



ERAVE Physician Assistant User Manual

Physician Assistant's Guide to Electronic Reporting

June 2019

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Overview

The purpose of this guide is to instruct the Physician Assistant on how to accurately assist the Certifying Physician in filing a Death Certificate electronically using ERAVE.

A Physician Assistant will have the ability to create a Death Cases and enter the Medical Information on behalf of the Certifying Physician as well as mark the Death Case "Ready to be certified" for the Certifying Physician.

The Certifying Physician will then review the information entered by their assistant, make changes if necessary, then certify the Death Case. The Physician Assistant will also be able to modify medical information on behalf of the physician.



1 To-Do Queues

All uncompleted death cases must be opened from the Open Cases Queue. Once opened, the Physician can complete and certify the Medical Information Section.

Once you log into ERAVE click "View Queues" to display the To Do Queues.



Open Cases Queue

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

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

 Houses death case 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 Physician 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 C	Open Cases (3) Pending COD (2) RFI (1)											
First	Last Name		County of Death	Date of Birth	Se	x Funeral Home	PI Status	MI Status	Case Status	Certificate	Rev	Details Action
PERRY	PENDING	11/05/2017	CLEVELAND	01/01/1944	м	ERAVE FUNERAL HOME	Signed	Certified	Registered	2017000001	0	Details Process

RFI Queue

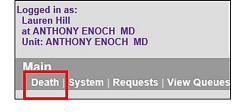
Holds case that have a pending Request For Information (RFI) letter from the State Office. An RFI
letter is sent to the certifier when there is a need for additional medical information or there are
question about the Cause/Manner of Death.

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

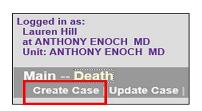
2 Creating a Death Case

Creating a death case consists of; first adding the decedent's basic personal information that the ERAVE application will use to search the system to see if a death case has already been started. If no matching cases are found, you can create a new death case, enter the medical information, save and/or certify the death case. <u>Certifying Physician is responsible for Tabs 8-11.</u>

Step 1. From the ERAVE Main Menu click "Death."



Step 2. Click the words "Create Case."



Step 3. Start Case Information

Screen – Enter the following information:

- a. Decedents First and Last names
- b.Decedents Gender
- c. Date of Death
- d.Date of Birth
- e. Select "County of Death

Click the "SEARCH" button

First HELEN	
	Date of death (MM/DD/YYYY) 01/14/2019
Last HARVEY	Decedent's Date of Birth
Decedent's Sex Sex FEMALE	MM/DD/YYYY) Jozdon 1949 Place of Death Death County PERRY
Decedent Unknown	
Decedent's name is unknown	

Step 4. Click "Create New Case."

Records List (0 Records found)										
Last Name were no results	Date of Death that matched your	County of Death search.	Sex	Funeral Home	Certificate	Subm	Reg	Action for FH	Action for MC	Details
				Create New Exit	v Case					

Step 5. Click "Tab 8 Actual Date/Pronounce/Contact."

Arkansas EDRS:	Name: HARVEY, HELEN	DOD: 01/14/2019
1 Decedent 2 Decedent Info	3 Place of Death 4 Parents/Informan	t 5 Disposition 6 Decedent History
8 Actual Date/Pronounce/Contac	t 9 Cause of Death 10 Manner/Details	/Injury 11 Certifier 12 Case Actions

Step 6. Tab 8 Actual Date/Pronounce/Contact

1 Decedent 2 Decedent Info 3 Place of Death 4 Parents/Informant 8 Actual Date/Pronounce/Contact 9 Cause of Death 10 Man		
- 3. Actual or Presumed Date/Time of Death		ronouncing Death
Date of death (MM/DD/YYYY) 01/14/2019	Pronouncer type	Pronouncer same as certifier
Date found	Physician list	Select
Approximate	Medical examiner	Select
Time of death (HH:MM) 01:00	Coroner list	Select V
Time indicator PM 🔽	Hospice RN list	Select
Time found	First	ANTHONY
Approximate	Middle	
18a-b. Date/Time Pronounced Dead	Last	ENOCH
Date pronounced (MM/DD/YYYY) 01/14/2019	Suffix	Select V
Time pronounced (HH:MM) 01:30	Title list	Select
Time indicator PM 🔽	Title	MD
		niner or coroner contacted? Yes
Previous Next	Finish	Cancel

Complete "Sections; 3. Actual or Presumed Date/Time of Death & 18a-b. Date/Time Pronounced Dead."

