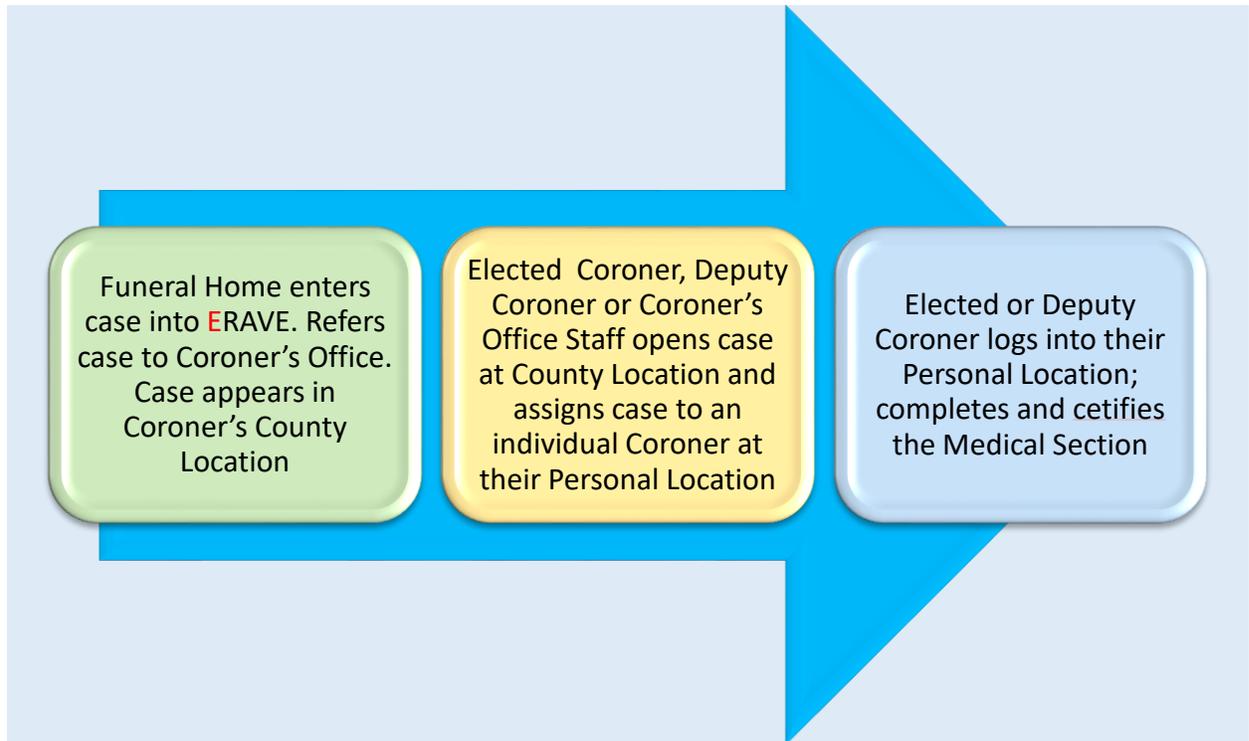
A. ENOCH - ELECTED OR DEPUTY CORONER – This location is also known as the *Personal Location for Elected and Deputy Coroners*. This location will display the Elected or Deputy Coroner’s name and is the only location they can complete and sign-off on the medical section of a death case. While an Elected or Deputy Coroner can create death cases and enter the Medical Information at all three locations, it is recommended that they only create and complete cases at the Personal Location. Cases can also be assigned to a funeral home and/or another medical certifier from this location.

ERAVE COUNTY – This location is also known as the *Office Location*. At this location an Elected or Deputy Coroner can view all the death cases that occurred in their county that have been filed electronically. As well as complete the Medical Information section. Cases at this location are assigned to the Elected or Deputy Coroner to be completed and signed at their Personal Location.

ERAVE CORONER OFFICE AS FH – This location is used by the Coroner’s Office when there is a death case with no funeral home involved. The Elected or Deputy Coroner can; complete the decedent’s Personal Information section at this location and submit the record for registration from this location after completing and signing the Medical Information Section at their Personal Location.

Location Flow Chart

This chart only applies to death cases started by other facilities. (I.e. funeral homes, hospice rn's etc.)





2. Assigning a Death Case to your Personal Location

How to assign a death case to your Personal Location from the Office Location.

Step 1. Log into ERAVE and select your “County Location.”

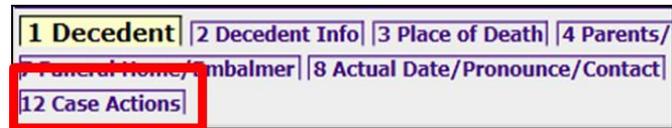
Step 2. From the *Main Menu* select “View Queues.”



Step 3. Locate the decedent’s name in the *Open Cases* queue and click the word “Process.”

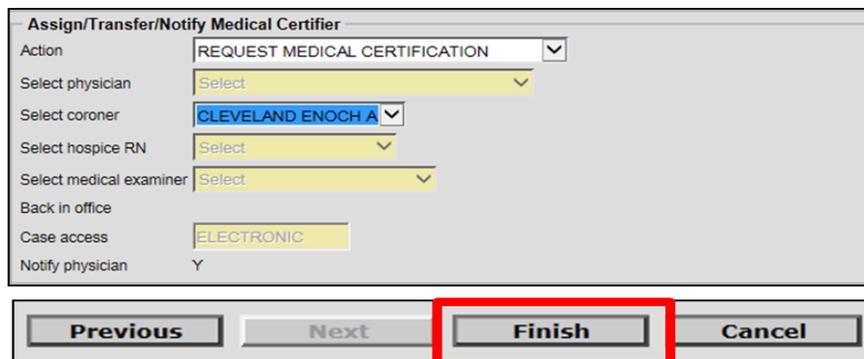
Open Cases (8)							
First	Last Name	Date of Death	PI Status	Med. Status	Case Status	Details	Action
MERYL	STREEP	12/04/2017	Case pending	New	Not submitted	Details	Process
HOON	JACKMAN	12/03/2017	Case pending	New	Not submitted	Details	Process
TAYLOR	SWIFT	12/02/2017	Case pending	New	Not submitted	Details	Process

Step 4. When there record opens, click “Tab 12 Case Actions.”



