



TEXAS
Health and Human
Services

Texas Department of State
Health Services

TER Today **TXEVER Tomorrow**

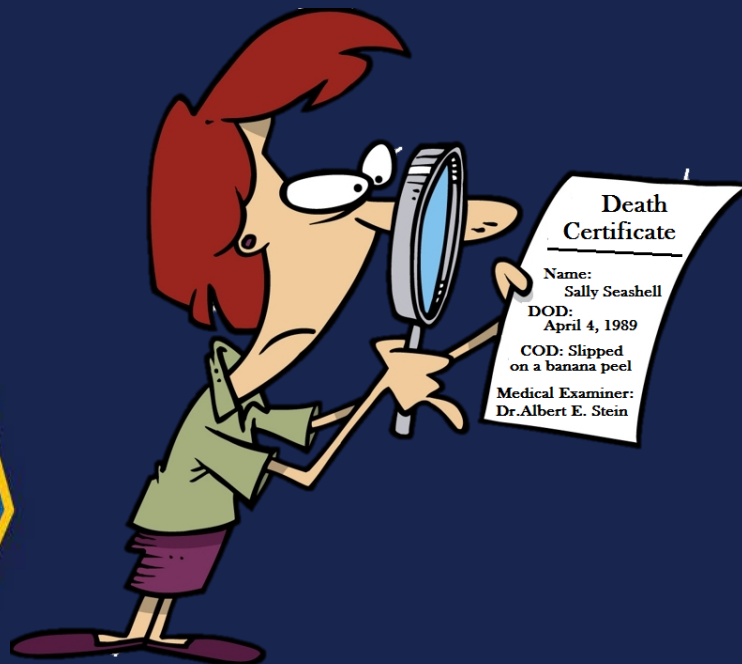
Texas Justice Court Training Center

soo.teal@dshs.texas.gov

What is a vital record?

A death certificate is considered a *Prima Facie Evidence of the Fact* or a permanent legal record of fact of death

Without a death certificate, final care or disposition of the decedent cannot happen



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Information on DC's are used for:



Insurance

Pensions

Settling Estates

Future Marriages

Benefits

Settlement of personal claims

School Loan Reconciliation

Immigration

Indian Registry

Genealogy



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Hurricane Ike - 2008

47 people died from injuries

23 people died from illness

4 people were undetermined

Medical Examiners
reported 57 of the
74 deaths.



~
The majority of
deaths occurred in
Harris County (28)
and Galveston
County (17).

What is my role in registering a death?

CODE OF CRIMINAL PROCEDURE ARTICLE 49.16

The Justice of the Peace or other person who conducts the inquest shall sign the Death Certificate and all orders made because of the inquest.

CODE OF CRIMINAL PROCEDURE ARTICLE 49.08

A Justice of the Peace conducting an inquest may act on information the justice receives from any credible person or on facts within their knowledge.

CODE OF CRIMINAL PROCEDURE ARTICLE 49.05

A Justice of the Peace shall conduct an inquest immediately or as soon as practicable after the justice received notification of the death.



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Medical Certifiers

Duties include:

- Entering medical information, including the cause of death
- Medically certifies the record
- Completes medical amendments

Who:

- Physicians (can certify natural deaths in persons above 6 years of age)
- Medical Examiners
- Justice of the Peace



Responsibilities of Medical Certifiers

- ❖ If the death must be certified by the ME or JP:
 - A message in TER will notify the physician, who should then decline the record & re-designate the record to the appropriate JP or ME for certification.
- ❖ After the record is electronically signed, TER automatically sends an email to the Funeral Director listed that the record is done.
 - If a change needs to be made after it's been submitted, then the record must first be "de-certified".



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BUSINESS CAT SAYS



**YOU MUST USE
TER**

<https://ter2.dshs.state.tx.us/edeath>



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The Medical Certifier must complete the medical certification no later than five (5) days after being designated the Medical Certifier or provide notification to the Funeral Director, or other person accepting responsibility for the disposition of the body, explaining the reason for the delay.

Texas Health and Safety Code §193.005(b)(g)

Death Certificates must be filed within ten (10) days from the date of death. If a lengthy investigation is performed, such as an autopsy, the death certificates should be filed as "Pending Investigation" and amended at a later date.

Texas Health and Safety Code §193.003(a)





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TER Statistics

YEAR	TOTAL	TOTAL ELECTRONIC	DROP TO PAPER	MANUAL RECORDS	% OF FULLY ELECTRONIC	% OF DTP	% MANUAL RECORDS
2013	181,896	173,204	8,303	389	95.22%	4.56%	0.21%
2014	186,610	181,505	4,872	233	97.26%	2.61%	0.12%
2015	192,378	188,897	3,308	173	98.19%	1.72%	0.09%
2016	194,859	193,985	813	61	99.55%	.042%	.03%
2017	66,942	66,887	54	1	99.92%	.08%	<.01%



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Texas

- Texas has:
 - 254 Counties
 - 445 Local Registration Offices
- Includes:
 - Justice of the Peace
 - County & District Clerks
 - Municipal Clerks
 - City Clerks



992

Total number of JP's in the system that are participating in the TER system.

Drop-to-paper

As of August 1, 2016, VSU is rejecting all paper death certificates not electronically certified.

- ❖ HSC 193.002 (4) – The person in charge of internment or removal of a body...shall....File the record electronically as specified by the State Registrar
- ❖ *Health and Safety Code § 193.005* (h) The person completing the medical certification shall submit the information and attest to its validity using an electronic process approved by the state registrar.
- ❖ House Bill 1739, which is codified in Health and Safety Code (HSC), Title 3, Chapter 193, mandates electronic death registration for funeral directors and medical certifiers, was signed by the Governor on June 15, 2007, and took effect on September 1, 2007. Physicians and funeral directors must register with the Texas Electronic Death Registrar (TEDR) system to complete death certificates electronically by contacting the Texas Department of State Health Services, Vital Statistics Unit (VSU).



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Exceptions for a DTP

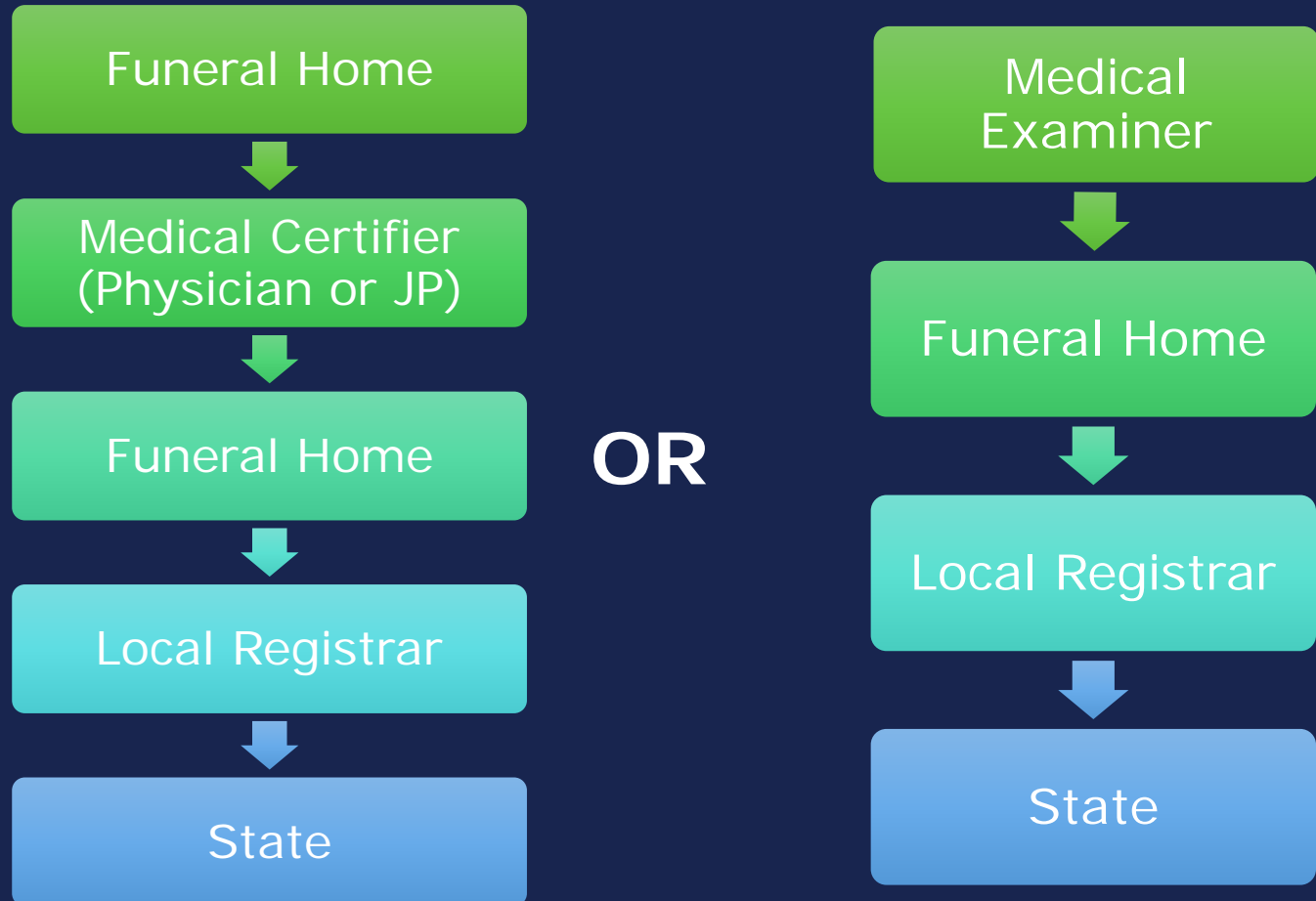
1. Family burial
2. Funeral Home outside of Texas
3. John or Jane Doe
4. The person in charge of interment or in charge of removal of a body from a registration district for disposition shall
 - (1) obtain & file the death certificate HSC 193.002 (a)



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There are 2 paths to filing a Death Record:



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Inquests



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- A person conducting an inquest shall:
 - complete the medical certification not later than 5 days after receiving the death or fetal death certificate and
 - State on the medical certificate the disease that caused the death or, if the death was from external causes, the means of death and whether the death was probably accidental, suicidal, or homicidal, and any other information required by the state registrar to properly classify the death.

Health and Safety Code 193.005 (E & F)

Is an inquest needed?

Justice of the Peace

- Prison or jail
- Unnatural
- Found, COD unknown
- Unlawful
- Suicide
- Unattended by MD
- Attended by MD but unable to certify
- Child <6 & required

CCP 49.04

Medical Examiner

- Within 24 hour of admission to hospital/institution/prison/jail
- Unnatural or no good witness
- Found; COD unknown
- Unlawful
- Suicide
- Unattended by MD
- Child <6 & required
- Attended by MD but unable to certify

CCP 49.25

Notification – CCP 49.07

- A physician or other person who has possession of a body and requires an inquest shall immediately notify the JP who serves in that precinct.
- A peace officer who has been notified of a death that requires an inquest shall immediately notify the JP who serves in that precinct.
- If JP is **not** available to conduct an inquest, a person shall notify the nearest available JP serving the county.
 - If **no** JP is available in that county, then a person shall notify the county judge and the county judge shall initiate the inquest. The county judge shall transfer all information obtained to the JP in that precinct.



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Death Certification

To: Soo Teal

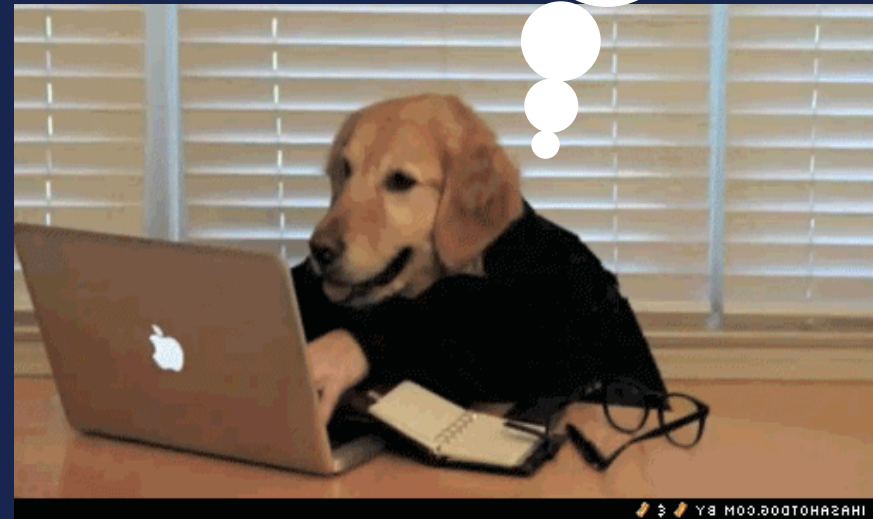
This message is regarding the death record added to your queue.
The information of the death record is as follows.

Funeral Home: Death Becomes Them Funeral Home
Date of Death : 04-09-2017
Place of Death: Seton Hospital
Decedent's First Name: John
Decedent's Middle Name: Applesause
Decedent's Last Name: Doe
Decedent's EDR: 000000000999

If you received this email in error, please contact
The identified funeral home directly.

This is an automatically generated E-mail.
Please do not "respond to this email".

I'm so glad I
learned how to file
death certificates
online. I thought it
would be "ruff" but
it's easy.



**TEXAS ELECTRONIC REGISTRAR
Death Registration System
(TEDR)**

Wednesday, June 1, 2016

IMPORTANT MESSAGE!!!