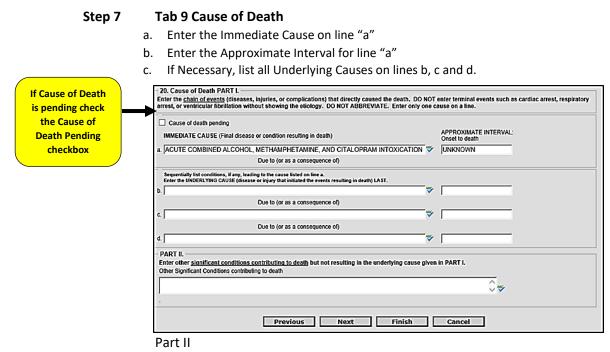
Section 18c. Person Pronouncing Death

- a. Select one of the following from the "Pronouncer Type" dropdown menu:
 - i. Select "Pronouncer Same as Certifier" if you are Pronouncing and Certifying
 - ii. Select "Physician" if another physician pronounced, then select that physicians' name from the Physician List.
 - iii. Select "Hospice RN" if a Hospice Nurse pronounced, then select that nurses' name from the Hospice RN list.
 - iv. Select "Medical Examiner" if a Medical Examiner pronounced, then select the ME from the Medical Examiner list.
 - v. Select "Coroner" if a Coroner pronounced, then select the Coroners' name from the Coroner list.

Section 19. ME or Coroner Contacted – Select "Yes" or "No" from dropdown menu.

Click the **NEXT** button.

Note: if a pronouncer's name is not in either of the dropdown list, enter the name into the name fields and select their title from the Title List.



Enter any other significant conditions that contributed to death.

Click the **NEXT** button.

Step 8 Tab 10 Manner/Details/Injury

- 21. Autopsy Select "Yes" or "No" from the dropdown menu. If "Yes", answer "Were autopsy findings available..."
- 22. Manner of Death Select either: Natural, Accident, Suicide, Homicide, Pending Investigation, Could not be determined or Execution.
- 23-24. Death Details Did tobacco contribute select "Yes" or "No"

Answer Pregnancy question only if female decedent.

Complete Sections 25a-d thru 25f if manner of death was an Accident, Suicide or Homicide. If necessary, complete section 25g.

	21. Autopsy Was an autopsy performed?	25e. Location of Injury Address
	Were autopsy findings available to complete the cause of death? Yes 22. Manner of Death	Number and street Apartment
	Manner of death Natural	Country UNITED STATES
	Did tobacco use contribute to death?	State/province ARKANSAS City list Select
	If female, select one from Isis Not pregnant within past year Verification Select Verification	City or town Zip code
	required Josephile Zsa-d. When and Where Injury Occurred Date of injury (MMVDD/YYYY)	Validate address VALIDATE Validation Address not validated.
	Approximate	Accept address
	Time of ligury (HH:MM) Ime indicator Approximate Place of ligury (e.g. decedent's home, construction site, restaurant, wooded area)	25f. Description
Click the NEXT button.	Injury at work?	25g. If Transportation Injury Specify Select Other - specify
	Previous Next	Finish Cancel

Step 9 Tab 11 Certifier

a. Select either "Certifying Physician" or "Pronouncing and Certifying Physician" from the Certifier Designation dropdown menu.

Certifier designation	CERTIFYING PHYSICIAN	\sim	Number and 12334	AIN ST			
Physicians	ENOCH - ANTHONY 45634	~	Apartment				
Medical examiners	Select	~	number				
Coroners	Select	~	Country UNIT	ED STATES			
Hospice RN's	Select.		State/province ARKA	wsas 🗸			
First name	ANTHONY		City list Soloc	· · · · · · · · · · · · · · · · · · ·			
Middle name			City or town	ON			
Last name	ENOCH		Zip code 72202				
Suffix	Select V		26c. Certifier's License Number				
Title list	Soloct 🗸		Medical license numbe	и 45634			
Title	MD		Case Information				
Preferred method of contact	EMAIL	-	Decedent's first name Decedent's last name	NEA HOSPITAL			
Contact information	ANTHONY ENOCH@ARKANSAS.G	ov	Decedent's date of				
Case access	ELECTRONIC		birth	01/01/1966			
Phone number	501-661-2476		Sex	MALE			
Date signed by certifie (MM/DD/YYYY)							

Click the **NEXT** button.