Note: if a popup box appears, click the “OK” button on the popup box then click Tab 12 Case Actions.

Step 5. **Tab 12 Case Actions – Assign/Transfer/Notify Medical Certifier Section.**
a. From the Actions dropdown menu select “Request Medical Certification.”
b. From the Select Coroner dropdown menu select the Coroner’s name that will be completing the Medical Information Section.

A screenshot of a form titled 'Assign/Transfer/Notify Medical Certifier'. The form contains several dropdown menus: 'Action' (set to 'REQUEST MEDICAL CERTIFICATION'), 'Select physician' (set to 'Select'), 'Select coroner' (set to 'CLEVELAND ENOCH A'), 'Select hospice RN' (set to 'Select'), and 'Select medical examiner' (set to 'Select'). There are also fields for 'Back in office', 'Case access' (set to 'ELECTRONIC'), and 'Notify physician' (set to 'Y'). At the bottom of the form, there are four buttons: 'Previous', 'Next', 'Finish', and 'Cancel'. The 'Finish' button is highlighted with a red rectangular box.

Click the **FINISH** button

Step 6. On the ERAVE Warning Screen scroll to the bottom and click “Save (as Pending).”



Step 7. On the Successful Transaction screen click the “Main Menu” button.



Step 8. From the Main Menu click the word “Change” located in the Upper left-hand corner of the screen.



Step 9. On the *Select your location* screen, click your “Personal Location.”



Step 10. From the Main Menu click “View Queues.”



Step 11. Locate the decedents’ name in the Open Cases queue and click the word “Process” to open the record and complete the Medical Information.

Open Cases (8)							
First	Last Name	Date of Death	PI Status	Med. Status	Case Status	Details	Action
MERYL	STREEP	12/04/2017	Case pending	New	Not submitted	Details	Process
ROCK	JACKMAN	12/03/2017	Case pending	New	Not submitted	Details	Process
TAYLOR	SWIFT	12/02/2017	Case pending	New	Not submitted	Details	Process

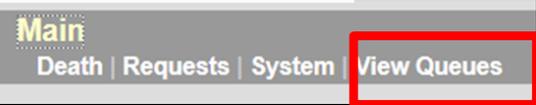


4. Coroners' To-Do Queues

The following queues are only displayed at the Elected Coroner or Deputy Coroners' Personal Location:

- Open Cases Queue
- Pending COD Queue
- RFI Queue

Once the Personal Location has been selected click “View Queues” to display the To Do Queues.



Open Cases Queue

- Holds cases that have been assigned to the Elected or Deputy Coroner for completion and/or certification of the Medical Information Section.
- Death Cases that have been completed by the Elected or Deputy Coroner and are waiting to be submitted for registration by the funeral home.

Open Cases (3) Pending COD (1) RFI (1)							
First	Last Name	Date of Death	PI Status	Med. Status	Case Status	Details	Action
TODD	LANDRY	12/01/2017	New	Certified	Not submitted	Details	Process
BRETT	BELEAM	11/24/2017	New	Case pending	Not submitted	Details	Process
COUNTY	CORONER	11/14/2014	Case pending	Case pending	Not submitted	Details	Process

Pending COD Queue

Holds cases with the Cause of Death pending. This type of death case will only appear in this queue when the death case becomes registered at the Vital Records State Office. The Elected Coroner or Deputy Coroner can access the death case from this queue at any time and enter the Cause and Manner of Death. Once that Medical Information has been added, the death case will disappear from the Pending COD queue.

Open Cases (3) Pending COD (2) RFI (1)											
First	Last Name	Date of Death	County of Death	Date of Birth	Sex	Funeral Home	PI Status	MI Status	Case Status	Certificate	Rev Details Action
PERRY	PENDING	11/05/2017	CLEVELAND	01/01/1944	M	ERAVE FUNERAL HOME	Signed	Certified	Registered	20170000010	Details Process

RFI Queue

Holds cases that have a pending Request for Information (RFI) letter from the State Office. An RFI letter is sent to the certifier when there is a need for additional medical information or there are questions about the Cause/Manner of Death.

Open Cases (3) Pending COD (2) RFI (1)								
Decedent First	Last Name	Date of Death	Certifier First	Last Name	Status	Query Date	Details	Action
DAVE	TEST	05/27/2009	A	ENOCH	QUERY	12/06/2017	Details	Process

4.1. Accessing a Death Case from the Open Cases Queue

Step 1. From the Main Menu click “View Queues” to display the Open Cases Queue



Step 2. Locate the decedent’s name in the Open Cases queue and click the word “Process.”

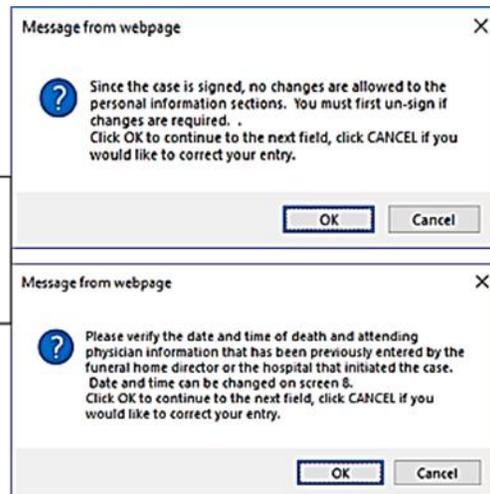
Open Cases (3)	Pending COD (1)	RFI (1)					
First	Last Name	Date of Death	PI Status	Med. Status	Case Status	Details	Action
TODD	LANDRY	12/01/2017	New	Certified	Not submitted	Details	Process
BRETT	BELEAM	11/24/2017	New	Case pending	Not submitted	Details	Process
COUNTY	CORONER	11/14/2014	Case pending	Case pending	Not submitted	Details	Process

Step 3. Records opens at Tab 1 Decedent. Click “Tab 8 Actual Date/Pronounce/Contact.” When Tab 8 appears, then proceed to complete the Medical Information Section.