The TER Helpdesk currently has a couple of vacancies. This is leading to longer than normal hold times for the TER help desk. Please continue to contact us at 512-776-3490 or email us at help-ter@dshs.texas.gov and we will assist you as soon as we can. If you have a very time sensitive issue, please email the field services department at fieldservices@dshs.texas.gov and we will try to assist you as best we can. We apologize for the inconvenience and thank you for your continued support.

[TER Help Desk](#)

[Sign Up for TER](#)

[TER Online Training](#)

[Sign Up For e-mail Updates](#)

Click onto the button below to log into The Texas Electronic Registrar Death Registration System (TEDR):

Log Into TER

[Forgot TER Password/PIN Reset](#)

[TER Death Registration Frequently Asked Questions](#)

[How to Complete a Medical Amendment](#)

[How does a funeral home de-verify the death record?](#)

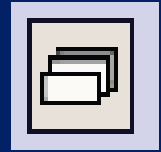
Error in the TER DCOA application?

<https://ter2.dshs.state.tx.us/edeath>

TER For Medical Certifiers

Completing a Record:

1. Under "FUNCTIONS" menu, select Medical Data Entry or click



2. Retrieve the record by clicking the "Search" icon

3. On the "Search Record Screen" enter the EDR from your email notification and click "FIND"

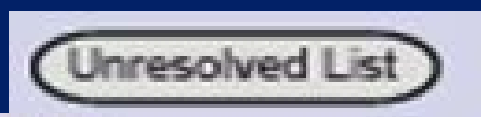


4. Select the record and click the "Select Record's Icon."

5. Complete Medical tabs 1 to 3. Use the TAB key to advance fields

Decedent's Name	
First Name:	Active Item
Middle Name:	Completed Item
Last Name:	Non-Completed Item
Maiden:	Disabled Item







6. On the upper right corner, click the "Unresolved List" button to view incomplete fields.



7. Save the Record



KEY ICONS

	Medical Certification		Drop-To-Paper		Save
	Medical Amendment		Medical Abstract		Search

Medical Tab 1

Texas Web Death Application - Windows Internet Explorer

http://160.42.92.3:8081/ThinTXDeathTest/src/LoginModule/Maintest.html

TER (WebDeath), WEB THIN-CLIENT FACILITY (TEST GROUP OFFICE) USERID: USERDR

Unresolved List

DTP COUNTER 0

Functions Registration Utilities Window Help All Unresolved TEST JOSEPH (D) 2009/05/01

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

Medical Record Number

General Information EDR No: 000000001498

Medrec: MECase Number: Med First Name: Med Middle Name: Med Last Name: Med Suffix: Presumed Sex: Pres SSN: Pres Date of Birth:

JOSEPH TEST MALE 481-62-0242 07/04/1976

Actual or Presumed Date of Death Date of Death Type

05/01/2009

Place Of Death

County: TRAVIS
City/Town: AUSTIN
Zip: 78701

Certifier

Certifier Type: PHYSICIAN
Certifier Office: TEST GROUP OFFICE
Medical Certifier: VICTOR TEST
License: 987456
Country: TEXAS
Date Certified:

The Demographic Information that has been entered by the Funeral Home will pre-populate in the corresponding fields in Medical Tab 1

The selected record will be displayed

Time of Death

DTP COUNTER 0

Functions Registration Utilities Window Help All Unresolved TEST JOSEPH (D) 2009/05/01

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

Medical Record Number

General Information

Medrec: [] MECase Number: [] Med First Name: JOSEPH Med Middle Name: [] Med Last Name: TEST
[] ID: 000000001498
[] SSN: [] Pres Date of Birth: 07/04/1976

Start entering data on Medical 1 tab

Actual or Presumed Date of Death Date of Death Type

05/01/2009 []

Place Of Death

Type of Place of Death: Hospital- Inpatient

Enter first character: D

Place of Death: DGHTRS OF CHTY HTH SVCS OF AUSTIN-BRACKENR

Street Address: 601 E. 15TH

State/Country: TX(TEXAS)

County: TRAVIS

City/Town: AUSTIN

Zip: 78701 Ext: []

Certifier

Certifier Type: PHYSICIAN

Certifier Office: TEST GROUP OFFICE

Medical Certifier: VICTOR TEST

Address: 2 ADDRESS OF DR License: 987456

State/Country: TEXAS

City/Town: AUSTIN

County: WILLIAMSON

Zip: 78756 Zip Ext: [] Date Certified: []

Time of Death

Soft-Check Alert

You left 'Medrec' blank.

'BLANK' will mean 'NONE' for this item unless you intend to fill it in later.

Do you need to complete this item later?

Yes No

If you do not wish to enter a Medical Record number, tab, with your 'Tab' button. When the Soft-Check Alert Appears, select 'No' if you do not wish to complete this item at a later time or 'Yes' if you do.

The 'Medrec' field and the 'MECase Number' field are optional. However you still have to tab through the fields to resolve them.

Demographic 1 Demographic 2 Demographic 3

Medical Record Number

General Information

Medrec: MECase Number: Med First Name: JOSEPH Med Middle Name: Med Last Name: TEST Med Suffix:

Actual or Presumed Date of Death **Date of Death Type**

Place Of Death

Type of Place of Death: Hospital- Inpatient

Enter first character:

Place of Death: DGHTRS OF CHTY HTH SVC

Street Address: 601 E. 15TH

State/Country: TX(TEXAS)

County: TRAVIS

City/Town: AUSTIN

Zip: 78701 Ext:

Certifier

Certifier Type: PHYSICIAN

Office: TEST GROUP OFFICE

Certifier: VICTOR TEST

2 ADDRESS OF DR: TEXAS License: 987456

City/Town: AUSTIN

County: WILLIAMSON

Zip: 78756 Zip Ext:

Date Certified:

Time of Death

If your information is different from the Demographic your can add, edit, or delete the information that is different.

Texas Web Death Application - Windows Internet Explorer
http://160.42.92.3:8081/ThinTXDeathTest/src/LoginModule/Maintest.html

TER (WebDeath), WEB THIN-CLIENT FACILITY (TEST GROUP OFFICE) USERID: USERDR Unresolved List

DTP COUNTER 0

Functions Registration Utilities Window Help All Unresolved TEST JOSEPH (D) 2009/05/01

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

Medical Record Number

General Information EDR No: 000000001498

Medrec: MECase Number: Med First Name: Med Middle Name: Med Last Name: Med Suffix: Presumed Sex: Pres SSN: Pres Date of Birth:

TEST JOSEPH (D) 2009/05/01

Actual or Presumed Date of Death: 05/01/2009 Date of Death Type: [Yellow Highlight]

Place Of Death

Type of Place of Death: Hospital- Inpatient

Enter first character: D

Place of Death: DGHTRS OF CHTY HTH SVCS OF AUSTIN-BRACKENR

Street Address: 601 E. 15TH

State/Country: TX(TEXAS)

County: TRAVIS

City/Town: AUSTIN

Zip: 78701 Ext:

Certifier

Certifier Type: PHYSICIAN

Certifier Office: TEST GROUP OFFICE

VICTOR TEST

ADDRESS OF DR: License: 987456

County: WILLIAMSON

Zip: 78756 Zip Ext: Date Certified:

Time of Death

If there is no middle name, press 'TAB' to skip to the next field.

Decedent's Middle Name

General Information

Medrec: MECase Number: Med Fi
 JOSEPH

Actual or Presumed Date of Death

Place Of Death

Type of Place of Death:

Enter first character:

Place of Death:

Street Address:

State/Country:

County:

City/Town:

Zip:

The Demographic Middle Name must MATCH the Medical Middle Name.

Decedent's Demo Middle Name

Decedent's Med Middle Name

A box will appear that will indicate that your information is different from what the Funeral Home has put in the System.

Time of Death

Time of Death

Time of Death Type: Time of Death: AM/PM:

Review the time of death and make that it is accurate in accordance to your records. You may edit this if you need to. 24 hour clock (military time) is acceptable.

Reminder for Certifiers

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)

John Jacob Jingleheimer 123 Popcorn Street Austin TX 77777

Complete all information (Address, City, State, and Zip Code)

32. TITLE OF CERTIFIER

Justice of the Peace

DO NOT PUT SPECIFIC TITLES (ie., hospital, specialist)
ONLY PUT THESE TITLES MD, DO, JP or ME

Date of Death Type

General Information EDR No: 000000001498

Medrec: MECase Number: Med First Name: JOSEPH Med Middle Name: middle Med Last Name: TEST Med Suffix: Presumed Sex: MALE Pres SSN: 481-62-0242 Pres Date of Birth: 07/04/1976

Actual or Presumed Date of Death **Date of Death Type**

Place Of Death

Type of Place of Death: Hospital- Inpatient

Enter first character:

Place of Death: DGHTRS OF CHTY HTH SVCS OF AUSTIN-BRACKENRIDGE

Street Address: 601

State/Country: TX

County: TRAVIS

City/Town: AUSTIN

Zip: 78701 Ext:

Certifier

Certifier Type: PHYSICIAN

Certifier Office: TEST GROUP OFFICE

Medical Certifier: VICTOR TEST

Address: 2 ADDRESS OF DR License: 987456

State/Country: TEXAS

Zip: 78756 Zip Ext:

Certified:

Medical Certifiers will have to indicate the date of death type.

Time of Death

Manner of Death



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Suicide

- Homicide
- Pending Investigation
- Could not be determined
- Natural
- Accident

A screenshot of a web form. The section is titled "Manner of Death" and contains a dropdown menu with "NATURAL" selected. Below this, there is a question "Did Tobacco Use Contribute to Death?" with a corresponding dropdown menu.A screenshot of a web form with a "Non-Natural Death" warning dialog box overlaid. The form has sections for "Autopsy Information" (with "Was an Autopsy Performed?" set to "NO"), "Manner of Death" (set to "ACCIDENT"), and "Did Tobacco Use Contribute to Death?". The dialog box contains the following text: "You have specified that the manner of death is not natural. The location you are logged in under cannot certify to non-natural causes of deaths. You may need to decline this record if it was designated to this location by a funeral home. Non-natural causes of death can only be certified by ME or JP offices." and an "OK" button.



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- *Natural* - due solely or nearly totally to disease and/or the aging process.
- *Accident* - there is little or no evidence that the injury or poisoning occurred with intent to harm or cause death. In essence, the fatal outcome was unintentional.
- *Suicide* - results from an injury or poisoning as a result of an intentional, self-inflicted act committed to do self-harm or cause the death of one's self.
- *Homicide* - occurs when death results from...an injury or poisoning or from...a volitional act committed by another person to cause fear, harm, or death. Intent to cause death is a common element but is not required for classification as homicide.
- *Could not be determined* - used when the information pointing to one manner of death is no more compelling than one or more other competing manners of death when all available information is considered.
- *Pending investigation* - used when determination of manner depends on further information.

Medical Tab 2

Texas Web Death Application - Microsoft Internet Explorer

TER (WebDeath), WEB THIN-CLIENT FACILITY (TRAVIS COUNTY JP) Unresolved List

Functions Registration Utilities Window Help All Unresolved REGIONAL ROBERT (D) 2006/05/19

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

Autopsy Performed?

Autopsy Information

Was an Autopsy Performed?

Autopsy Findings Available to Complete Cause of Death?

Manner of Death

Did Tobacco Use Contribute to Death?

Tobacco Use Contribute to Death?

If Female - Pregnant?

Injury

Was Death a Result of an Injury?

Date of Injury:

Time of Injury:

Am/Pm:

Place of Injury:

Injury at Work?

Street Name: Apt #:

State/Country:

County:

City/Town:

Zip:

Ext:

Describe How Injury Occurred:

If Transportation Injury, Specify:

Specify:

If Female, was Decedent Pregnant?

Autopsy Information
Was an Autopsy Performed? NO
Autopsy Findings Available to Complete Cause of Death?

Manner of Death
NATURAL

Did Tobacco Use Contribute to Death?
Tobacco Use Contribute to Death? UNKNOWN

If Female - Pregnant?
NOT APPLICABLE
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 1 YEAR BEFORE DEATH
UNKNOWN IF PREGNANT WITHIN PAST YEAR
NOT APPLICABLE

Complete each item by selecting the appropriate response from the pull-down lists

Street Name: Apt #: State/Country: County: City/Town: Zip: Ext: Describe How Injury Occurred: If Transportation Injury, Specify: Specify:

TER Death will not allow a physician to certify a manner of death other than 'Natural'. A message will be displayed notifying the physician, who should then 'DECLINE' the record. The funeral home can re-designate the record to the appropriate JP or ME for certification.

The screenshot displays the Texas Web Death Application interface within a Windows Internet Explorer browser. The browser title bar reads "Texas Web Death Application - Windows Internet Explorer" and the address bar shows "http://160.42.92.3:8081/Thin TXDeath Test/src/LoginModule/Maintest.html". The application header includes "TER (WebDeath), WEB THIN-CLIENT FACILITY (TEST GROUP OFFICE) USERID: USERDR" and a "DTP COUNTER 0" button. The main menu includes "Functions", "Registration", "Utilities", "Window", and "Help". The current record is identified as "TEST JOSEPH (D) 2009/05/01".

The application form is divided into several sections:

- Manner of Death:** A dropdown menu currently set to "ACCIDENT".
- Autopsy Information:** Includes a "Was an Autopsy Performed?" field set to "NO" and a "Date of Injury:" field.
- Did Tobacco Use Contribute to Death?:** A dropdown menu set to "NOT APPLICABLE".
- If Female - Pregnant?:** A dropdown menu set to "NOT APPLICABLE".
- Location and Injury Details:** Includes fields for "State/Country", "County", "City/Town", "Zip", "Ext", "Apt #", "Am/Pm", and "Injury at Work?".
- Description:** Includes a "Describe How Injury Occurred:" text area and an "If Transportation Injury, Specify:" dropdown menu.

