



BASIC DEATH REGISTRATION

REV 02/24



BASIC DEATH REGISTRATION

REV 02/2024

Basic Death Registration Checklist.	3
TxEVER Shortcut Keys	4
Diacritical Marks	5
Starting a Death Record	6
Medical Certifier – Medical Data Entry	23
Demographic Verification and Release	40
Local Registrar – Accepts and Prints the Record ..	62
Burial Transit Permit	79
Appendix	95

Basic Death Registration Checklist

Funeral Home Part 1 – Starting a Death Record

- Log into TxEVER and Select the DEATH Tab
- Start a new record
- Verify there are no Duplicate Records
- Complete all Yellow Fields on all Demographic tabs.
- Print the Verification of Death Facts; have the Informant sign it.
- Assign the Medical Certifier for the Record.

Medical Certifier – Medical Data Entry

- Log into TxEVER and Select the DEATH Tab
- Accept the death record assigned.
- Complete the Medical Data Entry (Tabs 1 through 3)
- Medically Certify the Record.

Funeral Home Part 2 – Demographic Verification and Release

- Log back into TxEVER and locate the Record the Medical Certifier Certified
- Complete the DCOA Order
- Demographically Verify the Record
- Release the Record







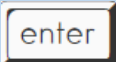
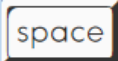






~ State Office Reviews and Accepts the Record ~

Local Registrar – Accepts and Prints the Record

- Log into TxEVER and Select the DEATH Tab
- Accept the record
- Print the Local Copy – the Local file number and Local File Date will be automatically assigned.
- Index the new record within the Local's Files



Keyboard Shortcuts

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

Diacritical Marks

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

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



BASIC DEATH REGISTRATION -FUNERAL HOMES PART 1

LOG INTO TxEVER

Log into TxEVER via the web <https://txever.dshs.texas.gov/TxEverUI/Welcome.htm>

The screenshot shows the TxEVER login page. At the top left is the Texas Health and Human Services logo. To its right is the text 'Texas Department of State Health Services'. At the top right is the TxEVER logo. Below the logos is a blue banner with the text 'Welcome to the Texas Department of State Health Services!'. The main content area features a photograph of a smiling woman holding a baby. Overlaid on the bottom right of the photo is a yellow arrow pointing right with the text 'LOG IN to TxEVER'. A red-bordered callout box with a white background and a pointer to the 'LOG IN to TxEVER' button contains the text 'Step 1: Click here to open the TxEVER log in'. Below the photo is a blue box containing text about TxEVER: 'TxEVER is the vital records registration and issuance software that was developed for Texas Department of State Health Services (DSHS), State Office of Vital Records by Genesis Systems, Inc. DSHS Vital Records office hours are 8:00 AM - 4:30 PM, Monday - Friday. State vital records are considered to be private and confidential. Access to vital records is restricted by statute.' Below this is a section titled 'Contacting the Texas Department of State Health Services(DSHS)'. It contains a table of telephone numbers and a mailing address. At the bottom of the page, there is a yellow arrow pointing right with the text 'Log on to Texas Department of State Health Services'. Below this arrow are two links: 'User Enrollment' and 'Report TxEVER Issue(s)'. A dashed-line callout box on the left points to the 'Report TxEVER Issue(s)' link with the text 'Click here to report issues with TxEVER'. A dashed-line callout box on the right points to the 'User Enrollment' link with the text 'Click here to enroll OR update your user account'.

TEXAS
Health and Human Services

Texas Department of State
Health Services

TXEVER

Welcome to the Texas Department of State Health Services!