Note: The Medical Certifier is responsible for completing Tabs 8-11



Note: when you click Tab 8, you may see these two pop-ups. Click “OK” on one or both of these messages, then click Tab 8 again.



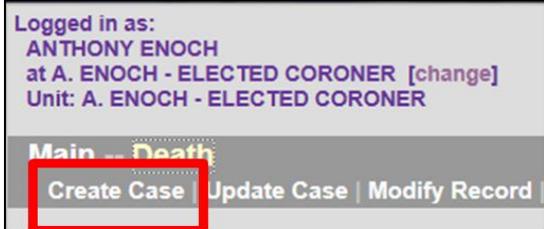


5. Creating & Completing a Death Case

Step 1. From the Main Menu click “Death.”

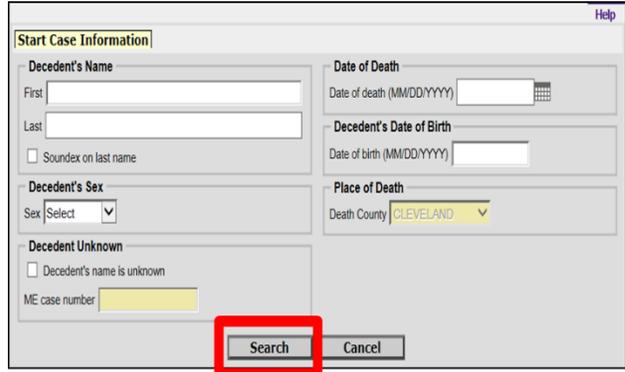


Step 2. Click the words “Create Case.”



Step 3. On the **Start Case Information Screen** enter:

- a. Decedent’s First and Last names.
- b. Decedent’s Gender.
- c. Decedent’s Date of Death.
- d. Decedent’s Date of Birth.
- e. Place of Death defaults to Coroner’s County

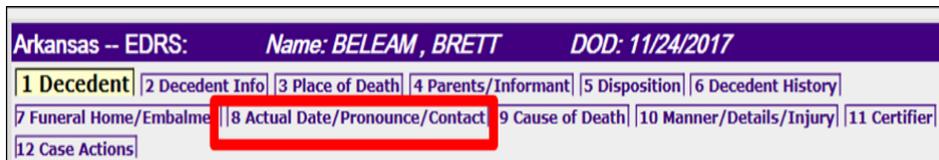


Then click the **SEARCH** button

Step 4. Record List Screen displays and should show “0 Records found.” Click the “Create New Case” button.



Step 5. Record opens at Tab 1 Decedent. Click “Tab 8 Actual/Pronounce/Contact” and start entering the Medical Information. Do not enter information on Tab 1 Decedent.



Step 6. Tab 8 Actual Date/Pronounce/Contact – Sections 3 & 18a-b.

- a. Section 3. Actual or Presumed Date/Time of Death
 - i. Enter the Date of Death. If unknown enter all 9's (example 99/99/9999)
 - ii. Enter Time of Death and select either AM, PM or Military time indicator.
- b. Section 18a-b. Date/Time Pronounced Dead.
 - i. Enter Date Pronounced.
 - ii. Enter Time Pronounced and select either AM, PM or Military time indicator.

The screenshot shows two sections of a form. The top section is titled '3. Actual or Presumed Date/Time of Death'. It contains a date field with '12/01/2017', a time field with '10:30', and a time indicator dropdown menu with 'PM' selected. There are checkboxes for 'Date found', 'Approximate', 'Time found', and 'Approximate'. The bottom section is titled '18a-b. Date/Time Pronounced Dead'. It contains a date field with '12/01/2017', a time field with '10:45', and a time indicator dropdown menu with 'PM' selected. There are checkboxes for 'Time found' and 'Approximate'.

Step 7. Tab 8 Actual Date/Pronounce/Contact – Sections 18c. & 19.

- a. Section 18c. Person Pronouncing Death.
 - i. Select Pronouncer Type by choosing one of the following:
 - Select “Pronouncer same as Certifier” if you are Pronouncing and Certifying.
 - Select the appropriate Pronouncer type from the dropdown menu then select their name from the appropriate list.
- b. Section 19. ME or Coroner Contacted Select “Yes”

The screenshot shows two sections of a form. The top section is titled '18c. Person Pronouncing Death'. It contains a dropdown menu for 'Pronouncer type' with 'Pronouncer same as certifier' selected. Below it are dropdown menus for 'Physician list', 'Medical examiner list', 'Coroner list', and 'Hospice RN list', all with 'Select' displayed. There are text input fields for 'First' (containing 'A'), 'Middle', and 'Last' (containing 'ENOCH'). There are dropdown menus for 'Suffix' (with 'Select' displayed) and 'Title list' (with 'Select' displayed). There is a text input field for 'Title' (containing 'CORONER'). The bottom section is titled '19. ME or Coroner Contacted'. It contains a dropdown menu for 'Was medical examiner or coroner contacted?' with 'Yes' selected. At the bottom of the form are four buttons: 'Previous', 'Next' (highlighted with a red box), 'Finish', and 'Cancel'.

Note: if pronouncers name doesn't appear in the list, enter their name into the name field and select their title from the Title List.

Click the **NEXT** button

Step 8. Tab 9 Cause of Death

- a. Enter the “Immediate Cause “ on line “a” then the “Approximate Interval” for Line “a”
- b. List any “Underlying Causes” on lines b, c, & d along with their approximate intervals.

Cause of death pending

IMMEDIATE CAUSE (Final disease or condition resulting in death) APPROXIMATE INTERVAL: Onset to death

a.
Due to (or as a consequence of)

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.
Due to (or as a consequence of)

c.
Due to (or as a consequence of)

d.

PART II.
Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 Other Significant Conditions contributing to death

Part II

Enter any Significant Conditions that contributed to death

Click the **NEXT** button

Step 9. Tab 10 Manner/Details/Injury – Sections 21-24, & 25a-d. (if necessary)

- a. Section 21. Autopsy – Select “Yes” or “No.”
- b. Section 22. Manner of Death – select the appropriate Manner of Death.
- c. Sections 23-24. Death Details
 - i. Select “Yes” or “No” for “Did Tobacco use contribute to Death?”
 - ii. If female, answer pregnancy question
- d. Sections 25a-d. When and Where Injury Occurred.
 - i. Enter Date, Time and Place injury occurred.