3 Tab 12 Case Actions – How to Assign a Death Case to a Funeral Home

Note: Do not assign a Medical Certifier to the death case.

- a. In the section entitled **Assign/Transfer/Notify Funeral Home** select "Assign Funeral Home to Case" from the Action dropdown menu. From the Responsible Funeral Home dropdown menu select the funeral home responsible for the death case.
- b. If the Funeral Home is not yet known, select "Not Listed Drop to Paper."

	Comments Among Users About Case	Decline to Certify Reason Select Other reason Personal Information Actions
	Assign/Transfer/Notify Medical Certifier Action Select Select Of ONOTHING IN THIS Select to spice RN Select medical examiner SECTION Back in office Case access	Ready to sign personal information Un-sign Personal information exceptions N Personal information status New Medical Information Actions Ready to certify medical information Un-certify Medical information exceptions N Fax attestation signed, no markups
Assign Funeral Home Here	Notify physician N Assign/Transfer/Notify Funeral Home Action ASSIGN FUNERAL HOME TO CASE Action ASSIGN FUNERAL HOME TO CASE Image: Case access Image: Case access Notify funeral Y Y Image: Case access Image: Case access	50/52. Registration Information Release for registration Date received by registrar (MM/DD/YYYY) Certificate number Date registered Case Action History 01/22/2019 User ID: 236 Case started by ph 01/22/2019 User ID: 236 Assigned PI to ER ROCK
	Previous Next Fini	sh Cancel

Click the FINISH button to review your death case

4 Understanding the ERAVE Warning Screen

All Medical Exceptions should be reviewed Fix following: The "Cause of Death Edit Check" will not prevent you from signing off on a death Case.

All Medical Exceptions should be reviewed Fix following:

Cause of Death edit check Field Group Description: An edit check on a cause of death entry is left unresolved.

Required to Submit to State. Fix all the following:

This message is simply a reminder that the Medical Information Section has not been Certified or Signed off on by the physician. This exception will disappear once the Medical Section 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.

The following information must be entered to complete the medical information section. Fix all the following: Items in this section are either incomplete fields and/or unanswered medical questions. These items must be completed before the physician can sign off on the death case.

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

Was medical examiner or coroner contacted must be answered

Field Group Description: Was medical examiner or coroner contacted must be answered.

Coroner must be contacted

Field Group Description: Age is under 18, cause is not natural, death was not in a facility, or the cause of death includes a keyword that indicates a coroner should be contacted. On screen 8 the field labeled "Was medical examiner or coroner contacted?" should indicate that the coroner was informed about the case.

Once all the Medical Exceptions have been cleared. Scroll to the bottom of the ERAVE Warning Screen and click the Save (as pending) button mark case as "Ready to be Certified."

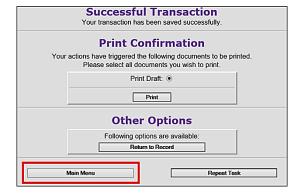
5 How to Mark a Death Case Ready to be Certified

Step 1. On the Successful Transaction screen click the "Case Ready to Certify" button.



Case successfully marked "Ready to be certified."

Step 2. Click the Main Menu button.



Step 3. From the ERAVE Main Menu click "View Queues."

Logged in as: Lauren Hill at ANTHONY ENOCH MD Unit: ANTHONY ENOCH MD	
Main Death System Requests	View Queues

Step 4. Locate the decedent's name in the Open Cases Queue and verify that the Med Status says "Ready to be certified." The Medical Information is now ready for the Medical Certifier to Review and then Certify.

Open Cases (89) Pending COD (3)									
First	Last Name	Date of Death	PI Status	Med. Status	Case Status	Details	Action		
HELEN	HARVEY	01/14/2019	New	Ready to be certified	Not submitted	Details	Process		
CASEY	CONTROL	01/01/2019	Case pending	Case pending	Not submitted	Details	Process		
JOHN	DOE	12/01/2018	New	Case pending	Not submitted	Details	Process		
HAROLD	IVES	12/01/2017	Signed	New	Not submitted	Details	Process		

5.1 Physician Instructions for Certifying a Death Case

To Certify a Death Case, the Physician should do the following:

- 1. From the ERAVE Main Menu click "View Queues."
- 2. Locate the death case in the Open Cases queue and click the word "Process."
- 3. Once the death case opens, Review the information on Tabs 8-11. (Make changes if necessary.)
- 4. Once all the Medical Information has been reviewed click the "FINISH" button.
- 5. On the ERAVE Warning Screen, scroll to the bottom and click the "Save (as Pending)" button.
- 6. Click the "Certify Case" button
- 7. On the **Medical Certification-Confirm screen,** click the "Continue" button
- 8. On the **Certify Death Case-Confirm screen,** click the "Continue" button.