A prominent cyan circle highlights a modal dialog box titled "Non-Natural Death". The dialog box contains the following text:

You have specified that the manner of death is not natural. The location you are logged in under cannot certify to non-natural causes of deaths. You may need to decline this record if it was designated to this location by a funeral home. Non-natural causes of death can only be certified by ME or JP offices.

An "OK" button is located at the bottom right of the dialog box.

TER (WebDeath), WEB THIN-CLIENT FACILITY (TEST GROUP OFFICE) USERID: USERDR Unresolved List

DTP COUNTER 0

TEST JOSEPH (D) 2009/05/01

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

Was Death the Result of an Injury?

Autopsy Information

Was an Autopsy Performed?

Autopsy Findings Available to Complete Cause of Death?

Injury

Was Death a Result of an Injury?

Date of Injury:

Am/Pm:

Injury at Work?

Place of Injury:

Name: Apt #:

Country:

Zip:

Ext:

How Injury Occurred:

Transportation Injury, Specify:

Specify:

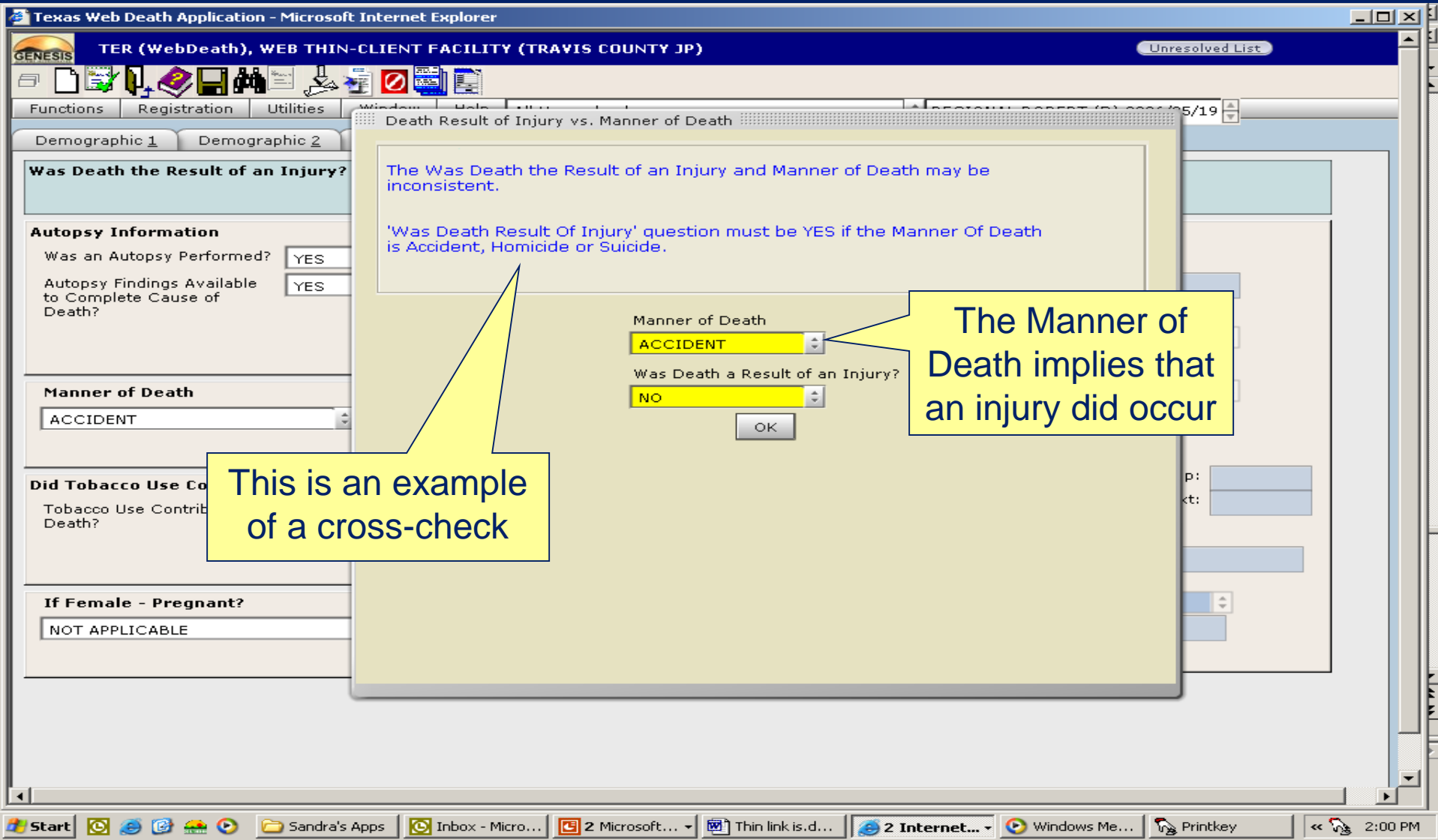
Responding 'NO' to the Injury question will "disable" the rest of the injury questions and not allow entry

Manner of Death

Did Tobacco Use Contribute to Death?

Tobacco Use Contribute to Death?

If Female - Pregnant?



The Was Death the Result of an Injury and Manner of Death may be inconsistent.

'Was Death Result Of Injury' question must be YES if the Manner Of Death is Accident, Homicide or Suicide.

The Manner of Death implies that an injury did occur

This is an example of a cross-check



Demographic 1 Demographic 2

Was Death the Result of an Injury?

Autopsy Information

Was an Autopsy Performed? YES
Autopsy Findings Available to Complete Cause of Death? YES

Manner of Death

ACCIDENT

Did Tobacco Use Contribute

Tobacco Use Contribute to Death?

If Female - Pregnant?

NOT APPLICABLE

Death Result of Injury vs. Manner of Death

The Was Death the Result of an Injury and Manner of Death may be inconsistent.

'Was Death Result Of Injury' question must be YES if the Manner Of Death is Accident, Homicide or Suicide.

Manner of Death
ACCIDENT

Was Death a Result of an Injury?
YES

OK

Changing the response to Yes will resolve the conflict

Click 'OK' to continue

Texas Web Death Application - Microsoft Internet Explorer

TER (WebDeath), WEB THIN-CLIENT FACILITY (TRAVIS COUNTY JP) Unresolved List

2006/05/19

al 3

Complete each item by entering information requested or selecting responses from pull-downs

Demographic 1

Injury Description

Autopsy Information

Was an Autopsy Performed? YES

Autopsy Findings Available to Complete Cause of Death? YES

Manner of Death

ACCIDENT

Did Tobacco Use Contribute to Death?

Tobacco Use Contribute to Death? NO

If Female - Pregnant?

NOT APPLICABLE

Injury

Was Death a Result of an Injury? YES

Date of Injury: 05/19/2006

Time of Injury: 11:30

Am/Pm: PM

Place of Injury: Highway

Injury at Work? NO

Street Name: d 290 - mile post 68

Apt #:

State/Country: TX (TEXAS)

County: TRAVIS

City/Town: AUSTIN

Zip: 78755

Ext:

Describe How Injury Occurred:
Vehicle went off roadway across ditch and into field - driver was not eye

If Transportation Injury, Specify:
DRIVER/OPERATOR

Specify:

Start | Sandra's Apps | Inbox - Microsof... | 2 Microsoft Po... | Thin link is.doc - ... | 2 Internet Expl... | Windows Media ... | 2:16 PM

Medical Tab 3

Texas Web Death Application - Microsoft Internet Explorer

TER (WebDeath), WEB THIN-CLIENT FACILITY (TRAVIS COUNTY JP) Unresolved List

Functions Registration Utilities Window Help All Unresolved REGIONAL ROBERT (D) 2006/05/19

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

Cause of Death - Part 1

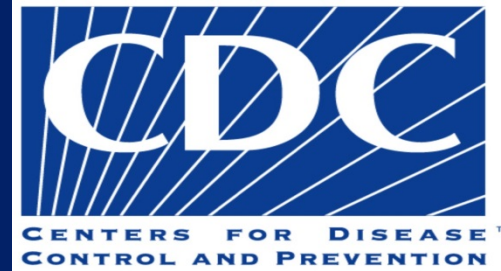
Cause of Death Pending

Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Approximate Interval: Onset to Death.

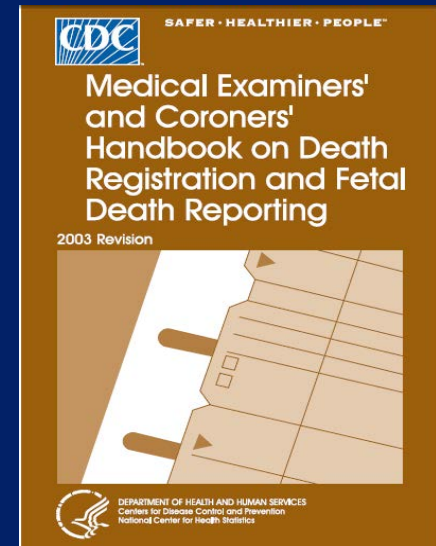
A:		
B:		
C:		
D:		

Cause of Death - Part II. Other Significant Conditions Contributing to Death

Cause of Death Statements



- ❑ Certification should represent your Best Medical Opinion. If it changes you will need to file an amendment.
- ❑ “probably” and “presumed” are allowed
- ❑ Avoid abbreviations
 - Cause-of-death data is important for surveillance, research, design of public health and medical interventions, and funding decisions for research and development.
 - A properly completed cause-of-death provides an etiologic explanation of the order, type and association of events resulting in death.



The CDC's website provides links to aid in writing cause of death statements.

http://www.cdc.gov/nchs/nvss/writing_cod_statements.htm

If the cause of death has not yet been determined, check the "Cause of Death Pending" box

Functions Registration
Demographic 1 Dem...

Other Significant Cond

Cause of Death - Part 1

Cause of Death Pending

Enter the chain of events - diseases, injuries, or complications - that directly caused the death.

Approximate Interval: Onset to Death.

A:	PENDING		
B:			
C:			
D:			

You must also type "PENDING" on Line A

Cause of Death - Part II. Other Significant Conditions Contributing to Death

[Empty text box]

Other Significant Condition

Cause of Death - Part 1

Cause of Death Pending

Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Approximate Interval: Onset to Death.

A:	Blunt force trauma to the head	immediate
B:		
C:		
D:		

Cause of Death - Part II. Other Significant Conditions Contributing to Death

[Empty text box]

If the cause of death is known, enter the information on lines A – D, as appropriate, TABBING from field to field until complete

Cause of Death C

Cause of Death - Part 1

Cause of Death Pending

Enter the chain of events - diseases, injuries, or complications

A:

B:

C:

D:

Approximate Interval: Onset to Death.

Check Wording

Please be sure to provide information regarding the etiology of 'Renal Failure'. If the etiology is not known then please clearly indicate that it is unknown. Thank You.

OK

Cause of Death - Part II. Other Significant Co

With certain wording TEDR will give medical certifiers alerts to give additional assistance in writing good Cause of Death statements

GENESIS TER (WebDeath), WEB THIN-CLIENT FACILITY (TEST GROUP OFFICE) USERID: USERDR Unresolved List

Functions Registration Utilities Window Help

Demographic 1 Demographic 2 Demographic 3

Other Significant Condition

Cause of Death - Part 1

Cause of Death Pending

Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Approximate Interval: Onset to Death.

A:	Pneumonia	7 Days
B:	leukaemia	8 years
C:		
D:		

Cause of Death - Part II. Other Significant Conditions Contributing to Death

Soft-Check Alert

You left 'Cause of Death - Part II. Other Significant Conditions Contributing to Death' blank.

'BLANK' will mean 'NONE' for this item unless you intend to fill it in later.

Do you need to complete this item later?

Yes No

ST JOSEPH (D) 2009/05/01

Medical 2 Medical 3

OTTP COUNTER 0

Done

If there are no contributing conditions, TAB past this field and select 'No' in the Soft-Check Alert.

Back to Medical Tab 1

Texas Web Death Application - Windows Internet Explorer
http://160.42.92.3:8081/ThinTXDeathTest/src/LoginModule/Maintest.html

TER (WebDeath), WEB THIN-CLIENT FACILITY (TEST GROUP OFFICE) USERID: USERDR Unresolved List

DTP COUNTER 0

TEST JOSEPH (D) 2009/05/01

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

General Information EDR No: 000000001498

Medrec: Med First Name: Med Middle Name: Med Last Name: Med Suffix: Presumed Sex: Pres SSN: Pres Date of Birth:

TEST MALE 481-62-0242 07/04/1976

Actual

05/0

Place Of Death

Type of Place of Death: Hospital- Inpatient

Enter first character: D

Place of Death: DGHTRS OF CHTY HTH SVCS OF AUSTIN-BRACKENR.