21. Autopsy
 Was an autopsy performed? Yes No
 Were autopsy findings available to complete the cause of death? Yes No

22. Manner of Death
 Manner of death:

23-24. Death Details
 Did tobacco use contribute to death? No Yes
 If female, select one from list:
 Verification required:

25a-d. When and Where Injury Occurred
 Date of injury (MM/DD/YYYY):
 Approximate
 Time of injury (HH:MM):
 Time indicator:
 Approximate
 Place of injury (e.g. decedent's home, construction site, restaurant, wooded area):
 Injury at work? No Yes

Step 10. Tab 10 Manner/Details/Injury – Sections 25e-g. (if necessary)

- a. Section 25e. Location of Injury Address – Enter full address including city and zip code, then click the Validate button.
 - i. If injury or accident occurred on a highway or street list the name.
 - ii. If injury or accident occurred at a residence, list the residence address.
- b. Section 25f. Describe How Injury Occurred – Enter a detailed description of how the injury occurred.
- c. Section 25g. If Transportation Injury (if necessary) – select either; driver/operator, passenger, pedestrian or other

25e. Location of Injury Address

Location unknown

Number and street 4525 S HAVEN ST

Apartment number

Country UNITED STATES

State/province ARKANSAS

City list Select

City or town LITTLE ROCK

Zip code 72206

Validate address **VALIDATE**

Validation result Building number is invalid.

Accept address

25f. Describe How Injury Occurred

Description SUBJECT ABUSED ALCOHOL, METHAMPHETAMINE, AND CITALOPRAM

25g. If Transportation Injury

Specify Select

Other - specify

Click the **NEXT** button

Step 11. Tab 11 Certifier – Select Coroner/Deputy Coroner from the dropdown menu, then click the “NEXT” Button.

26a. Certifier's Name and Designation

Certifier designation CORONER/DEPUTY CORONER

Physicians Select

Medical examiners Select

Coroners Select

Hospice RN's Select

First name A

Middle name

Last name ENOCH

Suffix Select

Title list Select

Title CORONER

Preferred method of contact EMAIL

Contact information ANTHONY.ENOCH@ARKANSAS.GOV

Case access ELECTRONIC

Phone number

Date signed by certifier (MM/DD/YYYY)

26b. Certifier's Address

Number and street 4815 W MARKHAM ST

Apartment number

Country UNITED STATES

State/province ARKANSAS

City list Select

City or town RISON

Zip code 72205

26c. Certifier's License Number

Medical license number

Case Information

Decedent's first name BRETT

Decedent's last name BELEAM

Decedent's date of birth 10/10/1945

Sex MALE

Previous **Next** Finish Cancel

5.1. Assigning a Funeral Home to a Death Case (If Necessary)

Step 12. Tab 12 Case Actions – Assign/Transfer/Notify Funeral Home Section.

- a. From the “Action” dropdown menu select “Assign Funeral Home To Case
- b. From the Responsible Funeral Home dropdown menu select the funeral home that will handle the final disposition of the deceased.

Assign/Transfer/Notify Funeral Home

Action: ASSIGN FUNERAL HOME TO CASE ▼

Responsible funeral home: ERAVE FUNERAL HOME - LITTLE ROCK

Case access: ELECTRONIC

Notify funeral home: Y

Previous Next Finish Cancel

Click the **FINISH** button.

Note: The Coroner and Deputy Coroner also have the ability to the death case to another certifier



6. Understanding the ERAVE Warning Screen

The ERAVE Warning screen is a list of exceptions within the death record that need to be either reviewed and possibly corrected by the funeral home or certifier, completed by the funeral home or certifier, or reviewed by the Vital Records State Office.

Note: A Death Case cannot be certified if any fields are left blank.

1st Section. Demographic Exceptions – Refers to information completed by the funeral home. Coroners will not need to review these items.

All Demographic Exceptions should be reviewed Fix all the following:

[Residence address validation not successful](#)
Field Group Description: Residence address validation not successful.

[Informant's city is blank](#)
Field Group Description: Informant's city is blank.

2nd Section. Required to Submit to State. Fix all the following:

Medical Information Section.
Field Group Description: Must be certified or dropped to paper
– This is a reminder to the certifier that the case has not been certified. This message will disappear once the death case has been certified.

[Required to Submit to State. Fix all the following:](#)

[Personal Information Section](#)
Field Group Description: Must be signed or dropped to paper.

[Medical Information Section](#)
Field Group Description: Must be certified or dropped to paper.

3rd Section. Personal Information that must be completed – This section is to be completed by the Funeral Home.

The following information must be entered to complete the personal information section. Fix all the following:

[Informant's last name](#)
Field Description: *Required to print certificate. Enter the name of the informant - last name.

4th Section. Medical Information that must be completed – Here are items the coroner must complete. Click on the blue description of the item and the system will take the user back to the area of the record where the exception exists. Complete the field and click the finish button.

The following information must be entered to complete the medical information section. Fix following:

[Autopsy must be answered or select Unknown](#)
Field Group Description: Autopsy must be answered or select Unknown.

When all exceptions have been completed, return to the warning screen and click "Save as Pending." This will take you to the Successful Transaction Screen



7. Signing a Death Case Electronically

Because there is no paper involved in the electronic filing system all Elected and Deputy Coroners will be required to sign their death case electronically. ERAVE will apply an Electronic Signature for Both the Elected Coroner and Deputy Coroner(s).

Step 1. On the Successful Transaction Screen, click the “Case Ready to Certify” button.



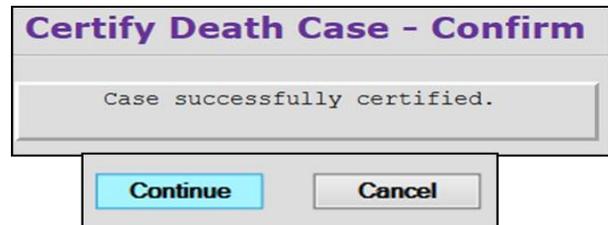
Step 2. Click the “Certify Case” button.