Your Death Case is now certified. On the Successful Transaction Screen click the Main Menu button to return to the ERAVE Main Screen.

6 How to print a Draft Copy of a Death Certificate

Once the Certifying Physician has completed the certifying process and is now on the "Successful Transaction" screen they will see an option to "Print Draft."

Step 1. On the Successful Transaction screen click the "Print" button

	ccessful Transactio	
1	Print Confirmation	
	e triggered the following documents e select all documents you wish to pr	
	Print Draft:	[
	Print	

Step 2. Next, click the "Generate Document" button and wait for the death certificate image to appear.

Report - Confirm							
	Print Death Certificate	[
	Generate Document						

Step 3. Print the image, then closeout the image window. You should still logged into ERAVE.

- Click the Continue button
- Click the Main Menu button to return to the Main Menu

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Dirowe									DATE OF DE			24, 2017		
DATE		4. SOCIAL SECURITY NO.	72			Sc. UNDER Hours	Minutes		OCTOBE	R 10, 19		7. BIRTHP		nd Saala or Foreign Country 22
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7 How to Un-Certify a Death Case

Step 1. From the ERAVE Main Menu click "View Queues."

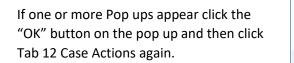


Step 2. Locate the decedent's name in the Open Cases Queue and click the word "Process" locate to the far right of the decedent's name.

Open Cases (89) Pending COD (3)									
First	Last Name	Date of Death	PI Status	Med. Status	Case Status	Details	Action		
HELEN	HARVEY	01/14/2019	New	Certified	Not submitted	Details	Process		
CASEY	CONTROL	01/01/2019	Case pending	Case pending	Not submitted	Details	Process		
JOHN	DOE	12/01/2018	New	Case pending	Not submitted	Details	Process		
HAROLD	IVES	12/01/2017	Signed	New	Not submitted	Details	Process		

Step 3. Record opens and defaults to Tab 1 Decedent. Click Tab 12 Case Actions.

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 Certific	r						
12 Case Actions							





Step 4. On Tab 12 Case Actions locate the Medical Information Actions section and click the Un-certify Checkbox.

1 Decedent [2 Decedent Info [3 Place of Death [4 Parents/Informant] 5 Disposition [6 Decedent History [7 Funeral Home/Embalmer 3 Actual Date/Pronounce/Contact] [9 Cause of Death 10 Manner/Details/Injury [11 Certifier] 12 Case Actions							
Comments Among Users About Case	Decline to Certify Reason Select Other reason Personal Information Actions						
Assign/Transfer/Notify Medical Certifier Action Select Select physician Select	Ready to sign personal information Un-sign Personal information exceptions Y Personal information status New						
Select coroner Select Case access	Medical Information Actions Ready to certify medical information Un-certify Click this checkbox Medical information exceptions N Fax attestation signed, no markups						
Notify physician N Assign/Transfer/Notify Funeral Home Action Select Responsible funeral home Case	50/52. Registration Information Release for registration Date received by registrar (MM/DD/YYYY) Certificate number Date registered						
access Notify funeral N	Case Action History 01/10/2019 User ID: 239 Case started by physician 01/10/2019 User ID: 239 Assigned PL to EPAVE FUNE						

Step 5. Click the FINISH button.	Previous	Next	Finish	Cancel

Step 6. On the ERAVE Warning Screen click the "Save (as Pending)" button.

Step 7. On the Successful Transaction screen click the "Return to Record" button.

The Certifying Physician can only modify the information on Tabs 8-11. The Funeral Home is responsible for modifying information on Tabs 1-7.

For gender, date of birth and First and/or Last name discrepancies, change the information on Tab 11 Certifier in the Case Information Section.

Case Information	
Decedent's first name	HENRY
Decedent's last name	WALKER
Decedent's date of birth	09/19/1950
Sex	MALE

Once the necessary changes have been made click the **FINISH** button, if there are no exceptions click Save as pending and click the "Case ready to Certify" button to mark case as ready to be certified.