Street Address: 601 E. 15TH

State/Country: TEXAS

County: TRAVIS

City/Town: AUSTIN

Zip: 78701 Ext:

Certifier

Certifier Type: PHYSICIAN

Certifier Office: TEST GROUP OFFICE

Medical Certifier: VICTOR TEST

Address: 2 ADDRESS OF DR License: 987456

State/Country: TEXAS

City/Town: AUSTIN

County: WILLIAMSON

Zip: 78756 Zip Ext: Date Certified:

Time of Death

Click the 'SAVE' icon before continuing

Done Internet 100%

General Information

Medrec: _____ MECase Number: _____ Med First Name: JOSEPH
EDR No: 000000001498
Social Security Number: 31-62-0242 Pres Date of Birth: 07/04/1976

Record Update
Record Updated Successfully.
OK

Actual or Presumed Date of Death

05/01/2009

Place Of Death

Type of Place of Death: Hospital- Inpatient
Enter first character: D
Place of Death: DGHTRS OF CHTY HTH SVCS OF AUSTIN-BRACKENR.
Street Address: 601 E. 15TH
State/Country: TEXAS
County: TRAVIS
City/Town: AUSTIN
Zip: 78701 Ext: _____

Certifier Office: TEST GROUP OFFICE
License: 987456
Date Certified: _____
Zip: 78756 Zip Ext: _____

Your information is now stored in the system

Time of Death

Texas Web Death Application - Windows Internet Explorer
http://160.42.92.3:8081/ThinTXDeathTest/src/LoginModule/Maintest.html

TER (WebDeath), WEB THIN-CLIENT FACILITY (TEST GROUP OFFICE) USERID: USERDR
Unresolved List

DTP COUNTER 0

Search Results TEST JOSEPH (D) 2009/05/01

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

Click the 'MEDICAL CERTIFICATION' icon to electronically "sign" the record

EDR No: 000000001498
Pres SSN: 481-62-0242 Pres Date of Birth: 07/04/1976

Actual or Presumed Date of Death	Date of Death Type
05/01/2009	ACTUAL

Place Of Death

Type of Place of Death: Hospital- Inpatient

Enter first character: D

Place of Death: DGHTRS OF CHTY HTH SVCS OF AUSTIN-BRACKENR

Street Address: 601 E. 15TH

State/Country: TEXAS

County: TRAVIS

City/Town: AUSTIN

Zip: 78701 Ext:

Certifier

Certifier Type: PHYSICIAN

Certifier Office: TEST GROUP OFFICE

Medical Certifier: VICTOR TEST

Address: 2 ADDRESS OF DR License: 987456

State/Country: TEXAS

City/Town: AUSTIN

County: WILLIAMSON

Zip: 78756 Zip Ext: Date Certified:

Time of Death

Done Internet 100%

Certify Alert

Are you sure you want to certify cause of death ?

Click 'Yes' to continue

Functions **Medical Certification**

Demographic 1 Demographic 2

General Information

Medrec: MECase Number: JOSEPH ST MALE 481-62-0242 07/04/1976

Actual or Presumed Date of Death Date:

Place Of Death

Type of Place of Death:

Enter first character:

Place of Death:

Street Address:

State/Country:

County:

City/Town:

Zip: Ext:

Certifier

Certifier Type:

Certifier Office:

Medical Certifier:

Address: License: 987456

State/Country: TEXAS

City/Town: AUSTIN

County: WILLIAMSON

Zip: 78756 Zip Ext:

Date Certified:

Time of Death

Checking the Unresolved List

The screenshot shows the Texas Web Death Application interface in a Windows Internet Explorer browser. The browser title is "Texas Web Death Application - Windows Internet Explorer" and the address bar shows "http://160.42.92.3:8081/ThinTXDeathTest/src/LoginModule/Maintest.html". The application header includes "GENESIS TER (WebDeath), WEB THIN-CLIENT FACILITY (TEST GROUP OFFICE) USERID: USERDR" and a button labeled "Unresolved List" circled in orange. The main content area displays a form for "TEST JOSEPH (D) 2009/05/01" with tabs for "Demographic 1-5" and "Medical 1-3". A yellow callout box with a blue border contains the text "Using this feature can help quickly identify missing info." and points to the "Unresolved List" button. A red callout box with a red border contains the text "If a field was not completed, you will see this message" and points to a greyed-out field in the "General Information" section. The form includes fields for "Medrec:", "MECase Number:", "Med Fir:", "Actual or Presumed Date of Death" (05/01/2009), "Place Of Death" (Hospital- Inpatient), "Street Address" (601 E. 15TH), "State/Country" (TEXAS), "County" (TRAVIS), "City/Town" (AUSTIN), and "Zip" (78701). The status bar at the bottom shows "Done" and "Internet" with a 100% zoom level.

Unresolved List

DTP COUNTER

Functions Medical Certification Window Help Search Results TEST JOSEPH (D) 2009/05/01

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

Decedent's Middle Name

General Information

Medrec: MECase Number: Med Fir: JOSEPH

Please Fill The Following Fields: All Medical Fields should be completed.

Actual or Presumed Date of Death: 05/01/2009

Place Of Death

Type of Place of Death: Hospital- Inpatient

Enter first character: D

Place of Death: DGHTRS OF CHTY HTH SVCS OF AUSTIN

Street Address: 601 E. 15TH

State/Country: TEXAS

County: TRAVIS

City/Town: AUSTIN

Zip: 78701

Ext:

License: 987456

Date Certified:

Using this feature can help quickly identify missing info.

If a field was not completed, you will see this message

Unresolved List

DTP COUNTER 0

Decedent's Middle Name

Quick tip – Using the Unresolved List feature can help quickly identify missing information.

General Information

Medrec: MECase Number: Med First Name: JOSEPH Med Middle Name: Med Last Name: TEST Med Suffix: Presumed Sex: MALE Pres SSN: 481-62-0242 Pres Date of Birth: 07/04/1976

Actual or Presumed Date of Death **Date of Death Type**

Place Of Death

Type of Place of Death:

Enter first character:

Place of Death:

Street Address:

State/Country:

County:

City/Town:

Zip: Ext:

Certifier

Certifier Type:

Certifier Office:

Medical Certifier:

Address: 2 ADDRESS OF DR License: 987456

State/Country: TEXAS

City/Town: AUSTIN

County: WILLIAMSON

Zip: 78756 Zip Ext:

Date Certified:

Time of Death

Unresolved Fields List

Decedent's Med Middle Name

Any unresolved fields will be indicated



Close Unresolved List screen by clicking the red X

Unresolved Processes

Decedent's Middle Name

General Information EDR No: 000000001498

Medrec: MECase Number: Med First Name: JOSEPH Med Middle Name: Med Last Name: TEST Med Suffix: Presumed Sex: MALE Pres SSN: 481-62-0242 Pres Date of Birth: 07/04/1976

Actual or Presumed Date of Death **Date of Death Type** **Certifier**

Place Of Death

Type of Place of Death:

Enter first character:

Place of Death:

Street Address:

State/Country:

County:

City/Town:

Zip: Ext:

Address: 2 ADDRESS OF DR License: 987456

State/Country: TEXAS

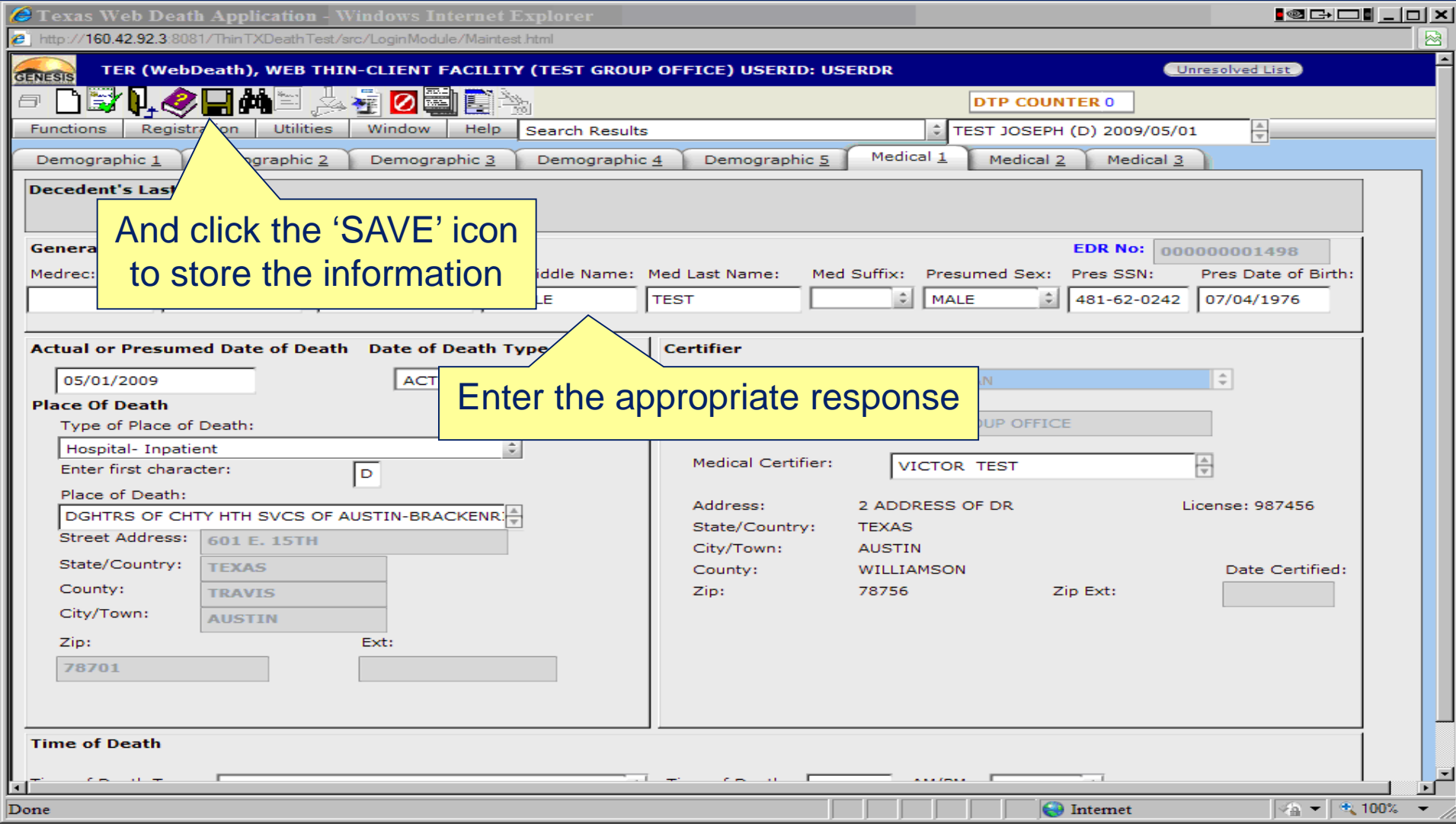
City/Town: AUSTIN

County: WILLIAMSON

Zip: 78756 Zip Ext: Date Certified:

Incomplete or Unresolved fields will be displayed in bright yellow

Time of Death



And click the 'SAVE' icon to store the information

Enter the appropriate response

Click the 'MEDICAL CERTIFICATION' icon to electronically "sign" the record

EDR No: 000000001498
Pres SSN: 481-62-0242 Pres Date of Birth: 07/04/1976

Actual or Presumed Date of Death Date of Death Type
05/01/2009 ACTUAL

Place Of Death
Type of Place of Death: Hospital- Inpatient
Enter first character: D
Place of Death: DGHTRS OF CHTY HTH SVCS OF AUSTIN-BRACKENR.
Street Address: 601 E. 15TH
State/Country: TEXAS
County: TRAVIS
City/Town: AUSTIN
Zip: 78701 Ext:

Certifier
Certifier Type: PHYSICIAN
Certifier Office: TEST GROUP OFFICE
Medical Certifier: VICTOR TEST
Address: 2 ADDRESS OF DR License: 987456
State/Country: TEXAS
City/Town: AUSTIN
County: WILLIAMSON
Zip: 78756 Zip Ext: Date Certified:

Time of Death

Certify Alert

Are you sure you want to certify cause of death ?

Click 'Yes' to continue

Functions Medical Certification

Demographic 1 Demographic 2

General Information

Medrec: MECase Number:

JOSEPH

MALE

481-62-0242

Pres Date of Birth:

07/04/1976

Actual or Presumed Date of Death Date

05/01/2009

Place Of Death

Type of Place of Death:

Hospital- Inpatient

Enter first character:

D

Place of Death:

DGHTRS OF CHTY HTH SVCS OF AUSTIN-BRACKENR

Street Address:

601 E. 15TH

State/Country:

TEXAS

County:

TRAVIS

City/Town:

AUSTIN

Zip:

78701

Ext:

Certifier

Certifier Type:

PHYSICIAN

Certifier Office:

TEST GROUP OFFICE

Medical Certifier:

VICTOR TEST

Address:

2 ADDRESS OF DR

License: 987456

State/Country:

TEXAS

City/Town:

AUSTIN

County:

WILLIAMSON

Zip:

78756

Zip Ext:

Date Certified:

Time of Death

Certify Alert

Are you sure you want to certify cause of death ?