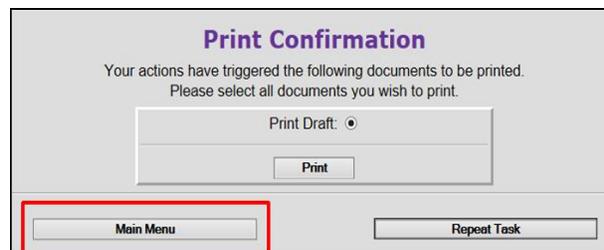
Step 3. On the Medical Certification-Confirm Screen click the Continue button.



Step 4. On the Certify Death Case-Confirm screen, click the Continue button.



Step 5. On the Successful Transaction screen the user can click the “Main Menu” button to return to the Main Menu or print a draft copy of the death certificate



When you return to the ERAVE Main Menu, click “View Queues” then click the Open Cases queue tab, locate the decedents' name in the queue and verify that the Med. Status says “CERTIFIED”



8. Printing a Draft Death Certificate

An Elected or Deputy Coroner will have the ability to print a non-legal copy of a death certificate from ERAVE.

Drafts should be printed from your Personal Location and there are two ways to print a draft.

- After the death has been certified by the certifier.
- From a death case in the Open Cases queue.

Note: All printing is initiated on the Successful Transaction Screen. Once the Elected or Deputy Coroner has successfully completed the signing process and is now on the “Successful Transaction” screen they will see an option to print a draft.

Printing a Draft Death Certificate from a Death Case in the Open Cases Queue

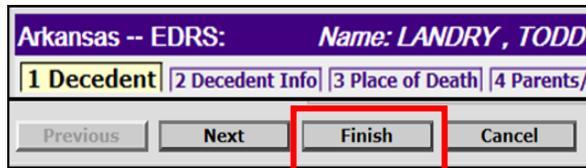
Step 1. From the ERAVE Main Screen click “View Queues.”



Step 2. Locate the Decedent’s name in the Open Cases Queue and click “Process.”

First	Last Name	Date of Death	PI Status	Med. Status	Case Status	Details	Action
TODD	LANDRY	12/01/2017	New	Certified	Not submitted	Details	Process
BRETT	BOESM	11/24/2017	New	Certified	Not submitted	Details	Process
COUNTY	CORONER	11/14/2014	Case pending	Case pending	Not submitted	Details	Process

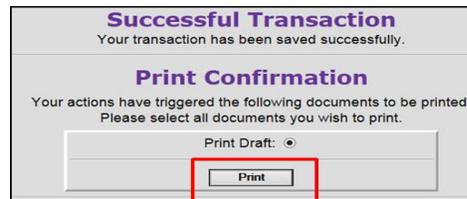
Step 3. Record opens at Tab 1 Decedent. Click the **FINISH** button.



Step 4. On the ERAVE Warning screen scroll to the bottom and click “Save (as Pending.)”



Step 5. On the Successful Transaction screen click the “Print” button



Step 6. Click the Generate Document button.



Step 7. Print the image, then closeout the image window. You should be back in ERAVE.

After Successfully printing the draft copy, click the "Continue" button, then click the "Main Menu" button to return to the ERAVE Main Screen.

ARKANSAS DEPARTMENT OF HEALTH				TYPE PRINT OR PERMANENTly SAVE AND INSTRUCTIONS	
Vital Records				CERTIFICATE OF DEATH	
DECEASED		DECEASED		FILE NUMBER	
1. DECEASED LEGAL NAME (Last, first, middle, last name)		2. SEX		3. DATE OF BIRTH	
TODD LANORY		MALE		DEC 1, 2017	
4. SOCIAL SECURITY NO.		5. DATE OF DEATH		6. COUNTY OF DEATH	
UNKNOWN		JUNE 06, 1966		22	
7. RESIDENCE STATE AT DEATH		8. COUNTY OF DEATH		9. ZIP CODE	
ARKANSAS		CLEVELAND		72202	
10. NUMBER AND TYPE OF MARRIAGES		11. MARRIAGE DURATION		12. MARRIAGE DURATION	
0		0		0	
13. TYPE OF DEATH		14. MANNER OF DEATH		15. SURVIVED SPOUSE (if applicable)	
Natural		Natural		Yes	
16. IF DEATH OCCURRED IN A HOSPITAL		17. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL		18. COUNTY OF DEATH	
Yes		No		CLEVELAND	
19. FACILITY NAME (if applicable)		20. ICD-10 CODE		21. ICD-9 CODE	
		I00		I00	
22. DECEASED NAME (Last, first, middle)		23. RELATIONSHIP TO DECEASED		24. MARITAL ADDRESS (Last, first, middle)	
TODD LANORY		UNKNOWN		4815 W MARKHAM ST, PISON, AR, 72205	
25. METHOD OF DEATH		26. PLACE OF DEATH (State or territory, other than)		27. COUNTY OF DEATH	
Natural		Arkansas		Cleveland	
28. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		29. LICENSE #		30. LICENSE #	
ENVOY FUNERAL HOME		4815 W MARKHAM ST, LITTLE ROCK, AR, 72205		1234	
31. DATE PROMULGED		32. THE PROMULGATOR		33. SIGNATURE OF REGISTRAR	
DEC 1, 2017		A ENOCH CORONER		A ENOCH CORONER	
34. I certify that the information furnished herein is complete and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.		35. I certify that the information furnished herein is complete and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.		36. I certify that the information furnished herein is complete and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.	
37. SIGNATURE OF REGISTRAR		38. TITLE		39. DATE	
A ENOCH CORONER		CORONER		DECEMBER 05, 2017	
40. SIGNATURE OF REGISTRAR		41. TITLE		42. DATE	
A ENOCH CORONER		CORONER		DECEMBER 05, 2017	
43. OCCASION OF DEATH		44. OCCASION OF DEATH		45. OCCASION OF DEATH	
Natural		Natural		Natural	
46. OCCASION OF DEATH		47. OCCASION OF DEATH		48. OCCASION OF DEATH	
Natural		Natural		Natural	
49. OCCASION OF DEATH		50. OCCASION OF DEATH		51. OCCASION OF DEATH	
Natural		Natural		Natural	
52. OCCASION OF DEATH		53. OCCASION OF DEATH		54. OCCASION OF DEATH	
Natural		Natural		Natural	
55. OCCASION OF DEATH		56. OCCASION OF DEATH		57. OCCASION OF DEATH	
Natural		Natural		Natural	
58. OCCASION OF DEATH		59. OCCASION OF DEATH		60. OCCASION OF DEATH	
Natural		Natural		Natural	
61. OCCASION OF DEATH		62. OCCASION OF DEATH		63. OCCASION OF DEATH	
Natural		Natural		Natural	
64. OCCASION OF DEATH		65. OCCASION OF DEATH		66. OCCASION OF DEATH	
Natural		Natural		Natural	
67. OCCASION OF DEATH		68. OCCASION OF DEATH		69. OCCASION OF DEATH	
Natural		Natural		Natural	
70. OCCASION OF DEATH		71. OCCASION OF DEATH		72. OCCASION OF DEATH	
Natural		Natural		Natural	
73. OCCASION OF DEATH		74. OCCASION OF DEATH		75. OCCASION OF DEATH	
Natural		Natural		Natural	
76. OCCASION OF DEATH		77. OCCASION OF DEATH		78. OCCASION OF DEATH	
Natural		Natural		Natural	
79. OCCASION OF DEATH		80. OCCASION OF DEATH		81. OCCASION OF DEATH	
Natural		Natural		Natural	
82. OCCASION OF DEATH		83. OCCASION OF DEATH		84. OCCASION OF DEATH	
Natural		Natural		Natural	
85. OCCASION OF DEATH		86. OCCASION OF DEATH		87. OCCASION OF DEATH	
Natural		Natural		Natural	
88. OCCASION OF DEATH		89. OCCASION OF DEATH		90. OCCASION OF DEATH	
Natural		Natural		Natural	
91. OCCASION OF DEATH		92. OCCASION OF DEATH		93. OCCASION OF DEATH	
Natural		Natural		Natural	
94. OCCASION OF DEATH		95. OCCASION OF DEATH		96. OCCASION OF DEATH	
Natural		Natural		Natural	
97. OCCASION OF DEATH		98. OCCASION OF DEATH		99. OCCASION OF DEATH	
Natural		Natural		Natural	
100. OCCASION OF DEATH		101. OCCASION OF DEATH		102. OCCASION OF DEATH	
Natural		Natural		Natural	