LOG IN to TxEVER

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

Contacting the Texas Department of State Health Services(DSHS)

Telephone Numbers:			Mailing Address:
Description	Phone Number	Hours	Texas Department of State Health Services State Office of Vital Records Address: 1100 West 49th Street, Austin, TX 78756 Ph. (512) 776-7111
Vital Events Registration System	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	
Fax Number	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	
Vital Records - Customer Service	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	

Log on to Texas Department of State Health Services

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

Click here to report issues with TxEVER

Click here to enroll OR update your user account



TxEVER Terms of Use

WARNING: THIS IS A TEXAS HEALTH AND HUMAN SERVICES INFORMATION RESOURCES SYSTEM THAT CONTAINS STATE AND/OR U.S. GOVERNMENT INFORMATION. BY USING THIS SYSTEM YOU ACKNOWLEDGE AND AGREE THAT YOU HAVE NO RIGHT OF PRIVACY IN CONNECTION WITH YOUR USE OF THE SYSTEM OR YOUR ACCESS TO THE INFORMATION CONTAINED WITHIN IT. BY ACCESSING AND USING THIS SYSTEM YOU ARE CONSENTING TO THE MONITORING OF YOUR USE OF THE SYSTEM, AND TO SECURITY ASSESSMENT AND AUDITING ACTIVITIES THAT MAY BE USED FOR LAW ENFORCEMENT OR OTHER LEGALLY PERMISSIBLE PURPOSES. ANY UNAUTHORIZED USE OR ACCESS, OR ANY UNAUTHORIZED ATTEMPTS TO USE OR ACCESS, THIS SYSTEM MAY SUBJECT YOU TO DISCIPLINARY ACTION, SANCTIONS, CIVIL PENALTIES, OR CRIMINAL PROSECUTION TO THE EXTENT PERMITTED UNDER APPLICABLE LAW.

Are you in agreement with above stated terms & conditions?

Yes

No

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





Login

The screenshot shows a login form with the following elements:

- User Name:** A text input field containing the text "komeatty1".
- Password:** A password input field with masked characters "*****".
- Forgot Password?:** A blue hyperlink located below the password field.
- Log In:** A light blue button located to the right of the password field.

Three red-bordered callout boxes provide instructions:

- Step 3:** A box pointing to the User Name and Password fields with the text: "Step 3: Type your TxEVER user name and password."
- Forgot your password?** A box pointing to the "Forgot Password?" link with the text: "Forgot your password? Click here to reset password."
- Step 4:** A box pointing to the "Log In" button with the text: "Step 4: Click 'Log In'."



Location

Find important news and updates in the TxEVER broadcast message area.

Step 5: Select your user location. Use dropdown if you have multiple locations/offices.

Step 6: Click "OK."

Message By: VFARINELLI On 3/13/2018 10:53:11 AM

This message should be seen by ALL users

Select Location:

BEAUTIFUL BEGINNINGS - (BIRTH)

OK

Option 1

The screenshot shows the TxEVER web application interface. At the top, there is a navigation bar with 'Skip to main content', 'GLOBAL', and 'DEATH' tabs. The 'DEATH' tab is highlighted with a red box and a callout that says 'Step 7: Select Death Module Tab to start the Death Registration.' Below the navigation bar is the Texas Department of State Health Services logo and name. A blue banner at the top of the main content area reads 'ALICIA WESTWORLD, we [unclear] Health Services!' and includes a 'Show Dashboard' button. A callout points to this button with the text: 'Helpful Tip: Click "Show Dashboard" for a list of different reports regarding records'. Below the banner is a 'Dashboard filters:' section with a dropdown menu. The dropdown is open, showing options: '--Select a value--', 'RECORD NOT FILED WITHIN 10 DAYS OF DEATH' (highlighted in blue), 'RECORD RETURNED FOR CORRECTION FROM STATE', and 'ALL UNRESOLVED'. A callout points to this dropdown with the text: 'Helpful Tip: Click on Dashboard Filters to see a dropdown of record options like "Records not filed within 10 days of Death", "Records Returned for Correction from State", and "All Unresolved"'. Below the filters is a table with columns: 'EDR #', 'Medical Case Number', 'Date Of Death', 'Date Of Birth', 'Decedent', 'Age', and 'Certifier'. The table is currently empty. At the bottom of the table area, it says 'Page 1 of 1' and 'No records to display.'




Helpful
Tips

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

Option 2

[Skip to main content](#) GLOBAL DEATH [LogOut](#)

 **TEXAS**
Health and Human Services | Texas Department of State Health Services

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

FUNCTION ▾ **TOOLS** ▾ **HELP** ▾


- [Demographic Data Entry](#)
- [Facility Statistical Correction](#)
- [Permit Print Queue](#)
- [Funeral Home Processes](#)
- [Switch Location](#)
- [Exit Application](#)

[Show Dashboard](#)

Step 8: Click the dropdown arrow next to "FUNCTION" to be taken to the Demographic Data Entry

Step 9: Select "Demographic Data Entry" to start a new death record, search, save, or abandon a record from your work queue.