Click 'Yes' to continue

Functions Registration Utilit

Demographic 1 Demographic

Medical Record Number

General Information

Medrec: Med First Name

ROBERT

AL

MALE

568-88-8888

05/20/1950

Actual or Presumed Date of Death

Date of Death Type

Place Of Death

Type of Place of Death:

Enter first character:

Place of Death:

Certifier

Certifier Type:

Certifier Office:

Medical Certifier:

Address:

1100 W 49TH STREET

License Number:

State/Country:

TEXAS

City/Town:

AUSTIN

County:

TRAVIS

Zip:

78756

Zip Ext:

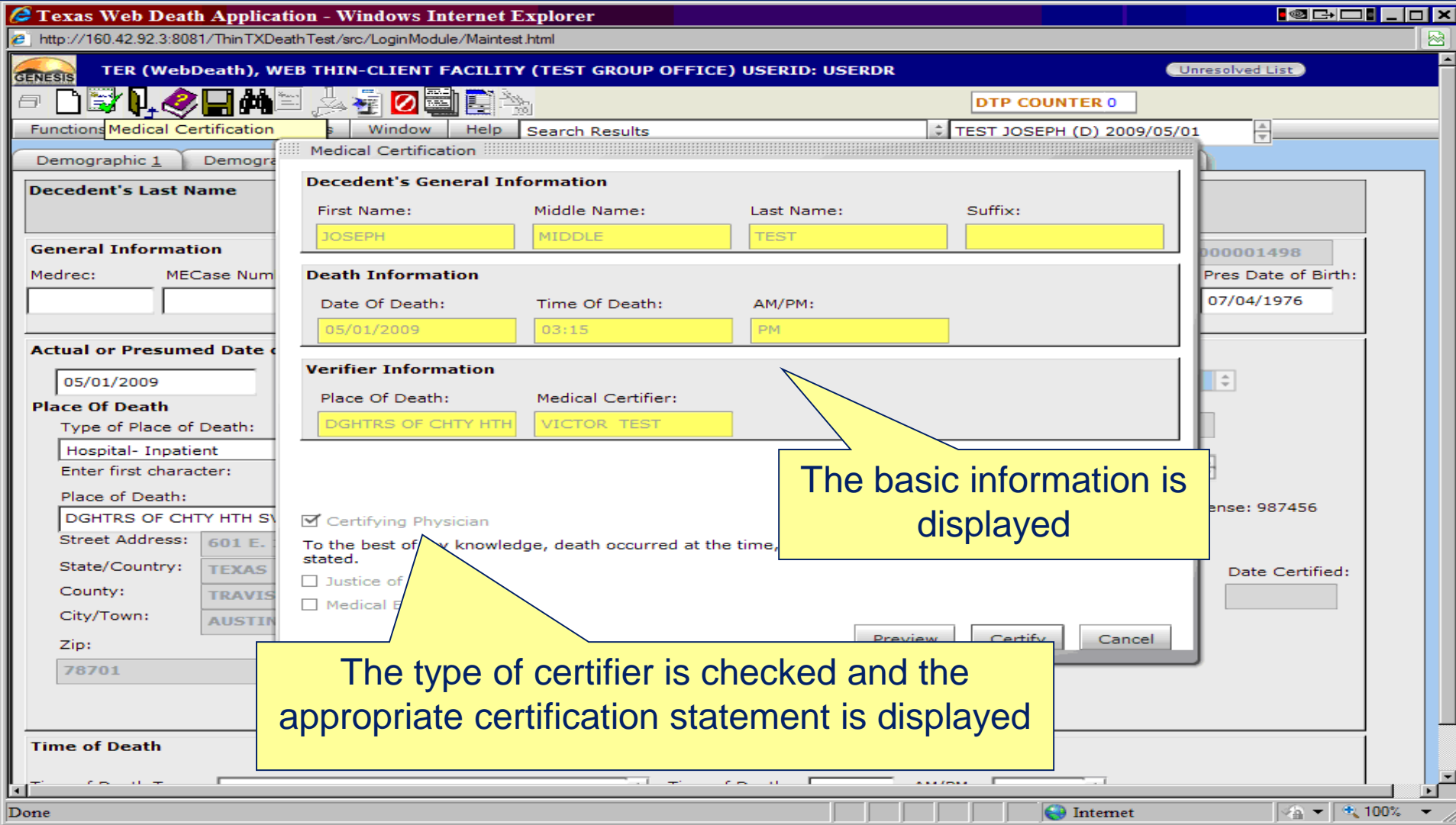
Date Certified:

Time of Death

Time of Death Type:

Time of Death:

AM/PM:



Texas Web Death Application - Windows Internet Explorer
http://160.42.92.3:8081/ThinTXDeathTest/src/LoginModule/Maintest.html

TER (WebDeath), WEB THIN-CLIENT FACILITY (TEST GROUP OFFICE) USERID: USERDR
Unresolved List
DTP COUNTER 0

Medical Certification

TEST JOSEPH (D) 2009/05/01

Demographic 1

Decedent's Last Name

General Information

Medrec: MECase Num

Actual or Presumed Date of Death

05/01/2009

Place Of Death

Type of Place of Death:
Hospital- Inpatient
Enter first character:
Place of Death:
DGHTRS OF CHTY HTH SV
Street Address: 601 E.
State/Country: TEXAS
County: TRAVIS
City/Town: AUSTIN
Zip: 78701

Decedent's General Information

First Name: JOSEPH Middle Name: MIDDLE Last Name: TEST Suffix:

Death Information

Date Of Death: 05/01/2009 Time Of Death: 03:15 AM/PM: PM

Verifier Information

Place Of Death: DGHTRS OF CHTY HTH Medical Certifier: VICTOR TEST

Certifying Physician
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated.
 Justice of the Peace
 Medical Examiner

Preview Certify Cancel

000001498
Pres Date of Birth: 07/04/1976
License: 987456
Date Certified:

Click 'Preview' to view the entire medical certification portion of the death certificate

Done Internet 100%

Print Message

The form is now ready to print.

OK

Decedent's General			
First Name:	Middle Name:	Last Name:	Suffix:
JOSEPH	MIDDLE	TEST	
Death Information			
Date Of Death:	Time Of Death:	AM/PM:	
05/01/2009	03:15	PM	
Verifier Information			
Place Of Death:	Medical Certifier:		
DGHTRS OF CHTY HTH SV	VICTOR TEST		
<input checked="" type="checkbox"/> Certifying Physician			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated.			
<input type="checkbox"/> Justice of the Peace			
<input type="checkbox"/> Medical Examiner			
Preview		Certify	Cancel

Decedent's Last Name	
General Information	
Medrec:	MECase Num
Actual or Presumed Date of Death	
05/01/2009	
Place Of Death	
Type of Place of Death:	
Hospital- Inpatient	
Enter first character:	
Place of Death:	
DGHTRS OF CHTY HTH SV	
Street Address:	601 E. ...
State/Country:	TEXAS
County:	TRAVIS
City/Town:	AUSTIN
Zip:	78701
Time of Death	

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

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison or a fine up to \$30,000. (Health and Safety Code, Sec. 195, 9989)
 VS-174 REV 1/2006

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		DATE OF DEATH	
JOSEPH MIDDLE TEST		05/01/2009	
2. PLACE OF DEATH (CITY OR TOWN AND COUNTY)		IS THE DATE OF DEATH BEING CORRECTED?	
AUSTIN, TRAVIS		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. 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:	28. DATE CERTIFIED (Mo/Day/Year)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)
VICTOR TEST		987456	03:15 PM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, state, Zip Code)			32. TITLE OF CERTIFIER
VICTOR TEST 2 ADDRESS OF DR, AUSTIN, TX, 78758			MD
33. PART 1. ENTER THE <u>CHAIN OF EVENTS</u> - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. <u>DO NOT</u> 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.		Approximate Interval Onset to death	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>PNEUMONIA</u>		7 DAYS	
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. <u>LEUKAEMIA</u>		8 YEARS	
Due to (or as a consequence of):			
c. _____			
Due to (or as a consequence of):			
d. _____			
PART 2. Enter other <u>significant conditions contributing to death</u> 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	
		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
36. MANNER OF DEATH	37. DID TOBACCO USE CONTRIBUTE TO DEATH?	38. IF FEMALE:	
<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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown	<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 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 (Mo/Day/YY)	40b. TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
		<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	42c. REGISTRAR	
		REGISTRAR - CITY OF AUSTIN	

Dear _____ Date _____

Texas Web Death Application - Windows Internet Explorer
http://160.42.92.3:8081/ThinTXDeathTest/src/LoginModule/Maintest.html

TER (WebDeath), WEB THIN-CLIENT FACILITY (TEST GROUP OFFICE) USERID: USERDR
Unresolved List
DTP COUNTER 0
TEST JOSEPH (D) 2009/05/01

Medical Certification

Decedent's General Information

First Name: JOSEPH Middle Name: MIDDLE Last Name: TEST Suffix:

Death Information

Date Of Death: 05/01/2009 Time Of Death: 03:15 AM/PM: PM

Verifier Information

Place Of Death: DGHTRS OF CHTY HTH Medical Certifier: VICTOR TEST

Certifying Physician
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated.
 Justice of the Peace
 Medical Examiner

Preview Certify Cancel

Or, click 'Certify' to electronically sign the death certificate

Done Internet 100%

TER (WebDeath), WEB THIN-CLIENT FACILITY (TEST GROUP OFFICE) USERID: USERDR Unresolved List

DTP COUNTER 0

TEST JOSEPH (D) 2009/05/01

Medical Certification

Demographic 1 Demogra

Medical Record Number

General Information

Medrec: MECase Num

Actual or Presumed Date of Death

05/01/2009

Place Of Death

Type of Place of Death:

Hospital- Inpatient

Enter first character:

Place of Death:

DGHTRS OF CHTY HTH SV

Street Address: 601 E.

State/Country: TX(TEX

County: TRAVIS

City/Town: AUSTIN

Zip: 78701

Decedent's General Information

First Name: JOSEPH Middle Name: middle Last Name: TEST Suffix:

Death Information

Date Of Death: 05/01/2009

Medical Certification

Please Verify and Renew your temporary pin.

Verifier

Place Of Death: DGHTRS OF CHTY HTH Medical Certifier: VICTOR TEST

Certifying Physician
To the best of my knowledge, I certify that the decedent died at the place and due to the cause(s) and manner stated.

Justice of the Peace
 Medical Examiner

Preview Certify Cancel

Time of Death

Time of Death Type: ACTUAL Time of Death: 03:15 AM/PM: PM

000001498
Pres Date of Birth: 07/04/1976
License: 987456
Date Certified: / /

The first time you Medically Certify a record you will need to verify the PIN number given to you by VSU and assign a new one.

Medical Record Number

General Information

Medrec: MECase Number: Med Fin: JOSEPH

DR No: Pres Date of Birth:

SSN:

Actual or Presumed Date of Death

Place Of Death

Type of Place of Death:

Enter first character:

Place of Death:

Street Address:

State/Country:

County:

City/Town:

Zip: Ext:

Address: License:

State/Country:

City/Town:

County:

Zip: Zip Ext:

Date Certified:

Please Fill The Following Fields

Old Pin:

New Pin:

Confirm New Pin:

OK Cancel

Time of Death

Time of Death Type: Time of Death: AM/PM:

DTP COUNTER 0

Demographic 1 Demogra

Medical Record Number

General Information

Medrec: MECase Num

Actual or Presumed Date of Death

05/01/2009

Place Of Death

Type of Place of Death:

Hospital- Inpatient

Enter first character:

Place of Death:

DGHTRS OF CHTY HTH SV

Street Address: 601 E. ...

State/Country: TX(TEX)

County: TRAVIS

City/Town: AUSTIN

Zip: 78701

Time of Death

Time of Death Type: ACTUAL

Time of Death: 03:15 AM/PM: PM

Medical Certification

Decedent's General Information

First Name: JOSEPH Middle Name: middle Last Name: TEST Suffix:

Death Information

Date Of Death: 05/01/2009

Verifier

Place Of Death: DGHTRS OF CHTY HTH Medical Certifier: VICTOR TEST

Certifying Physician

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated.

Justice of the Peace

Medical Examiner

Preview Certify Cancel

Medical Certification

New Pin Saved.

OK

000001498

Pres Date of Birth: 07/04/1976

License: 987456

Date Certified: / /

Texas Web Death Application - Windows Internet Explorer
http://160.42.92.3:8081/ThinTXDeathTest/src/LoginModule/Maintest.html

TER (WebDeath), WEB THIN-CLIENT FACILITY (TEST GROUP OFFICE) USERID: USERDR
Unresolved List
DTP COUNTER 0

Medical Certification

TEST JOSEPH (D) 2009/05/01

Demographic 1

Decedent's Last Name

General Information
Medrec: MECase Num

Actual or Presumed Date of Death
05/01/2009

Place Of Death
Type of Place of Death: Hospital- Inpatient
Enter first character:
Place of Death: DGHTRS OF CHTY HTH SV
Street Address: 601 E.
State/Country: TEXAS
County: TRAVIS
City/Town: AUSTIN
Zip: 78701

Decedent's General Information
First Name: JOSEPH Middle Name: MIDDLE Last Name: TEST Suffix:

Death Information
Date Of Death: 05/01/2009 Time Of Death: 03:15 AM/PM: PM

Verifier Information
Place Of Death: DGHTRS OF CHTY HTH Medical Certifier: VICTOR TEST

Certifying Physician
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated.
 Justice of the Peace
 Medical Examiner

000001498
Pres Date of Birth: 07/04/1976
License: 987456
Date Certified:

Preview Certify Cancel

Click 'Certify' again to electronically sign the death certificate

Done Internet 100%

Medical Record Number

General Information EDR No: 000000001498

Medrec:

I certify that to the best of my knowledge the Medical information on this record is complete and accurate.

PIN:

Actual on

Place Of

Type of Place of Death:

Enter first charac:

Place of Death:

Street Address:

State/Country:

County:

City/Town:

Zip: Ext:

Certifier Office:

Medical Certifier:

Address: License: 987456

State/Country:

City/Town:

County:

Zip: Zip Ext:

Date Certified:

Time of Death

Time of Death Type: Time of Death: AM/PM:

Enter your PIN

Click 'OK'

Medical Record Number

General Information EDR No: 000000001498

Medrec: MECase Number: Med First Name: JOSEPH Med Middle Name: Med Last Name: Med Suffix: Presumed Sex: Pres SSN: 81-62-0242 Pres Date of Birth: 07/04/1976

Medical Certification: Record Successfully Certified.