9. Modifying Death Cases

There are 2 types of modifications that a Coroner can perform with a death case:

- 1 Pending COD or Manner
- 2 Amendment to any Medical Information

Completing Pending Cause of Death and/or Manner of Death

All Death Certificates that are registered and have a Pending Cause and/or Manner of Death will be located in the Pending Cause of Death Queue. The Coroner should always access these Death Cases from the Pending COD Queue. ERAVE will allow update from this queue within 90 days of registration

Step 1. Log into ERAVE and select your Personal Location.

- A. ENOCH - ELECTED CORONER

Step 2. From the ERAVE Main Screen click "View Queues."

Logged in as:
ANTHONY ENOCH
at A. ENOCH - ELECTED CORONER [change]
Unit: A. ENOCH - ELECTED CORONER

Main
Death | Requests | System | **View Queues**

Step 3. Locate the decedent's name then click the word "Process."

First	Last Name	Date of Death	County of Death	Date of Birth	Sex	Funeral Home	PI Status	MI Status	Case Status	Certificate	Rev Details	Action
PENNY	PENDING	12/17/2018	CLEVELAND	01/01/1944	F	ERAVE HOME FUNERAL	Signed	Certified	Registered	20180000100	Details	Process
PERRY	PENDING	11/05/2017	CLEVELAND	01/01/1944	M	ERAVE HOME FUNERAL	Signed	Certified	Registered	20170000011	Details	Process

Step 4. Scroll to the bottom of the Record Details Screen and click the "Continue" button.

Record Details

Continue

Cancel

Step 5. Basis/Reason for Modification Screen

- a. In the Reason section, enter the reason for modification

Basis/Reason for Modification

Basis: CAUSE OF DEATH

Reason: ADDING CAUSE AND MANNER OF DEATH

Buttons: Finish, Cancel

Click the **FINISH** button

Step 6. Record opens at Tab 1 Decedent. Click Tab 9 Cause of Death to enter the Cause of Death

1 Decedent | 2 Decedent Info | 3 Place of Death | 4 Parents/Informant | 5 Disposition | 6 Decedent History | 7 Funeral Home/Embalmer | 8 Actual Date/Pronounce/Contact | 9 Cause of Death | 10 Manner/Details/Injury | 11 Certifier | 12 Case Actions

Step 7. Uncheck the Cause of Death Pending checkbox, then enter the Causes of Death, Approximate Intervals and any Underlying Causes. (Complete Part II if necessary.)

UNCHECK THIS BOX FIRST

Cause of death pending

IMMEDIATE CAUSE (Final disease or condition resulting in death)

APPROXIMATE INTERVAL: Onset to death

a. ACUTE COMBINED ALCOHOL, METHAMPHETAMINE, AND CITALOPRAM INTOXICATION

Due to (or as a consequence of)

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. [] Due to (or as a consequence of)

c. [] Due to (or as a consequence of)

d. [] 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.
Other Significant Conditions contributing to death

Buttons: Previous, Next, Finish, Cancel

Click the **NEXT** button

Step 8. Complete Tab 10 Manner/Details/Injury section if necessary then click the FINISH button. **Be sure Manner of Death does not say "Pending Investigation."**

1 Decedent | 2 Decedent Info | 3 Place of Death | 4 Parents/Informant | 5 Disposition | 6 Decedent History | 7 Funeral Home/Embalmer | 8 Actual Date/Pronounce/Contact | 9 Cause of Death