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

©2017 | [Genesis Systems, Inc.](#) 

Quick Overview of the Death Icons

The screenshot shows the 'DEMOGRAPHIC DATA ENTRY' form in the Texas Department of State Health Services system. The interface includes a top navigation bar with 'Skip to main content', 'GLOBAL', and 'DEATH' tabs. The Texas Department of State Health Services logo is on the left, and 'FUNCTIONS', 'RECORD', and 'TOOLS' menus are on the right. A 'LogOut' link is in the top right corner.

The form itself has several sections:

- Navigation and Search:** A top toolbar contains icons for search, save, cancel, designate certifier, print, and navigation. A callout box labeled 'Navigation buttons for switching between registration tabs' points to the navigation icons.
- Form Fields:** Fields include 'State File Number', 'Birth State File Number', 'Record Type', 'Date of Death', 'Time of Death', 'Decedent's Sex', 'Decedent's Date of Birth', 'Decedent's Birthplace', and 'Decedent's SSN'. Many fields have dropdown menus with '--Select a value--'.
- Left Sidebar:** A sidebar contains a 'Help tips' icon, a 'Start NEW Record' button, and a list of 'Demographic' and 'Medical' records.

Callout boxes provide the following descriptions for the icons:

- Search for a Record:** Points to the magnifying glass icon.
- Save Current Record:** Points to the floppy disk icon.
- Start NEW Record:** Points to the 'Start NEW Record' button.
- Send a Reminder to the Medical Certifier:** Points to the envelope icon.
- CANCEL current changes since last save:** Points to the red pill icon.
- Designate the Medical Certifier:** Points to the person icon with a checkmark.
- Print Verification of Death Facts:** Points to the printer icon.
- Navigation buttons for switching between records in queue:** Points to the left and right arrow icons.

Skip to main content GLOBAL DEATH LogOut

TEXAS Health and Human Services NEVER

FUNCTIONS RECORD TOOLS HELP

DEMOGRAPHIC DATA ENTRY

EDR: Filing Deadline: Day(s) Unresolved Work Queue Filter: Unresolved Work Queue:

Help tips

Step 10: Click NEW Icon to start a new record.

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

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

A New Record window will open requesting information about the decedent.

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

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

Helpful Tips

New Record

GENERAL		DECEDENT		
Date Of Death Type:*	<input type="text" value="ACTUAL DATE OF DEATH"/>	First Name:	Middle Name:	Last Name:*
Date Of Death:*	<input type="text" value="__/__/__"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
SSN:	<input type="text" value="__-__-__"/>	Generational ID:	Date Of Birth:	Gender:*
SSN Missing Value Variable:	<input type="text" value="--Select a value--"/>	<input type="text" value="--SELECT A VALUE--"/>	<input type="text" value="__/__/__"/>	<input type="text" value="--Select a value--"/>
Record Type:*	<input type="text" value="IDENTIFIED"/>	PLACE OF DEATH		
EDR Number:	<input type="text" value=""/>	Type Of Place Of Death:	<input type="text" value="--Select a value--"/>	
MED Rec:	<input type="text" value=""/>	Place Of Death:	<input type="text" value="--Select a value--"/>	
ME Case Number:	<input type="text" value=""/>	<input type="button" value="Find Record"/> <input type="button" value="Cancel"/>		



New Record

GEN

Date Of Death Type:*
ACTUAL DATE OF DEATH

Date Of Death:*
04/27/2018

SSN:
--Select a value--

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

Record Type:*
IDENTIFIED

EDR Number:

MED Rec:

ME Case Number:

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

Double Data Entry

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

Re-enter Value:

OK

Find Record Cancel


Step 11: After providing general information, Click "Find Record"

DECEDENT'S SEX
Sex: *
Maiden Last Name:

DECEDENT'S DATE OF BIRTH
Date of Birth:

DECEDENT'S BIRTHPLACE
State/Country: (Please click checkbox to filter countries only)

DECEDENT'S SSN
SSN:

 Please select Record Type

The information in this yellow area indicates what each field should include. It will be here any time you are in a field; this will NOT keep you from moving forward.