OK

Actual or Presumed Date of Death D

Certifier Type:

Place Of Death

Type of Place of Death:

Enter first character:

Place of Death:

Street Address:

State/Country:

County:

City/Town:

Zip: Ext:

Certifier Office:

Medical Certifier:

Address: 2 ADDRESS OF DR License: 987456

State/Country: TEXAS

City/Town: AUSTIN

County: WILLIAMSON

Zip: 78756 Zip Ext:

Date Certified:

Time of Death

Time of Death Type: Time of Death: AM/PM:

Medical Record Number

General Information EDR No: 000000001498

Medrec: MECase Number: Med First Name: JOSEPH Med Middle Name: middle Med Last Name: TEST Med Suffix: Presumed Sex: MALE Pres SSN: 481-62-0242 Pres Date of Birth: 07/04/1976

Actual or Presumed Date of Death Date of Death Type: ACTUAL Certifier Type: PHYSICIAN

05/01/2009

Place of Death

Type of Place of Death: Hospital- Inpatient

Enter first character:

Place of Death: DGHTRS OF CHTY HTH SVCS OF AUSTIN-BRACKENR

Street Address: 601 E. 15TH

State/Country: TX(TEXAS)

County: TRAVIS

City/Town: AUSTIN

Zip: 78701 Ext:

Address: 2 ADDRESS OF DR License: 987456

State/Country: TEXAS

City/Town: AUSTIN

County: WILLIAMSON

Zip: 78756 Zip Ext: Date Certified: 05/07/2009

The information "locks down" and cannot be changed

Time of Death

Time of Death Type: ACTUAL Time of Death: 03:15 AM/PM: PM

What happens if the funeral home doesn't start the record?



TEXAS
Health and Human Services

Texas Department of State
Health Services

**The JP/Medical
Certifier does it.**

DTP COUNTER 0

- Functions
- Registration
- Utilities
- Window
- Help

- Demographic Data Entry
- Medical Data Entry
- Exit Application



EDR No: Local Part Medical Part

Record Type:

Date of Death:(MM-DD-YYYY)

DCOA Response:

6. Decedent's Birthplace

State/Foreign Country:

City Of Birth:

1. Decedent's Name

First Name:

Middle Name:

Last Name:

Maiden:

Suffix:

AKA	First	Middle	Last	Suffix

Time of Death

Time of Death Type:

Time of Death: AM/PM:

4. - 5. Decedent's Date Of Birth

Date of Birth:(MM-DD-YYYY)

Age Units:

Age:

3. Decedent's Sex

Sex:

7. SSN:

SSN Verification Status:



TEXAS
Health and Human
Services

Texas Department of State
Health Services

What's the difference

De-certifying vs Amendments

De-certifying

Texas Web Death Application - Windows Internet Explorer

http://160.42.92.3:8081/ThinTXDeathTest/src/LoginModule/Maintest.html

TER (WebDeath), WEB THIN-CLIENT FACILITY (TEST GROUP OFFICE) USERID: USERDR Unresolved List

DTP COUNTER 0

Functions Registration U De-Certify How Help Search Results TEST JOSEPH (D) 2009/05/01

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

General Information EDR No: 000000001498

Medrec: MECase Num Med Last Name: Med Suffix: Presumed Sex: Pres SSN: Pres Date of Birth:

TEST MALE 481-62-0242 07/04/1976

Actual or Presumed Date of Death Date of Death Type

05/01/2009 ACTUAL

Place Of Death

Type of Place of Death: Hospital- Inpatient

Enter first character: D

Place of Death: DGHTRS OF CHTY HTH SVCS OF AUSTIN-BRACKENR

Street Address: 601 E. 15TH

State/Country: TEXAS

County: TRAVIS

City/Town: AUSTIN

Zip: 78701 Ext:

Certifier

Certifier Type: PHYSICIAN

Certifier Office: TEST GROUP OFFICE

Medical Certifier: VICTOR TEST

Address: 2 ADDRESS OF DR License: 987456

State/Country: TEXAS

City/Town: AUSTIN

County: WILLIAMSON

Zip: 78756 Zip Ext: Date Certified: 5/7/2009

Time of Death

Click the 'De-Certify' icon

De-Certification Alert

Are you sure you want to De-certify this record ?

Unresolved List

5/01

13

000000001498

Pres Date of Birth: 07/04/1976

General Information

Medrec: MECase Number:

Actual or Presumed Date of Death **Date of Death Type**

Place Of Death

Type of Place of Death:

Enter first character:

Place of Death:

Street Address:

State/Country:

County:

City/Town:

Zip: Ext:

Certifier

Certifier Type:

Certifier Office:

Medical Certifier:

Address: License: 987456

State/Country:

City/Town:

County:

Zip: Zip Ext:

Date Certified:

Time of Death

Medical Record Number

General Information EDR No: 000000001498

Medrec: _____ MECase Number: _____ Med First Name: JOSEPH Med Middle Name: _____ Med Last Name: _____ Med Suffix: _____ Presumed Sex: _____ Pres SSN: 31-62-0242 Pres Date of Birth: 07/04/1976

Medical Certification

Record Successfully De-certified.

OK

Actual or Presumed Date of Death D

05/01/2009

ACTUAL

Certifier Type: PHYSICIAN

Place Of Death

Type of Place of Death: Hospital- Inpatient

Enter first character: D

Place of Death: DGHTRS OF CHTY HTH SVCS OF AUSTIN-BRAC

Street Address: 601 E. 15TH

State/Country: TEXAS

County: TRAVIS

City/Town: AUSTIN

Zip: 78701 Ext: _____

Certifier Office: TEST GROUP OFFICE

Certifier: VICTOR T

2 ADDRESS OF DR: TEXAS License: 987456

City/Town: AUSTIN

County: WILLIAMSON

Zip: 78756 Zip Ext: _____

Date Certified: 05/07/2009

Time of Death

The record is now De-certified

Click 'OK'

Unresolved List

DTP COUNTER 0

Functions Registration Utilities Window Help Search Results TEST JOSEPH (D) 2009/05/01

Demographic 1 D

The record is now "open" and information can be corrected as needed

General Information

Medrec: MECase Number: Med First Name: Med Middle Name: Med Last Name: Med Suffix: Presumed Sex: Pres SSN: Pres Date of Birth:

JOSEPH MIDDLE TEST MALE 481-62-0242 07/04/1976

Actual or Presumed Date of Death Date of Death Type

Place Of Death

Type of Place of Death:

Enter first character:

Place of Death:

Street Address:

State/Country:

County:

City/Town:

Zip: Ext:

Certifier

Certifier Type:

Certifier Office:

Medical Certifier:

Address: 2 ADDRESS OF DR License: 987456

State/Country: TEXAS

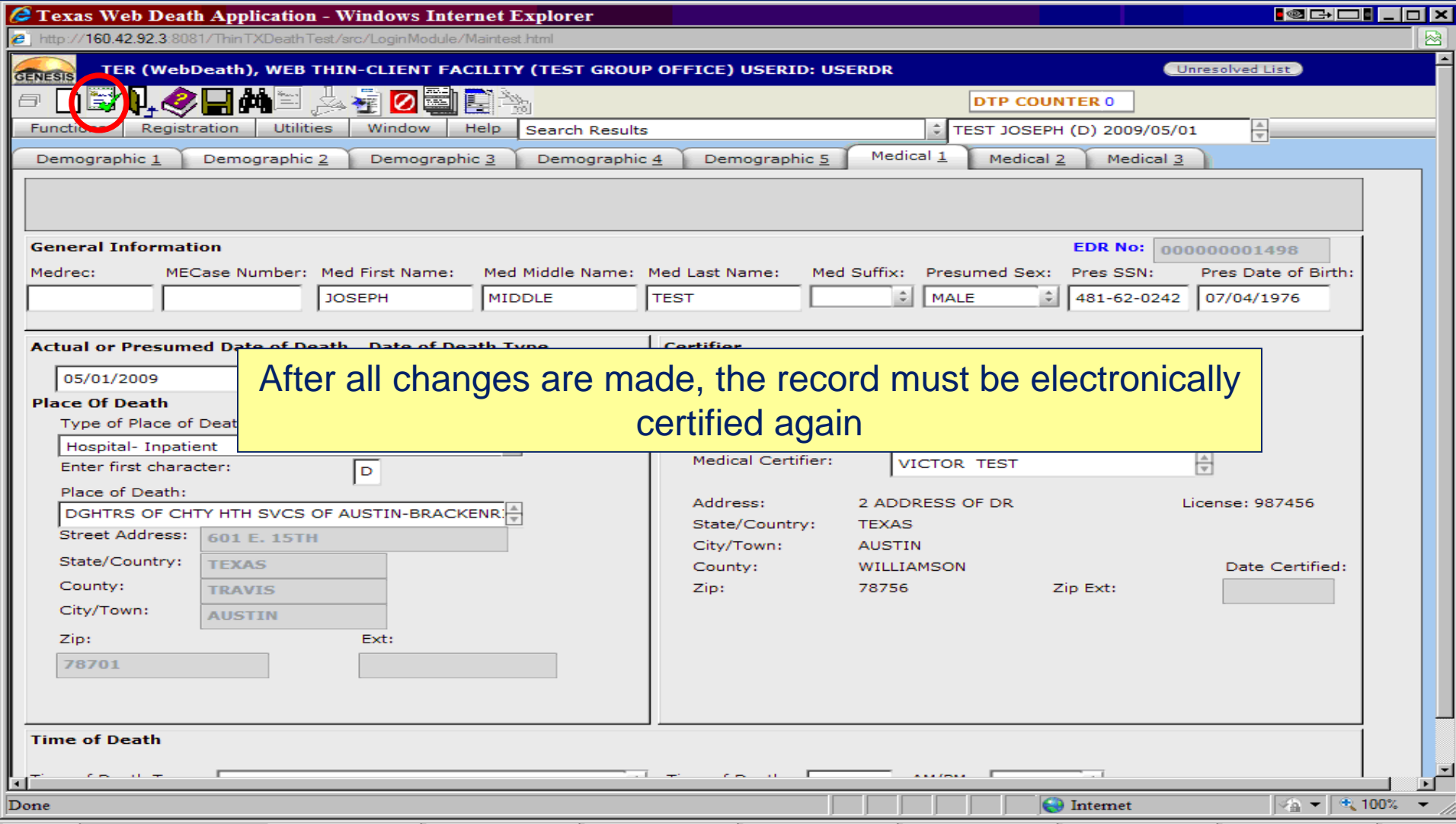
City/Town: AUSTIN

County: WILLIAMSON

Zip: 78756 Zip Ext:

Date Certified:

Time of Death



After all changes are made, the record must be electronically certified again



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Amendments

Is it a Medical or Demographic Amendment?



TEXAS
Health and Human
Services

Texas Department of State

Medical

TE

WARNING The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1999)

V-S-112 REV 1/2006

24. NAME OF FUNERAL FACILITY		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)	
26. CERTIFIER (Check only one): <input 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	28. DATE CERTIFIED (Mo/Day/Yr)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)			32. TITLE OF CERTIFIER
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 ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE.			Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
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):			
Due to (or as a consequence of):			
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 type="checkbox"/> No		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
36. MANNER OF DEATH: <input 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 CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input 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 1 year before death <input 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 (Mo/Day/Yr)	40b. TIME OF INJURY	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	40d. PLACE OF INJURY (e.g., Decedent's home; construction site, restaurant, wooded area)
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	42c. REGISTRAR	

Is it a Medical or Demographic Amendment?



TEXAS
Health and Human
Services

Texas Department of State
Health Services


Demographic

STATE OF TEXAS		CERTIFICATE OF DEATH				STATE FILE NUMBER		
1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last)					(Maiden)	2. DATE OF DEATH – ACTUAL OR PRESUMED		
3. SEX		4. DATE OF BIRTH	5. AGE-Last Birthday (Years)	IF UNDER 1 YR MO DAYS	IF UNDER 1 DAY HOURS MIN	6. BIRTHPLACE (City & State or Foreign Country)		
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE (If wife, give name prior to first marriage)			
10a. RESIDENCE STREET ADDRESS					10b. APT NO	10c. CITY OR TOWN		
10d. COUNTY		10e. STATE		10f. ZIP CODE		10g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. FATHER'S NAME				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE				
13. PLACE OF DEATH (CHECK ONLY ONE)								
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If outside city limits, give precinct no)		16. FACILITY NAME (If not institution, give street address)				
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)				
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)				20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			21. Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)				23. LOCATION (City/Town, and State)				
24. NAME OF FUNERAL FACILITY				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)				
26. CERTIFIER (Check only one):								




TEXAS DEPARTMENT OF STATE HEALTH SERVICES – VITAL STATISTICS UNIT

Filing A Medical

Medical Amendment Creation Process

1. The Medical Certifier or Staff Member searches for and retrieves the record. The record will be locked at this point.
2. The Medical Certifier or Staff Member clicks on the Medical Amendment Icon. 
3. The user will then be prompted with the message, "Are you sure you want to add a Medical Amendment to this record?"
4. The Medical Certifier or Staff Member clicks on the "Yes" button to continue with the medical amendment.
5. The record will then be unlocked so the user can make the desired changes.
6. The Medical Certifier or Staff Member saves the amendment. Once the medical amendment was successfully saved, the user will be prompted with the message, "The medical amendment request was saved successfully."
7. The amendment will then go into the Medical Amendment Review Queue to be reviewed and approved by the Medical Certifier. See Medical Amendment Review Process for step by step instructions on how to complete this process.

Medical Amendment Review Process

1. The Medical Certifier searches for and retrieves the record.
2. The Medical Certifier clicks on the Review Medical Amendments icon. 
3. The Medical Certifier enters their pin.
4. The Medical Certifier reviews the pending medical amendments then selects either the Accept  or Reject  icons. Rejecting the amendments will permanently remove all of the pending amendments for the record.
5. Once the medical amendment is successfully accepted, the user will be prompted with the message, "The medical amendment request was successfully accepted."

Please Note: Changes will not be seen in TEDR and you will not be able print a new medical abstract with the amended information until VSU prints and officially files the medical amendment. This process can take at least 2 Business days after the medical amendment review process is complete.