10 Manner/Details/Injury | 11 Certifier | 12 Case Actions

21. Autopsy
 Was an autopsy performed? Yes No
 Were autopsy findings available to complete the cause of death? Yes No

22. Manner of Death
 Manner of death: Accident

23-24. Death Details
 Did tobacco use contribute to death? Probably No
 If female, select one from list: Not pregnant within past year
 Verification required: Select

25a-d. When and Where Injury Occurred
 Date of injury (MM/DD/YYYY): 12/17/2018
 Approximate
 Time of injury (HH:MM): 10:10
 Time indicator: PM
 Approximate
 Place of injury (e.g. decedent's home, construction site, restaurant, wooded area): DECEDENT'S HOME
 Injury at work? No

25e. Location of Injury Address
 Location unknown:
 Number and street:
 Apartment number:
 Country: UNKNOWN
 State/province: UNKNOWN
 City list: Select
 City or town:
 Zip code:
 Validate address: VALIDATE
 Validation result: Address not validated
 Accept address

25f. Describe How Injury Occurred
 Description: SUBJECT ABUSED ALCOHOL, METHAMPHETAMINE, AND CITALOPRAM

25g. If Transportation Injury
 Specify: Select
 Other - specify:

Previous Next Finish Cancel

Step 9. On the Record Modify-Confirm Screen confirm that the changes are correct. If additional editing is needed click the "Edit Additional Information" button. If not then click the "Continue" button

Record Modify - Confirm

Reason: CAUSE OF DEATH : ADDING CAUSE AND MANNER OF DEATH
 Today's Date: 12/19/2018

[Edit Additional Information](#)

Field (DB Name)	Original Value	Changed Value	Remove Change
Cause of death pending (FL_COD_PENDING)	Y	N	Remove
Accept address (FL_ACCEPT_INJ_ADDRESS)	N	Y	Remove
(INTIA)		UNKNOWN	Remove
Manner of death (MANNER)	P	A	Remove
Place of injury (e.g. decedent's home, construction site, restaurant, wooded area) (INJRY_PLACEL)		DECEDENT'S HOME	Remove
Date of injury (MM/DD/YYYY) (DOI)		12/17/2018	Remove
Time of injury (HH:MM) (TOI)		10:10	Remove
Injury at work? (INJRY_WORK)		N	Remove
Location unknown (INJRY_ADDR_UNK)	N	Y	Remove
Country (INJRY_COUNTRY)	UNITED STATES	UNKNOWN	Remove
Did tobacco use contribute to death? (TOBAC)	U	P	Remove
State/province (INJRY_STATE)	ARKANSAS	UNKNOWN	Remove
Description (INJRY_L)		SUBJECT ABUSED ALCOHOL, METHAMPHETAMINE, AND CITALOPRAM	Remove
a. (CODIA)	PENDING	ACUTE COMBINED ALCOHOL, METHAMPHETAMINE, AND CITALOPRAM INTOXICATION	Remove
Time indicator (TOI_IND)		P	Remove

Some system columns will be changed. [Show system columns](#)

Step 10. On the Successful Transaction Screen print the Supplemental Cause of Death. To print the Supplemental Cause of Death do the following:

- Select “skip this print option” under Print Affidavit for Correction
- Select “Print Supplemental Cause of Death”
- Click the “Print” button

Step 11. “Click the Generate Document button” and wait for the image to appear.

Step 12. Once the image appears print the Supplemental Cause of Death. Closeout the image window, click the continue button and then click the Main Menu button to return to the ERAVE Main Menu.

ARKANSAS DEPARTMENT OF HEALTH Vital Records			
Supplemental Report of Cause of Death			
Name of Deceased PENNY P PENDING			
Date of Death DEC. 17, 2018	County of Death CLEVELAND	Sex FEMALE	
I hereby certify that the cause of death of the decedent was as given below and the original certificate of death should be amended accordingly.			
Note: If this form is used as authorization to amend a cause of death previously reported on a death certificate, please check here. <input type="checkbox"/>			
Reason for amendment: <input type="checkbox"/> Autopsy <input type="checkbox"/> Other Specify _____			
24. DATE OF DEATH (M/D/Y) DEC. 17, 2018	25. TIME OF DEATH 10:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
26. DATE PROHOUNDED DEAD (M/D/Y) DEC. 17, 2018	26. TIME PROHOUNDED DEAD 10:20 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	26. NAME AND TITLE OF PERSON PROHOUNDED DEATH (PRINT TYPE) A ENOCH, CORONER	26. WAS MEDICAL OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27. PART 1. Enter the <u>probable</u> (disease, 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 the cause as a line.			APPROXIMATE INTERVAL: Cause to Death
IMMEDIATE CAUSE (First listed or most readily in death) → a. ACUTE COMBINED ALCOHOL, METHAMPHETAMINE, AND CITALOPRAM INTOXICATION Due to (or as a consequence of)			UNKNOWN
INTERMEDIATE CAUSE Facts leading to the cause listed above. Time for UNDERLYING CAUSE (disease or injury that initiated the death) (Specify in detail):			
b. _____ Due to (or as a consequence of)			
c. _____ Due to (or as a consequence of)			
d. _____ Due to (or as a consequence of)			
PART 2. Enter other <u>probable</u> conditions contributing to death but not resulting in the underlying cause given in PART 1.			27. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No
			28. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
29. MANNER OF DEATH: <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pursuant to a judicial sentence of Death - Execution <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined			
30. DID TORRADO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown		31. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within last year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown <input type="checkbox"/> Pregnant within last year	
32. DATE OF INJURY (M/D/Y) 12/17/2018	33. TIME OF INJURY 10:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	34. PLACE OF INJURY (to Decedent's home, residence (R), hospital (H), residence (R), residence (R), residence (R)) DECEDENT'S HOME	
35. LOCATION OF INJURY (Name, Street, Apartment No., City, State, Zip Code) UNKNOWN			
36. DISCUSS HOW INJURY OCCURRED: SUBJECT ABUSED ALCOHOL, METHAMPHETAMINE, AND CITALOPRAM			37. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
Name of Certifier (Print or Type) A ENOCH, CORONER		Title CORONER	License #
Signature of Certifier		Date	
Certifier's Address 4815 W MARKHAM ST		City RISON	State AR
		Zip Code 72205	
Subscribed and sworn to before me			
This _____ day of _____, _____			
My Commission Expires _____			
Signature of Notary Public			

Amending the Medical Information

The Amend Record function should be used when making a change and/or adding information to the Medical Information Section of a death record that has been registered for more than 90 days. This also applies to registered death records with a Pending Cause of Death.