- Unresolved List / StakeHolders
- Demographic 1
- Demographic 2
- Demographic 3
- Demographic 4
- Demographic 5
- Medical 1
- Medical 2
- Medical 3
- Comments

ACTIVITY:

Record Type: **IDENTIFIED**

Field Status: **Resolved**

Action: **Updating Record**

	State File Number:	Birth State File Number:	Record Type:* IDENTIFIED
DECEDENT'S LEGAL NAME			
Prefix:	--Select a value--	First Name:	<input type="text" value="RUFUS"/>
Middle Name:		Last Name:*	<input type="text" value="SARSAPARILLA"/>
Suffix:	--Select a value--		
DATE OF DEATH			
Date of Death Type:*	<input type="text" value="ACTUAL DATE OF DEATH"/>	Date of Death:*	<input type="text" value="09/01/2022"/>
TIME OF DEATH			
Time Of Death Type:	--Select a value--	Time Of Death:	_: _
		Time Of Death Indicator:	--Select a value--
DECEDENT'S SEX		DECEDENT'S DATE OF BIRTH	
Sex:*	<input type="text" value="MALE"/>	Date Of Birth:	_/_/_
Maiden Last Name:	<input type="text"/>	Age Units:	--Select a value--
		Age:	



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

DEMOGRAPHIC DATA ENTRY

Unresolved Work Queue: --Select a value-- 0

New Record

GENERAL		DECEDENT		
Date Of Death Type:* ACTUAL DATE OF DEATH	First Name: ANY	Middle Name: DECEASED	Last Name:* PERSON	
Date Of Death:* 04/27/2018	Generational ID: --SELECT A VALUE--	Date Of Birth: _/_/___	Gender:* UNKNOWN	
SSN: _ - _ -	Place Of D: --Select a value--			
SSN Missing Value Variable: UNKNOWN	MED Rec: _ - - -			
Record Type:* IDENTIFIED	ME Case Number: _ - - -			
EDR Number: _ - - -	Time Of Death type: --Select a value--			

New Record
No matching record was found. Do you want to create a new record?
[OK] [Cancel]

Step 12: No Matching records found. Click "OK" to create a new record to continue entering data

DECEDENT'S SEX		DECEDENT'S DATE OF BIRTH	
Sex: * --Select a value--	Date Of Birth: _/_/___	Age Units: --Select a value--	Age: _ - -
Maiden Last Name: _ - - -	DECEDENT'S BIRTHPLACE		
State/Country: (Please click checkbox to filter countries only) _ - - -	DECEDENT'S SSN		
County Of Birth: --Select a value--	SSN: _ - - -	Social Security Missing Value Variable: --Select a value--	SSN Verification Status: _ - - -
City Of Birth: --Select a value--			

EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue Filter: --Select a value-- DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: --Select a value-- 0

Unresolved List / Stakeholders

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

ACTIVITY:

- Field Name:
- Field Status:
- Action: **Updating Record**

GENERAL INFORMATION

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

DECEDENT'S LEGAL NAME

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

DATE OF DEATH

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

TIME OF DEATH

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

DECEDENT'S SEX

Sex: * UNKNOWN

DECEDENT'S DATE OF BIRTH

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

DECEDENT'S BIRTHPLACE

State/Country: (Please click checkbox to filter countries only) --Select a value--
 County Of Birth: --Select a value--
 City Of Birth: --Select a value--
 City(Other):

DECEDENT'S SSN

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

Previous Save Next

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

EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue: --Select a value-- **PHIC DATA ENTRY** Unresolved Work Queue: --Select a value-- 0

Unresolved List / Stakeholders

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

ACTIVITY:

- Field Name:
- Field Status:
- Action: Updating Record

GENERAL INFORMATION

State File Number: Identifier: Record Type: * IDENTIFIED

DECEDENT'S LEGAL NAME

Prefix: --Select a value-- First Name: ANY

Middle Name: DECEASED Last Name: * PERSON

Generational ID: --Select a value--

Date of Death Type: * ACTUAL DATE OF DEATH Date of Death Indicator: --select a value--

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

DECEDENT'S

Sex: * Maiden Last Name:

DECEDENT'S DATE OF BIRTH

Month: Day: Year: --Select a value--

DECEDENT'S SSN

State/Country: (Please click checkbox to filter countries only) Priority Missing Value: UNKNOWN

County Of Birth: Identification Status:

City Of Birth: --Select a Value--

City(Other):

Previous Save Next

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

Alert

You have left this item blank. Leaving it blank will mean 'none' for this item unless you wish to complete it later.

Complete Later Leave Blank

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

EDR: 00000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue Filter: --Select a v... DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: 0

Please select Social Security Missing Va

Step 13: Complete all Yellow Fields. Once all fields have been filled in or addressed, a Green Check Mark (✓) will appear next to the tab showing the tab as completed.

It is often helpful to click directly on the Medical Tabs, rather than using "Next".

It is recommended to Save often to avoid losing data.

Step 14: Click "Next" to advance through the Demographic Tabs. The Green Arrows (← →) on the icon bar at the top of the page can also be used to navigate between tabs.

Unresolved List / Stakeholders

Demographic 1 ✓

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

ACTIVITY:

Social Security Missing Value Variable: UNKNOWN

Field Status: Resolved

Action: Updating Record

GENERAL INFORMATION

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

Prefix: First Name: ANY Last Name: * PERSON

MI: DECEASED

Generational ID: --Select a value--

DATE OF DEATH

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

TIME OF DEATH

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

DECEDENT'S SEX

Sex: * UNKNOWN Maiden Last Name:

DECEDENT'S DATE OF BIRTH

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

DECEDENT'S BIRTHPLACE

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

SAN BERNARDINO

VICTORVILLE

SSN: Social Security Missing Variable: SSN Verification Status:

Previous Save Next

Skip to main content GLOBAL DEATH LogOut

TEXAS Health and Human Services | Texas Department of State Health Services

HELP

EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue Filter: --Select a value-- **DEMOGRAPHIC DATA ENTRY** Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

Please select Decedent's Education

Unresolved List / Stakeholders

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

Medical 1

Medical 2

Medical 3

Comments

ACTIVITY:

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

Field Status: Unresolved

Action: Updating Record

VERIFICATION OF DEATH FACTS HAS BEEN SIGNED

Verification of Death Facts has been signed

METHOD OF DISPOSITION

Method: (Specify):

BURIAL DETAILS

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

Block Number: Lot Number:

Space Number:

PLACE OF DISPOSITION

Place of Disposition Type:

Place of Disposition: --Select a value--

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

City/Town:

Zip: Zip Ext:

Date Of Disposition:

NAME AND ADDRESS OF FUNERAL FACILITY

Facility Name: Facility Name(Other):

Step 15: Once all Demographics tabs are completed, Print the Verification of Death Facts and have the Informant sign it. Click () to verify the verification has been signed.

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



Step 16: Once all Demographics tabs are completed, Assign the Medical Certifier. Click (👤) to designate the Medical Certifier.

EDR: 000000000182 Filing Deadline: 10 Day(s) Unresolved Work Queue Filter: --Select a value-- DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

Please select Decedent's Education

- Unresolved List / Stakeholders
- ✓ Demographic 1
- ✓ Demographic 2
- ✓ Demographic 3
- ✓ Demographic 4
- ✓ Demographic 5
- Medical 1
- Medical 2
- Medical 3
- Comments
- ACTIVITY:
- Decedent's Education: --Select a value--
- Field Status: Unresolved
- Action: Updating Record

VERIFICATION OF DEATH FACTS HAS BEEN SIGNED

Verification of Death Facts has been signed

Motion Of Disposition

Medical Certifier Designation

Certifier Type: --Select a value--

Facility Name:

And/Or

First Name:	Middle Name:	Last Name:	License:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Designate Search Cancel

Zip: 78756 Zip Ext:

Date Of Disposition: 04/27/2018

NAME AND ADDRESS OF FUNERAL FACILITY

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

Medical Certifier Designation

Certifier Type:

Facility Name:

And/Or:

First Name: Middle Name: Last Name: License:

Step 17: Select Certifier Type

Medical Certifier Designation

Certifier Type:

Facility Name:

And/Or:

First Name: Middle Name: Last Name: License:

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

Step 18: Type the Facility name and click "Search"

Medical Certifier Designation

Certifier Type:

Facility Name:

And/Or:

First Name: Middle Name: Last Name: License:

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

Step 19: Select the certifier and click "Designate"

What if you need to Change the Medical Certifier?
 As long as the Medical certifier has not started working on the record or has rejected the record, you can repeat steps 15 through 18 to assign a new Medical Certifier.



BASIC DEATH REGISTRATION -Medical Certifier

LOG INTO TxEVER

Log into TxEVER via the web <https://txever.dshs.texas.gov/TxEverUI/Welcome.htm>

The screenshot shows the TxEVER login page. At the top left is the Texas Health and Human Services logo. To its right is the text 'Texas Department of State Health Services'. In the top right corner is the TxEVER logo. Below the logos is a blue banner with the text 'Welcome to the Texas Department of State Health Services!'. The main content area features a photograph of a woman smiling and holding a baby. Overlaid on the bottom right of the photo is a yellow arrow pointing right with the text 'LOG IN to TxEVER'. A red-bordered callout box with a white background and a red arrow points to this button, containing the text 'Step 1: Click here to open the TxEVER log in'. Below the photo is a blue box containing text about TxEVER: 'TxEVER is the vital records registration and issuance software that was developed for Texas Department of State Health Services (DSHS), State Office of Vital Records by Genesis Systems, Inc. DSHS Vital Records office hours are 8:00 AM - 4:30 PM, Monday - Friday. State vital records are considered to be private and confidential. Access to vital records is restricted by statute.' Below this is a section titled 'Contacting the Texas Department of State Health Services(DSHS)'. It contains two columns: 'Telephone Numbers:' and 'Mailing Address:'. The 'Telephone Numbers:' column has a table with three rows: 'Vital Events Registration System', 'Fax Number', and 'Vital Records - Customer Service'. The 'Mailing Address:' column contains the address and phone number. At the bottom of the page, there is a yellow arrow pointing right with the text 'Log on to Texas Department of State Health Services'. Below this arrow are two links: 'User Enrollment' and 'Report TxEVER Issue(s)'. A dashed-line callout box on the left points to the 'Report TxEVER Issue(s)' link with the text 'Click here to report issues with TxEVER'. A dashed-line callout box on the right points to the 'User Enrollment' link with the text 'Click here to enroll OR update your user account'.

TEXAS
Health and Human Services

Texas Department of State Health Services

Welcome to the Texas Department of State Health Services!

LOG IN to TxEVER

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

Contacting the Texas Department of State Health Services(DSHS)

Telephone Numbers:			Mailing Address:
Description	Phone Number	Hours	Texas Department of State Health Services State Office of Vital Records Address: 1100 West 49th Street, Austin, TX 78756 Ph. (512) 776-7111
Vital Events Registration System	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	
Fax Number	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	
Vital Records - Customer Service	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	

Log on to Texas Department of State Health Services

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

Click here to report issues with TxEVER

Click here to enroll OR update your user account



TxEVER Terms of Use

WARNING: THIS IS A TEXAS HEALTH AND HUMAN SERVICES INFORMATION RESOURCES SYSTEM THAT CONTAINS STATE AND/OR U.S. GOVERNMENT INFORMATION. BY USING THIS SYSTEM YOU ACKNOWLEDGE AND AGREE THAT YOU HAVE NO RIGHT OF PRIVACY IN CONNECTION WITH YOUR USE OF THE SYSTEM OR YOUR ACCESS TO THE INFORMATION CONTAINED WITHIN IT. BY ACCESSING AND USING THIS SYSTEM YOU ARE CONSENTING TO THE MONITORING OF YOUR USE OF THE SYSTEM, AND TO SECURITY ASSESSMENT AND AUDITING ACTIVITIES THAT MAY BE USED FOR LAW ENFORCEMENT OR OTHER LEGALLY PERMISSIBLE PURPOSES. ANY UNAUTHORIZED USE OR ACCESS, OR ANY UNAUTHORIZED ATTEMPTS TO USE OR ACCESS, THIS SYSTEM MAY SUBJECT YOU TO DISCIPLINARY ACTION, SANCTIONS, CIVIL PENALTIES, OR CRIMINAL PROSECUTION TO THE EXTENT PERMITTED UNDER APPLICABLE LAW.