8 How to Add the Cause of Death (Pending COD Death Record)

Step 1. From the ERAVE Main Menu click "View Queues." (To-Do Queues appear.) Logged in as: ANTHONY ENOCH at ANTHONY ENOCH MD [change] Unit: ANTHONY ENOCH MD Main Death | Requests | System View Queues

Step 2. Click the "Pending COD Tab." (Pending COD Queue is displayed.)

Main View Q	Jeues
News	
News Message	
NOTE: This is the Ar	kansas Training environment.
Dorene's Medical Assi	stance Page If you need assistance with completing the
ALERT 2: BIRTH Sy	stem HELP please call: 501-671-1522.
ALERT 1: INFANT H	EARING System HELP please call: 501-280-4765 or 5
ALERT 3: DEATH S	stem HELP call 501-661-2934. Additional DEATH Sys
	Pending COD (3) RFI (6)

Step 3. Locate the decedent's name in the Pending COD Queue then click "Process." (*Record Details screen appears.*)

First	Last Name	Date of Death	County of Death	Date of Birth	Se	x Funeral Home	PI Status	MI Status	Case Status	Certificate	Rev Details Action
LARRY	FISHBURNE	2/31/2018	PULASKI	12/12/1949	М	ERAVE FUNERAL HOME	Signed	Certified	Registered	2018000012	0 Details Proces
HAROL	DIOHNSON	08/20/2014	PULASKI	01/01/1954	м	ERAVE FUNERAL HOME	Signed	Certified	Registered	2014000026	0 Details Proces
BETTYE	NORTON	04/16/2014	COLUMBIA	09/16/1946	F	ERAVE FUNERAL HOME	Signed	Certified	Registered	2014000013	0 Details Proces
WHITE	COUNTY	01/01/2014	PULASKI	01/01/1966	F	ERAVE FUNERAL HOME	Signed	Certified	Registered	2014000031	0 Details Proces

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

Step 5. Basis/Reason for Modification Screen

 Enter the appropriate reason into the Reason Field. Basis will default to Cause of Death. Next click the FINISH button. (Record Opens at Tab 1. Decedent.)

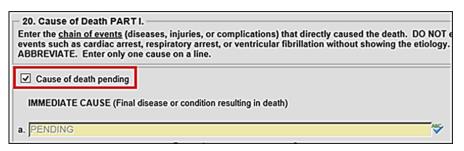
Basis/Reason for Modification							
Basis CAUSE OF DEATH V							
Reason							
ADDING THE CAUSE AND MANNER OF DEATH.	^						
Reason							
	~						
Finish Cancel							

Step 6. When record opens click "Tab 9 Cause of Death." (Tab 9 Cause of Death appears.)

Arkansas EDRS: Name: FISHBURNE ,	, LARRY	DOD: 12/31/2018
1 Decedent 2 Decedent Info 3 Place of Death 4 Parents		
7 Funeral Home/Embalmer 8 Actual Date/Pronounce/Contac 12 Case Actions	9 Cause of Death	10 Manner/Details/Injury 11 Certifier

Note: if cause of death has been pending for more than 90 days you will receive a message stating you must use the Amend Record function to add the cause of death.

Step 7. Un-check the Cause of Death Pending check box. (Cause of Death fields become available)



Step 8. On Tab 9 Cause of Death – Add the Cause of Death on line "a" and add the approximate interval for line "a." if Necessary add any Underlying Causes on lines b, c and d. In Part II add any other significant conditions that contributed to death.

Cause of death pending IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death	
a. CUTE COMBINED ALCOHOL, METHAMPHETAMINE AND CITALOPRAM INTOXICATI	N 💝	UNKNOWN	
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.	~~		
Due to (or as a consequence of)			
a. [~		
Due to (or as a consequence of)			
1	*		
PART II. Enter other significant conditions contributing to death but not resulting in the underlying co Other Significant Conditions contributing to death	use giver	n in PART L	

Click the **NEXT** button.

Step 9. On Tab 10 Manner/Details/Injury – Change sections; 21 Autopsy, 22 Manner of Death and 23-24 Death Details. If necessary complete the injury sections.