These instructions are available on the TER portal page:

<https://ter2.dshs.state.tx.us/edeath/>

Amendments



TEXAS

Health and Human Services

Texas Department of State Health Services

AMENDMENT TO MEDICAL CERTIFICATION OF CERTIFICATE OF DEATH

STATE OF TEXAS

STATE FILE NUMBER 142-16-071928

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)		DATE OF DEATH (mm-dd-yyyy)	
PLACE OF DEATH (CITY OR TOWN AND COUNTY)		IS THE DATE OF DEATH BEING CORRECTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. RIVER CREST DRIVE, LEWISVILLE, DENTON			
26. CERTIFIER (Check only one) <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" 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:	28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)
	JULY 14, 2016	142189	00:45
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)			32. TITLE OF CERTIFIER
			DO
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 ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON A EACH.			Approximate interval Onset to death
CAUSE OF DEATH	IMMEDIATE CAUSE (Final disease or condition ----> resulting in death)		UNKNOWN
	a. UNSPECIFIED NATURAL CAUSES Due to (or as a consequence of):		
	b. _____ Due to (or as a consequence of):		
	c. _____ Due to (or as a consequence of):		
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
ASTHMA, BRONCHITIS, DEPRESSION, AND HYPERTENSION			35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
36. MANNER OF DEATH	37. DID TOBACCO USE CONTRIBUTE TO DEATH?	38. IF FEMALE:	
<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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown	<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	40d. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)
40e. LOCATION (Street and Number, City, State, Zip Code)	40f. COUNTY OF INJURY		
41. DESCRIBE HOW INJURY OCCURRED			
42a. REGISTRAR FILE NO.	42b. DATE FILED	42c. STATE REGISTRAR	
04-189	JULY 14, 2016	<i>Pauline L. Harris</i>	

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 193, 1995)

VS-174 REV 1/2006

EDR

Fields on a Medical Amendment

- The certifier is responsible for verifying the date of death in Item 3 and completing the medical certification portion (Items 29 – 38).
- If the death is other than natural, the Medical Examiner and Justice of the Peace must also complete items 39 - 41.
- If a lengthy investigation is performed, such as an autopsy, the death certificate should be filed "Pending Investigation."

WARNING
The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1999)

CAUSE OF DEATH

TE		Space _____	
24. NAME OF FUNERAL FACILITY		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)	
26. CERTIFIER (Check only one): <input 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		28. DATE CERTIFIED (Mo/Day/Yr)	29. LICENSE NUMBER
			30. TIME OF DEATH (Actual or presumed)
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)			32. TITLE OF CERTIFIER
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 ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE.			Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in 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. c. _____ Due to (or as a consequence of):			
d. _____ Due to (or as a consequence of):			
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 type="checkbox"/> No
			35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
36. MANNER OF DEATH <input 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 CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input 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 1 year before death <input 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 (Mo/Day/Yr)	40b. TIME OF INJURY	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	40d. PLACE OF INJURY (e.g., Decedent's home; construction site, restaurant, wooded area)
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		42c. REGISTRAR	

V.S.-11.2 REV. 1/2006

Nosology

The process that classifies causes of death for statistical purposes.

LINE A:
immediate cause
LINE B:
chain of events

33. PART 1. Enter The Chain of Events

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 ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE

IMMEDIATE CAUSE (Final disease or condition -----) a. **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. **B** _____
Due to (or as a consequence of): _____

c. **C** _____
Due to (or as a consequence of): _____

d. **D** _____
Due to (or as a consequence of): _____

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.

34. WAS AN AUTOPSY PERFORMED? Yes No

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

36. MANNER OF DEATH
 Natural

37. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No

38. IF FEMALE: Pregnant Lactating

39. IF TRANSPORTATION INJURY:
 Driver/Operator Passenger

We see these error codes.

STATUS	PENDING	DURATION	HRS
Ib:	PROFOUND ANEMIA	DURATION	DAYS
Ic:	CKD	DURATION	MONS
Id:	A FIBB, CAD,	DURATION	YRS
II:	CAD,DEBILITY,RECURRENT UTI	DURATION	

Was an Autopsy Performed?: N Were Autopsy Findings Available?: Tobacco Use Contribute to Death?: U

Pregnancy: 8 Manner of Death: N Date of Surgery: / / Activity Code:

Date of Injury: / / Time of Injury: : (AM/PM/Military) Injury at Work?:

Place of Injury: _____
Injury Description: _____
Transportation Injury, Specify: _____ **Alt-F1 - Key Help**

Certifier: D State-Specific Data: _____



TEXAS
Health and Human Services

Texas Department of State
Health Services

Query Letters

Help Prevent
Error Codes In
Our System

- Rare Causes— Specify what.
Ie) West Nile, Jacobsen's
- Ill-defined – Ie) cardiac arrest.
BE MORE SPECIFIC
- Edits From CHS – illogical deaths
DOUBLE CHECK YOUR WORK
- Ill-eligible – not legible. Easy
Solution
JUST USE TER





TEXAS

Health and Human Services

Texas Department of State
Health Services

Dear Judge Applesauce,

Date 09/16/2015

We are writing this letter to obtain additional information about the cause of death that you certified for Batman, who died on 04/04/2014.

Accurate cause of death information is essential both to the family of the decedent and for medical research, funding, and resource allocations at both the state and national level.

To assist us in properly classifying this death, we ask that you please supply the correct information based on your judgment and knowledge of the facts of this case. Please log into our TER Death Registration website at <https://ter2.dshs.state.tx.us/edeath/> to complete An Amendment to Medical Certification of Certificate of Death. Please ***uncheck the pending*** box in TER before adding the cause of death. Sign and return the enclosed letter once you have made changes in TER. Your attention and prompt reply will be appreciated. If you have any questions, please contact Cassandra Grant at (512) 776-7359.

SAMPLE "CANCER" QUERY LETTER

27. SIGNATURE OF CERTIFIER: [REDACTED] BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (mm-dd-yyyy) MAY 23, 2013	29. LICENSE NUMBER [REDACTED]	30. TIME OF DEATH (Actual or presumed) 12:05 PM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) [REDACTED]				32. TITLE OF CERTIFIER DO
CAUSE OF DEATH	33. PART 1. ENTER THE <u>CHAIN OF EVENTS</u> - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. <u>DO NOT</u> 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 EACH.			Approximate interval Onset to death
	IMMEDIATE CAUSE (Final disease or condition -----> resulting in death)	a. <u>CANCER</u>	Due to (or as a consequence of):	<u>1 MONTH</u>
	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):	_____
PART 2. ENTER OTHER <u>SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</u> BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. CANCER			34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Dear [REDACTED]

Date 06-26-2013

In order to classify this death accurately, more specific information is needed. Neoplasm (tumors) are classified as to the primary site and also whether they are benign or malignant. Please answer only those questions checked on the enclosed questionnaire based on your judgement and knowledge of the facts of this case. **Please log into our TER Death Registration website at <https://ter2.dshs.state.tx.us/edeath/> to complete An Amendment to Medical Certification of Certificate of Death. Sign and return the enclosed letter after you have made changes in TER.** Your attention and prompt reply will be appreciated. If you have any questions, please contact Nosology at (512) 776-7359.

- _____ 1. Please specify whether the neoplasm/tumor was: Malignant_____ Benign_____ or Undetermined_____
- ~~X~~ 2. Please specify the primary site(the organ in which the cancer began) if known: _____

- _____ 3. More detailed site or part of organ: _____
- _____ 4. Histologic type, if known: _____

SIGNATURE OF CERTIFIER _____ DATE _____

SAMPLE "RARE DISEASES" QUERY LETTER

<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:	28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)
[REDACTED] BY ELECTRONIC SIGNATURE	JULY 10, 2013	[REDACTED]	11:45 AM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)			32. TITLE OF CERTIFIER
[REDACTED]			DO
CAUSE OF DEATH	33. PART 1. ENTER THE <u>CHAIN OF EVENTS</u> - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. <u>DO NOT</u> 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 EACH.		Approximate interval Onset to death
	IMMEDIATE CAUSE (Final disease or condition -----> resulting in death)	a. <u>WEST NILE ENCEPHALITIS</u> Due to (or as a consequence of):	<u>2 WEEKS</u>
	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. <u>PNEUMONIA</u> Due to (or as a consequence of):	<u>2 DAYS</u>
		c. _____ Due to (or as a consequence of):	
PART 2. ENTER OTHER <u>SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</u> 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
			35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
36. MANNER OF DEATH	37. DID TOBACCO USE CONTRIBUTE TO DEATH?	38. IF FEMALE:	39. IF TRANSPORTATION INJURY, SPECIFY:
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" 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"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian

Dear Dr. [REDACTED],

Date 07/19/2013

Some Infectious diseases or external conditions are so scarce in the United States that they are rarely the cause of death. They are generally recognized as a threat to the public health, and are automatically verified with the certifier to avoid undue concern. Please verify the cause of death on the attached certificate based on your judgment and knowledge of the facts of this case. If this case has not been officially reported, an epidemiologist from your local or state health department may contact you to obtain more information. If there are any changes to be made, please log into our TER Death Registration website at <https://ter2.dshs.state.tx.us/edeath/> to complete An Amendment to Medical Certification of Certificate of Death. If there are not any changes to be made, sign and return the attached letter in the enclosed return envelope. Your attention and prompt reply will be appreciated. If you have any questions, please contact Nosology at (512) 776-7359.

1. is the stated condition West Nile Encephalitis Correctly reported?

Yes No

2. If yes, how was the stated disease confirmed _____

(laboratory test, history, clinical evidence, and/or others. If applicable, please state name of laboratory test, and/or source of evidence)

3. If no, please complete the enclosed medical ammendment to remove the stated condition from the death certificate.

4. Was the condition active or current? Yes No

5. Was the condition cured, old, or healed Yes No

SIGNATURE OF CERTIFIER _____ DATE _____

TxEVER



TEXAS
Health and Human
Services

Texas Department of State
Health Services



Project Vision:

***"Strengthening the Security and Protection
of the Statewide System of Vital Events"***

Mission Statement:

Implement a new system to replace the current Vital Registration System known as Texas Electronic Registrar (TER).

The new system will:

1. Resolve current maintainability and security issues,
2. Adhere to State and Federal vital record requirements,
3. Enable integration to Electronic Health Records (EHR's),
4. Improve efficiency of vital statistics data collection, management, and reporting.

Background of Genesis Systems, Inc



TEXAS
Health and Human
Services

Texas Department of State



Registrations utilizing Genesis Systems products:
33% of all babies born in the United States
25% of all deaths in the United States

State	Birth	Death	Fetal Death	Fee	Marriage	Divorce	Marriage Education	Drag-It	SSA	EVVE	STEVE	IEWS	HL7
CO	✓	✓		✓				✓	✓				
DE	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	
GA	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		
ID		✓						✓	✓				
IN	✓	✓	✓	✓				✓	✓			✓	
MI	✓		✓					✓					
NJ	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		
RI	✓		✓	✓				✓	✓	✓	✓		
SC	✓	✓	✓	✓	✓	✓		✓	✓				
TN	✓												
TX	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
VI	✓	✓						✓	✓	✓	✓		


✓ = New TxEVER functionality

WebEBC

Login

Texas Department of State
Health Services



 **LOGIN**

User Name*

Password*

[Forgot Password?](#) [Log In](#)

WARNING!

BY ACCESSING AND USING THE DEPARTMENT OF HEALTH REGISTRATION SYSTEM YOU ARE CONSENTING TO SYSTEM MONITORING FOR LAW ENFORCEMENT AND OTHER PURPOSES. UNAUTHORIZED USE OF OR ACCESS TO THIS COMPUTER SYSTEM MAY SUBJECT YOU TO STATE AND FEDERAL CRIMINAL PROSECUTION AND PENALTIES, AS WELL AS CIVIL PENALTIES.

WebEBC

Birth Registration-Newborn Screen

GLOBAL | BIRTH | DEATH | FETAL DEATH | ITOP | FEE | MARRIAGE | DIVORCE

Functions * Record * Reports * Tools * Help *

EB [] --Select a value--

BIRTH REGISTRATION Unresolved Work Queue: [] 0

Help tips

Unresolved

Newborn

Mother

Mother Dem

Father

Father Dem

Mother Medical-1

Mother Medical-2

Mother Medical-3

Mother Medical-4

Newborn Medical-1

Newborn Medical-2

Newborn Medical-3

Certification

NEWBORN GENERAL INFORMATION

* Record type: --Select a value--

* Plurality: --Select a value--

Birth Order: --Select a value--

NEWBORN INFORMATION

First Name: []

Middle Name: []

Last Name: []

Suffix: --SELECT A VALUE--

* Date Of Birth: []

* Time of Birth: [] --Select a value--

* Sex: --Select a value--

FACILITY INFORMATION & PLACE OF BIRTH

Name: --Select a value--

Type: --Select a value--

Other (specify): []

Street Number: []

Pre Direction: --Select a value--

Street Name: []

Street Type: --Select a value--

Post Direction: --Select a value--

Death Registration

Unresolved

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Medical 4

Comments

ACTIVITY:

Decedent's Residence Pre-Direction:
--Select a value--

Field Status:
Resolved

Action:
Updating Record

DECEDENT'S RESIDENCE ADDRESS

Street Number:

Street Name:

Post Direction:

Zip:

County:

City(Other):

Inside City Limits:

Pre Direction:

Street Type:

Apt:

State/Country:



City/Town:

Zip Ext:

DECEDENT EVER IN US ARMED FORCES

Armed Forces:

DECEDENT'S USUAL OCCUPATION INFORMATION

Decedent's usual occupation:

Kind of Business/Industry:

Employer:

DECEDENT'S MARITAL STATUS AT TIME OF DEATH *SPOUSE(If WIFE, GIVE MAIDEN NAME)*

Marital Status:

Spouse Middle Name:

Spouse First Name:

Spouse Last Name:

Previous

Save

Next

TER System (s)