- Step 1.** From the ERAVE Main Screen click “Death.”

Logged in as:
ANTHONY ENOCH
at A. ENOCH - ELECTED CORONER [change]
Unit: A. ENOCH - ELECTED CORONER

Main
Death | Requests | System | View Queues

- Step 2.** Click “Modify Record.”

Logged in as:
ANTHONY ENOCH
at A. ENOCH - ELECTED CORONER [change]
Unit: A. ENOCH - ELECTED CORONER

Main -- Death
Create Case | Update Case | Modify Record

- Step 3.** Click “Amend Record.”

Logged in as:
ANTHONY ENOCH
at A. ENOCH - ELECTED CORONER [change]
Unit: A. ENOCH - ELECTED CORONER

Main -- Death -- Modify Record
Correct Record | Amend Record

- Step 4.** Death Record Search Criteria Screen – Searching using one of the following:
- Certificate Number
 - Decedent’s First and Last names
 - Date of Death

Click the **SEARCH** button

Record Identifiers
Assigned case number
ME case number
Certificate number

Decedent's Name
First
Middle
Last
Suffix
 Swap names
 Soundex on last name

Date of Death
Date of death (mm/dd/yyyy)
To

Step 5. On the Record Details Screen locate the decedent’s name and click “Details.”

Records List (1 Records found)												
First	Last Name	Date of Death	County of Death	Date of Birth	Sex	Funeral Home	PI Status	MI Status	Case Status	Certificate	Rev	Details
PERRY	PENDING	11/05/2017	CLEVELAND	01/01/1944	M	ERAVE FUNERAL HOME	Signed	Certified	Registered	2017000001	1	Details

Cancel

Step 6. On the Record Detail Screen scroll to the bottom of the screen and click the “Continue” button.

Record Details

Continue
Cancel

Step 7. Basis/Reason for Modification screen – From the Basis section select either Affidavit or Court Order as your basis for making your Amendment. Next, in the Reason section enter the reason you are making your Amendment.

Basis/Reason for Modification

Basis: Select

Reason: AFFIDAVIT

Reason: COURT ORDER

Reason: CHANGE TO CAUSE AND MANNER OF DEATH

Finish
Cancel

Note: A court order is required when making an amendment to the decedent’s;

Step 8. Record opens at Tab 1 Decedent. Click the Tab that is associated with the information that you will amend. *(Medical Information is contained on tabs 8-11.)*

Arkansas – EDRS: Name: PENDING , PERRY DOD: 11/05/2017

1 Decedent	2 Decedent Info	3 Place of Death	4 Parents/Informant	5 Disposition	6 Decedent History	7 Funeral Home/Embalmer
8 Actual Date/Pronounce/Contact	9 Cause of Death	10 Manner/Details/Injury	11 Certifier	12 Case Actions		

Step 9. You will receive a popup message. Click the “OK” button on the popup message and again, click the tab associated with the information you will amend.

Message from webpage

? After saving the changed record you will need to enter a request and pay \$15 FEE to file the amendment. Print and submit the AFFIDAVIT FOR CORRECTION along with the invoice and payment. Click OK to continue to the next field, click CANCEL if you would like to correct your entry.

OK
Cancel

Step 10. Amend the medical information that requires amending and click the **FINISH** button.

Step 11. On the Record Modify-Confirm screen review the items that have been amended. If more changes are needed then click the “Make Another Change” button to make more changes. If all the needed Amendments have been made then click the **CONTINUE** button. (To cancel the amendment process click the “Cancel Full Transaction” button.)

Record Modify - Confirm

Please confirm that the following changes are correct

Reason: **AFFIDAVIT : CHANGE TO CAUSE AND MANNER OF DEATH**
Today's Date: **12/21/2018**

[Edit Additional Information](#)

Field (DB Name)	Original Value	Changed Value	Remove Change
Update pending flag (FL_UPDATE_PENDING)	N	Y	Remove
(INTIA)	SOON	SUDDEN	Remove
Manner of death (MANNER)	P	N	Remove
Request fee paid (FL_REQUEST_FEE_PAID)	N	P	Remove
Did tobacco use contribute to death? (TOBAC)	U	Y	Remove

Some system columns will be changed. [Show system columns](#)

[Make Another Change](#) [Continue](#) [Cancel Full Transaction](#)

To make additional changes click this button.

Step 12. On the “Successful Transaction” Screen click the PRINT button to print the Affidavit for Correction.

Print Confirmation

Your actions have triggered the following documents to be printed.
Please select all documents you wish to print.

Print Affidavit for Correction:

[Print](#)

Other Options

Following options are available:

[Enter Request](#)

Step 13. On the Report-Confirm screen click “Generate Document.”
Wait for the image to appear.

Report - Confirm

Affidavit for Correction

[Generate Document](#)

Step 14. When the image appears, print the Affidavit, then close out the Affidavit image window. You should still be in ERAVE. Click the Main Menu button to return to the Main Menu.



**ARKANSAS DEPARTMENT OF HEALTH
VITAL RECORDS
AFFIDAVIT FOR CORRECTION OF A RECORD**

The original record of death for PERRY PENDING

Who died on NOVEMBER 5, 2017, in the County of CLEVELAND, State of Arkansas is incorrect or incomplete as follows:

NOTE: (ANY FRAUDULENT ENTRY MADE WILL BE TURNED OVER TO THE PROSECUTING ATTORNEY)

ITEM	The record now shows:	The true facts are:
20. Approximate Interval A		SOON
20. Immediate Cause	PENDING	HEART ATTACK
20. Approximate Interval A	SOON	SUDDEN
22. Manner of Death	P	N
23. Tobacco Use	U	Y

The above information is true to the best of my knowledge, information and belief.

Affiant ANTHONY ENOCH Date December 21, 2018

4815 W MARKHAM ST, RISON, AR, 72205
Present Address:

/s/
Signature