	21. Autopsy	25e. Location of Injury Address
	Was an autopsy performed?	Location
		unknown
	Were autopsy findings available to complete the cause of death? Yes	Number and
	22. Manner of Death	street
	Manner of death Pending Investigation	Apartment
	Manner of death Pending investigation	
	23-24. Death Details	Country UNITED STATES
	Did tobacco	State/province ARKANSAS
	use contribute Unknown	City list Select
	to death?	Select
	If female, select V	City or town
	from list	Zip code
	Verification Select	
	required	Validate VALIDATE
	25a-d. When and Where Injury Occurred	Validation
		result Address not validated.
	Date of injury (MM/DD/YYYY)	Accept address
	Approximate	
	Time of injury (HH:MM)	25f. Describe How Injury Occurred
	Time indicator Select V	Description
	Approximate	
	Place of injury (e.g. decedent's home,	
	construction site, restaurant, wooded area)	25g. If Transportation Injury
Click the FINISH button	Injury at work? Select V	Specify Select
		Specify Select
		Other - specify
	Previous Next	Finish Cancel
	Previous	rinsi

Step 10. Record Modify-Confirm Screen – Check to make sure current changes are correct and also make sure no additional changes are needed. If additional changes are needed click the "Make Another Change" button.

Rec	ord Modify -	Confirm	
Please cor	firm that the following c	hanges are correct	
Reason: CAUSE OF DEATH : ADDING T Today's Date: 01/11/2019 Edit Additional Information	THE CAUSE AND MAN	NER OF DEATH.	
Field (DB Name)	Original Value	Changed Value	Remove Change
Manner of death (MANNER)	P	N	Remove
Some system o	olumns will be changed	. Show system columns	•
Make Another Change	Continue		Cancel Full Transaction

If no other changes are needed, click the **CONTINUE** button.

- **Step 11.** On the Successful Transaction Screen to print the Supplemental Cause of Death do the following:
 - Select "Print Supplemental Cause of Death."
 - Select *"Skip this print option"* for all other documents.



Step 12. Click the "Generate Document" button and wait for the image to appear.

Report - Confirm
Supplemental Report of Cause of Death
Generate Document

Step 13. Print the Supplemental Cause of Death.

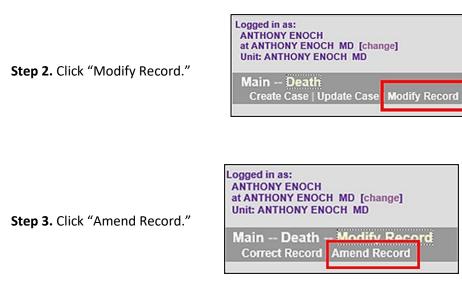
Once you have printed the Supplemental, close the image window and click the "Continue" button. Then click the Main Menu button.

		ARKAN		RTME	NT OF HEALTH	н		
2018000012		Supplem	ental Rep	ort of	Cause of Dea	ath		
Name of Deceased LARRY FISHBURNE								
Date of Death DEC. 31, 2018		County of PULASKI	Death				Sex MALE	
I hereby certify that the cause of Note: If this form is used as au								
Reason for amendment:	Autopsy			specify		, p		
3a. DATE OF DEATH (MarDayYr) DEC. 31, 2018	SIL TIME OF DEAT 10:30	TH DAM SIPM		-				
18a. DATE PRONOUNCED DEAD (Mo/Day:Y/) DEC. 31, 2018	185. TIME PRONO 11:00				PERSON PRONOUNCING		170)	19. WAS MEDICAL OR CORONER CONTACTED?
20. PART L. Enter the chain of avents' respiratory arrest, or venticular fibrillati IMMEDIATE CAUSE		the etiology. DO N				such as cardiac a	**#,	APPROXIMATE INTERVAL: Onset to Death
(Final disease or condition		INED ALCOHOL, ME		la jores e oors	injuence of			UNKNOWN
I siny, leading to the sause label on line a. Enter the UNCERLYING CAUSE (disease or many that	٤			to (or as a cors				
inEated the events retruiting in death) LAST.	e							
PART II. Enter other <u>significant condito</u>	na contributing to de	arth but not resulting	g in the underlying ca	suse given in	PARTL	215. WAS AN A 215. WERE AU THE CAUSE O	TOPSY ENDIN	CRMED? CI Yes D No GS AVAILABLE TO COMPLETE DI Yes D No
22. MANNER OF DEATH B Natural	C Accident C	Guidda D Har	nidde 🛛 Pursant	to a juškial s	entence of Death - Execution	D Pending Inve	zigation ⊡ C	
23. DID TOBACCO USE CONTRIBUTE D Yes D Probe No S Unknow	bly	24. IF FEMALE: Not pregnant Pregnant at 6			pregnant, but pregnant with pregnant, but pregnant 43 d			wn if pregnant within last year
25a. DATE OF INJURY (NuDayY)	25b. TIME OF INJ	URY DAM	25c. PLACE OF IN	UURY (e.s. De	vederit's home, construction sile, r	eslavari, vooled ar	14)	25d. INJURY AT WORK?
256. LOCATION OF INLURY: (Number, Street, Agenerative, City, State, Zip Code)								
2% 0ESCREE HOW INJERY OCCURRED: 2% 0E TRANSPORTATION INJERY. 2% 0ESCREE HOW INJERY OCCURRED: 2% 0E TRANSPORTATION INJERY. 2% 0E SCREE HOW INJERY OCCURRED: 2% 0E TRANSPORTATION INJERY. 2% 0E SCREE HOW INJERY OCCURRED: 2% 0E SCREE HOW INJERY. 2% 0E SCREE HOW INJERY. 2% 0E SCREE HOW INJERY. 2% 0E SCREE HOW INJERY. 2% 0E SCREE HOW INJERY. 2% 0E SCREE HOW INJERY. 2% 0E SCREE HOW INJERY. 2% 0E SCREE HOW INJERY. 2% 0E SCREE HOW INJERY.					/ Operator nger trian			
Name of Certifier (Print or Typ ANTHONY ENOCH, MD	pe)				Title MD			License # 45634
Signature of Certifier					Date			