TxEVER System of Systems

Commercial-Off-The-Shelf (COTS) Evaluation 06/06/16 – 10/01/17

Vendor COTS System Available

Modified-Off-The-Shelf (MOTS) Block I 06/06/16 – 7/01/18

Training & Demonstrations

Birth
Fee

MOTS Block II 02/17/17 – 9/12/18

Adoption Registry
Ack. Of Paternity
Interfaces
Data Migration

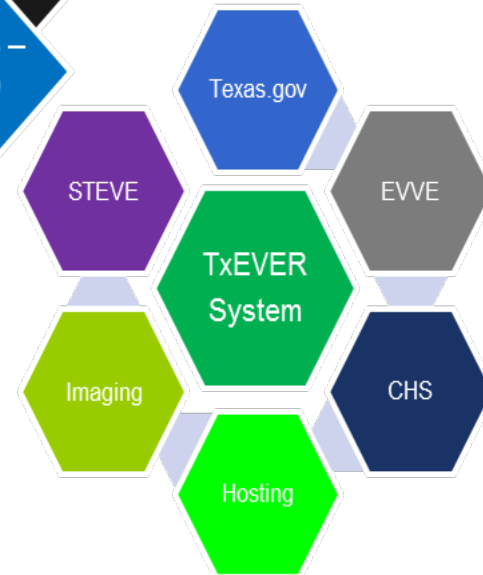
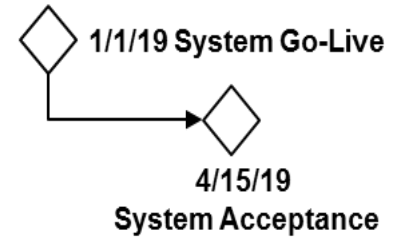
Death
Fetal Death
Imaging
ITOP
HL7
Interfaces
Data Migration

MOTS Block III 09/01/17 – 10/10/18

Marriage
Divorce
Data Migration
State User Training

System Integration 06/06/18 – 04/15/19

System Testing
Pilot Testing
Pre Go-Live Data Migration
Provider Training
Transition to Production



Block development checkpoints:

1. System Requirements Review (SRR)
2. Preliminary Design Review (PDR)
3. Critical Design Review (CDR)
4. Test Readiness Review (TRR)

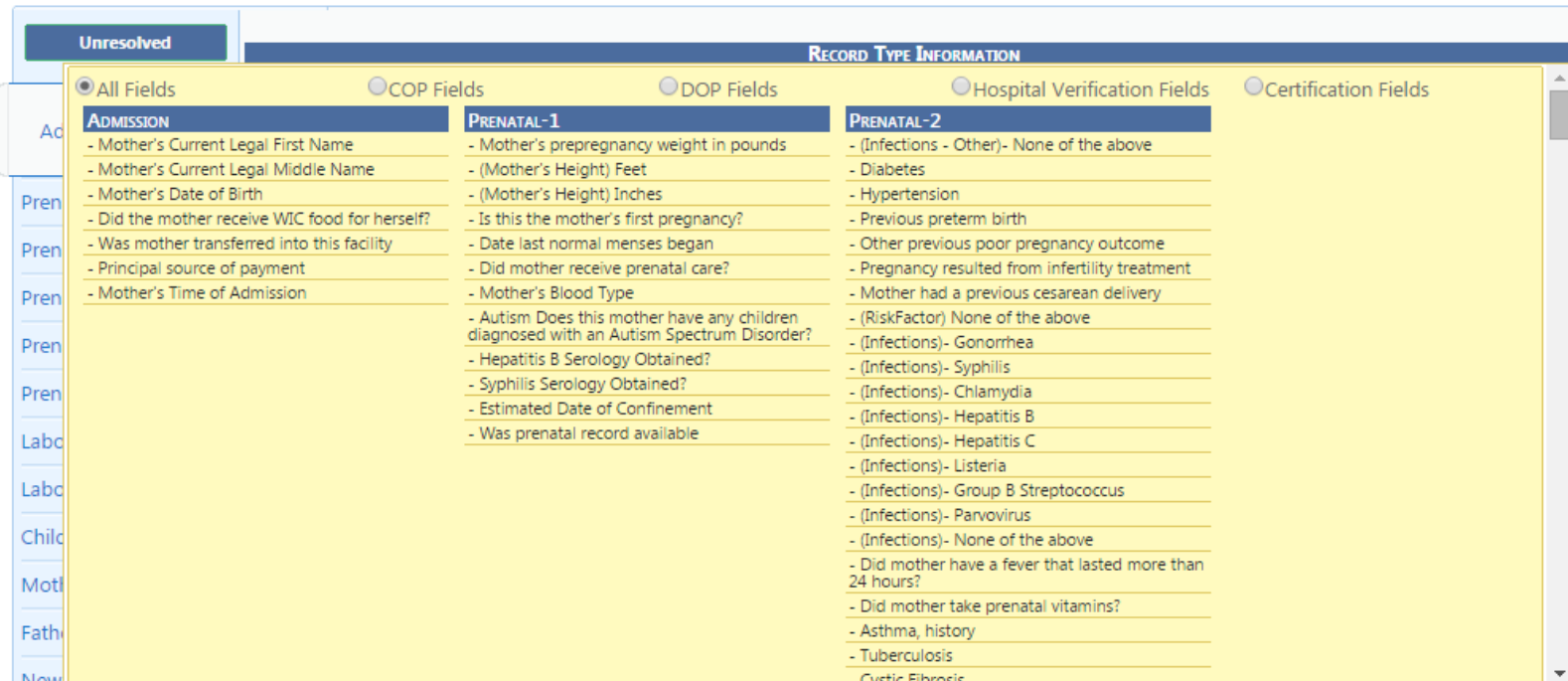
Modified Commercial-Off-The-Shelf Solution

System planned Go-Live January 01, 2019

TxEVER System – Shared Core Module Feature

LIGHTNING LINK

Lightning Link is a shared core feature in Genesis's Vital Records applications that allows users to quickly locate their unresolved fields list necessary to complete the registration, save, and move on to the processes.



The screenshot shows the 'Unresolved' section of the TxEVER system interface. The interface is divided into several sections, including 'Unresolved', 'RECORD TYPE INFORMATION', and 'All Fields'. The 'All Fields' section is currently selected, and it displays a list of unresolved fields categorized by record type information.

Unresolved

RECORD TYPE INFORMATION

All Fields COP Fields DOP Fields Hospital Verification Fields Certification Fields

ADMISSION	PRENATAL-1	PRENATAL-2
- Mother's Current Legal First Name	- Mother's prepregnancy weight in pounds	- (Infections - Other)- None of the above
- Mother's Current Legal Middle Name	- (Mother's Height) Feet	- Diabetes
- Mother's Date of Birth	- (Mother's Height) Inches	- Hypertension
- Did the mother receive WIC food for herself?	- Is this the mother's first pregnancy?	- Previous preterm birth
- Was mother transferred into this facility	- Date last normal menses began	- Other previous poor pregnancy outcome
- Principal source of payment	- Did mother receive prenatal care?	- Pregnancy resulted from infertility treatment
- Mother's Time of Admission	- Mother's Blood Type	- Mother had a previous cesarean delivery
	- Autism Does this mother have any children diagnosed with an Autism Spectrum Disorder?	- (RiskFactor) None of the above
	- Hepatitis B Serology Obtained?	- (Infections)- Gonorrhea
	- Syphilis Serology Obtained?	- (Infections)- Syphilis
	- Estimated Date of Confinement	- (Infections)- Chlamydia
	- Was prenatal record available	- (Infections)- Hepatitis B
		- (Infections)- Hepatitis C
		- (Infections)- Listeria
		- (Infections)- Group B Streptococcus
		- (Infections)- Parvovirus
		- (Infections)- None of the above
		- Did mother have a fever that lasted more than 24 hours?
		- Did mother take prenatal vitamins?
		- Asthma, history
		- Tuberculosis
		- Cystic Fibrosis

TxEVER System – Shared Core Module Feature

Fast-Fire™

(Instantaneous Edits / Cross Checks / Robust GUI Look & Feel)



Crosscheck

Message: Newborn and Mother's DOB must be verified when age difference is ≤ 9 or ≥ 50 .

Newborn Date of Birth:

Mother's Date of Birth:

Please enter a comment (Optional)

OK

Immediate Notification of Data Inconsistencies

TxEVER Test Site - Regional Interest / User Type Summary



Stakeholder User Types		REGION 1	REGION 2/3	REGION 4/5N	REGION 6/5S	REGION 7	REGION 8	REGION 9/10	REGION 11
Birthing Centers	32	1	11	2	8	5	2	2	1
District & County Clerks	43	4	11	4	4	7	6	5	2
Funeral Directors & Staff	24	1	6	2	6	1	5	2	1
Hospitals & Hospices	22	1	11	2	8	5	2	2	1
Justices of the Peace	3	0	1	1	0	0	0	0	1
Local Registrars	21	1	8	3	2	0	3	1	3
Medical Examiners	4	0	1	0	1	1	1	0	0
Midwives & Certified Nurse Midwives	0	0	0	0	0	0	0	0	0
	159								
	Totals								

Thank you to all users who have contacted us with interest to support testing!

Email your suggestions: TXEVER@dshs.texas.gov

<http://dshs.texas.gov/vs/field/The-TxEVER-Project/>

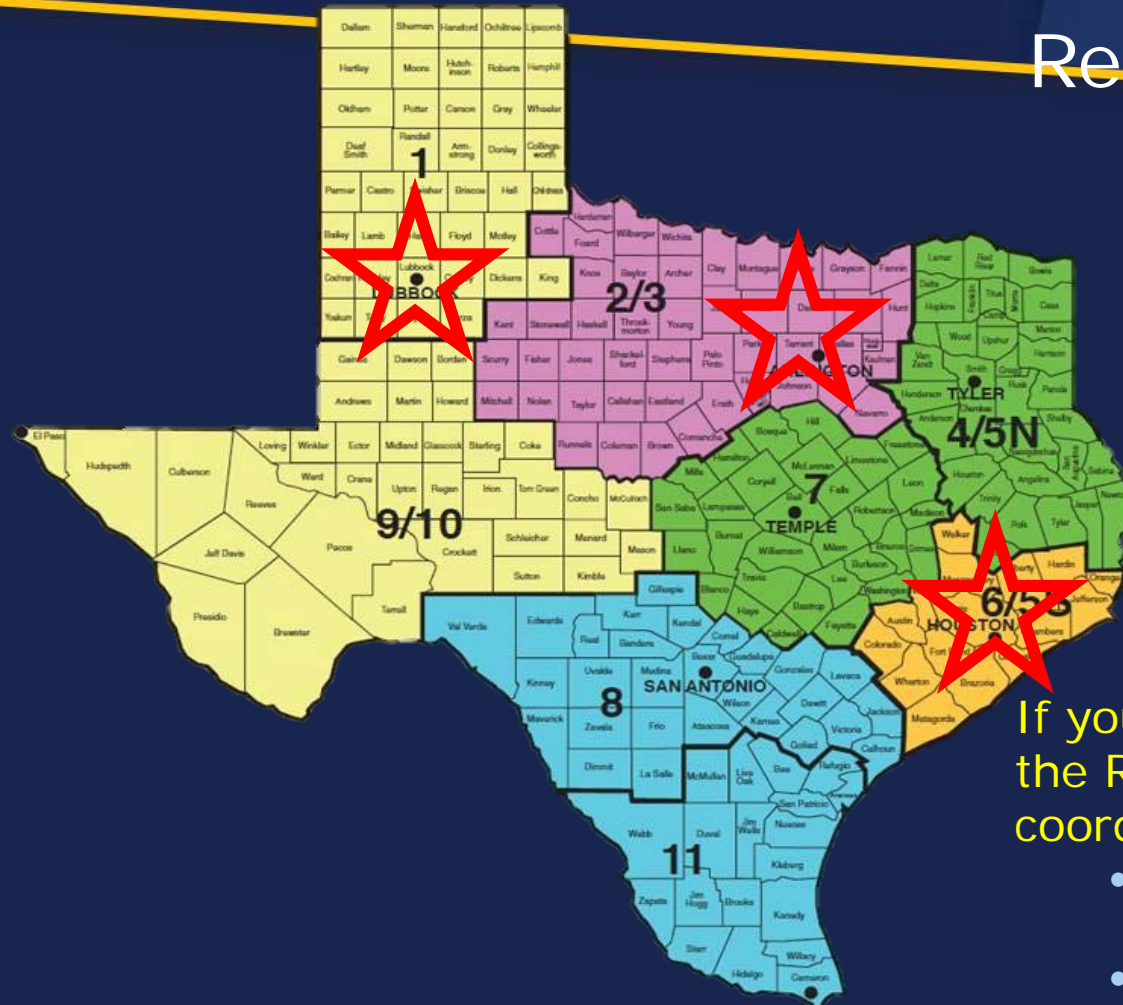


Regionals

Texas Department of State
Health Services

Regionals will be:

- ✓ August 7 - Lubbock
- ✓ August 9 – Fort Worth
- ✓ August 11 – Houston (The Woodlands)



If you have questions, please contact the Regional Conference coordinators:

- Raven Wrencher – raven.wrencher@dshs.texas.gov
- Stephen McCandless – Stephen.mccandless@dshs.texas.gov

Updates



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Texas Department of State
Health Services



- Dr. Tara Das comes to Texas from New York City, where she worked at Columbia University, overseeing government document collections.
- Before that, she was the Director of the Office of the Registrar at NYC Bureau of Vital Statistics, and oversaw many aspects of vital records and statistics operations.
- She has a joint PhD in political science and anthropology from University of Pennsylvania, an MPH in quantitative methods from Harvard University, an MLIS from Pratt Institute, and a BS from Cornell University.



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Thank you

Soo Teal

Soo.teal@dshs.texas.gov

512-776-2534



The
E N D