9 How to Amend a Death Case

Step 1. From the ERAVE Main Menu click "Death."

Logged in as: ANTHONY ENOCH at ANTHONY ENOCH MD [change] Unit: ANTHONY ENOCH MD Maini Death | Requests | System | View Queues



Step 4. Death Record Search Criteria Screen – User can search using ONE of the following: The decedent's First and Last Names or Date of Death or Certificate Number.

Record Identifiers Assigned case number ME case number	Date of Death Date of death (mm/dd/yyyy) 01/01/2019 Month Select Year
Certificate number 2019000001 Decedent's Name First HENRY Middle Last WALKER	Date of Birth Date of Birth (mm/dd/yyyy) To Location of Death County Select
Suffix Select Swap names Soundex on last name	County Select Arkansas cities Select City

Click the **SEARCH** button.

Step 5. On the Record List Screen click the word "Details."

Mair	1 [Deati	h Modify	Record	I Am	end Rec	oro	d								
				Rec	ord	s Lis	t ((1F	leco	ords	fou	nd)			
			Date of Death	County o										s Certificate 201900000		
	11/16		0110112013	T ODADIO		3/13/13/30	[Canc		TIONIC OIG		uneu	registered	201300000	10	Details

Step 6. On the Record Details Screen scroll to the bottom and click the "Continue" button.

Step 7. Basis/Reason for Modification Screen – Select "Affidavit" from the Basis dropdown menu. Enter the reason for making the amendment into the Reason text field.

Note: if the amendment was court ordered select "Court Order" from the basis dropdown menu.

Basis/I	Reason for Modification
Basis A	
Reaso	n
Reason	CHANGE TO CAUSE AND MANNER OF DEATH
	Finish Cancel

Click the **FINISH** button.

Step 8. Record opens at Tab 1 Decedent. Navigate to the Medical Information Section(s) (Tabs 8-11) you wish to amend and edit the information.

Note: if a popup appears click the "OK" button, then proceed to make changes to the medical information.

Step 9. After all changes have been made click the FINISH button.

Step 10. Record Modify-Confirm Screen – Check to make sure current changes are correct and also make sure no additional changes are needed. If additional changes are needed click the "Make Another Change" button.

	Record Modify - Cor	nfirm								
	Please confirm that the following changes are correct									
	Reason: AFFIDAVIT : CHANGE TO CAUSE AND MANNER OF DEATH Today's Date: 01/11/2019 Edit Additional Information	4								
	Field (DB Name)	Original Value	Changed Value	Remove Change						
If no other changes	Update pending flag (FL_UPDATE_PENDING)	N	Y	Remove						
If no other changes	Manner of death (MANNER)	N	С	Remove						
are needed alighthe	Request fee paid (FL_REQUEST_FEE_PAID)	N	P	Remove						
are needed, click the	Was an autopsy performed? (AUTOPSY)	N	Y	Remove						
CONTINUE button.	Did tobacco use contribute to death? (TOBAC)	U	Р	Remove						
	Were autopsy findings available to complete the cause of death? (AUTOPSY_F_AVAIL)		Y	Remove						
	Some system columns will be changed. Show system columns									
	Make Another Change Continue		Cancel Full Tra	nsaction						

Re-Certifying the Death Case

Step 11. Successful Transaction Screen – Click the "Case Ready to Certify" button and then the physician must certify the death case again using the steps on page 9.

Printing the Affidavit

- **Step 12.** On the Successful Transaction Screen select "Print Affidavit for Correction. Select "Skip this print option" for all other documents then click the "Print" button.
- **Step 13.** On the Report-Confirm Screen click the "Generate Document" button and wait for the image to appear.
- **Step 14.** Affidavit appears. Print the Affidavit then close the image Window

The original record of death for HENRY WALKER Who died on JANUARY 1, 2019, in the County of PULASKI. State of Arkansas is incorrect or incomplete as follows: NOTE: (ANY FRAUDULENT ENTRY MADE WILL BE TURNED OVER TO THE PROSECUTING ATTORNE ITEM The record now shows: The true facts are: 22. Manner of N C Death 21a. Autopsy N Performed Y Performed Y The above information is true to the best of my knowledge, information and belief. Affiant ANTHONY ENOCH 123 MAIN ST, BENTON, AR. 72202 Present Address	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ARKANSAS DEPARTMENT (VITAL RECORD: FIDAVIT FOR CORRECTION	S
incorrect or incomplete as follows: NOTE: (ANY FRAUDULENT ENTRY MADE WILL BE TURNED OVER TO THE PROSECUTING ATTORNE ITEM The record now shows: The true facts are: 22. Manner of N C Death 21a. Autopsy N Y Performed 23. Tobacco Use U P 21b. Autopsy Findings Available Y The above information is true to the best of my knowledge, information and belief. Affiant ANTHONY ENOCH Date January 11, 2019 123 MAIN ST, BENTON, AR, 72202 Present Address	The original record of c	leath for HENRY WALKER	
NOTE: (ANY FRAUDULENT ENTRY MADE WILL BE TURNED OVER TO THE PROSECUTING ATTORNE ITEM The record now shows: The true facts are: 22. Manner of N C Death C P 21a. Autopsy N Y Performed Y 21b. Autopsy Y Findings Available Y The above information is true to the best of my knowledge, information and belief. Affiant ANTHONY ENOCH 123 MAIN ST, BENTON, AR, 72202 Present Address	Who died on JANUAR	Y 1. 2019. in the County of PULASKI.	State of Arkansas is
22. Manner of Death N C 21a. Autopsy Performed N Y 23. Tobacco Use U P 21b. Autopsy Findings Available Y The above information is true to the best of my knowledge, information and belief. Affiant ANTHONY ENOCH 123 MAIN ST, BENTON, AR, 72202 Present Address	•		(ER TO THE PROSECUTING ATTORNEY)
Death Image: Constraint of the second seco	ITEM	The record now shows:	The true facts are:
Performed Performed 23. Tobacco Use U 21b. Autopsy Y Findings Available Y The above information is true to the best of my knowledge, information and belief. Affiant ANTHONY ENOCH 123 MAIN ST, BENTON, AR, 72202 Present Address		N	с
21b. Autopsy Findings Available Y The above information is true to the best of my knowledge, information and belief. Affiant ANTHONY ENOCH 123 MAIN ST, BENTON, AR, 72202 Date January 11, 2019 Present Address Date January 11, 2019		N	Ŷ
Findings Available The above information is true to the best of my knowledge, information and belief. Affiant ANTHONY ENOCH Date January 11, 2019 123 MAIN ST. BENTON, AR, 72202 Present Address	23. Tobacco Use	U	
Affiant ANTHONY ENOCH Date January 11, 2019 123 MAIN ST. BENTON, AR. 72202 Present Address			Ŷ
123 MAIN ST, BENTON, AR, 72202 Present Address	The above information	is true to the best of my knowledge, info	ormation and belief.
Present Address	Affiant ANTHONY E	NOCH	Date January 11, 2019
	123 MAIN ST, BENTO	DN, AR, 72202	
	Present Address		
15/	/s/		
Signature			

ERAVE Help Desk Information

ERAVE SYSTEM ISSUES – (501) 661-2785 DEATH AMENDMENTS – (501) 661-2810