Are you in agreement with above stated terms & conditions?

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





Login

The screenshot shows a login form with the following elements:

- User Name:** A text input field containing the text "komeatty1". A callout box points to this field with the text: "Step 3: Type your TxEVER user name and password."
- Password:** A password input field with masked characters "*****".
- Forgot Password?:** A blue hyperlink located below the password field. A callout box points to it with the text: "Forgot your password? Click here to reset password."
- Log In:** A light blue button located to the right of the password field. A callout box points to it with the text: "Step 4: Click 'Log In'."



Location

Find important news and updates in the TxEVER broadcast message area.

Step 5: Select your user location. Use dropdown if you have multiple locations/offices.

Step 6: Click "OK."

Message By: VFARINELLI On 3/13/2018 10:53:11 AM

This message should be seen by ALL users

Select Location:

BEAUTIFUL BEGINNINGS - (BIRTH)

OK

Skip to main content GLOBAL DEATH **Step 7: Select Death Module Tab to start the Medical part of Death Registration.** LogOut

TEXAS Health and Human Services Texas Department of State Health Services FUNCTION TOOLS HELP

MAJOR MAJOR , welcome Health Services! Show Dashboard

Dashboard filters: RECORD NOT FILED WITHIN 10 DAYS OF DEATH

--Select a value--
 RECORD NOT FILED WITHIN 10 DAYS OF DEATH
 RECORD RETURNED FOR CORRECTION FROM STATE
 ALL UNRESOLVED

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

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

EDR #	Medical Case Number	Date Of Death	Date Of Birth	Decedent	Age	Certifier
No records to display.						


Page 1 of 1

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



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

[Skip to main content](#) GLOBAL DEATH FETAL DEATH | [Home](#) | [LogOut](#)

 **TEXAS**
Health and Human Services | Texas Department of State Health Services


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

FUNCTION ▾ TOOLS ▾ HELP ▾

- Medical Data Entry
- Medical Amendment
- Switch Location
- Exit Application

Show Dashboard

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

©2017 | [Genesis Systems, Inc.](#) | 

Step 8: Click the dropdown arrow next to "FUNCTION" to be taken to the Medical Data Entry

Step 9: Select "Medical Data Entry" to locate a death record, search, save, or reject a record from your work queue.

Skip to main content GLOBAL DEATH FETAL DEATH

TEXAS Health and Human Services Texas Department of State Health Services

FUNCTIONS RECORD TOOLS HELP

EDR: Filing Deadline: Unresolved Work Queue Filter: Unresolved Work Queue: 0

MEDICAL DATA ENTRY

Help tips

Search for a Record

Save Current Record

CANCEL current changes since last save

Navigation buttons for switching between records in queue

Navigation buttons for switching between registration tabs

Start NEW Record

Demographic 1
Demographic 2
Demographic 3
Demographic 4
Demographic 5

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

DECEDENT'S LEGAL

Generational ID: --Select a value--

DATE OF DEATH

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

TIME OF DEATH

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

DECEDENT'S SEX

Sex: * --Select a value-- Maiden Last Name: _____

DECEDENT'S DATE OF BIRTH

Date Of Birth: __/__/__ Age Units: --Select a value-- Age: _____

DECEDENT'S BIRTHPLACE

State/Country: (Please click checkbox to filter countries only) --Select a value-- County Of Birth: --Select a value-- City Of Birth: --Select a value--

DECEDENT'S SSN

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

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

Skip to main content GLOBAL DEATH FETAL DEATH

FUNCTIONS RECORD TOOLS HELP

NEVER

Step 10: Click the drop down arrow to expand the list of available queues. Select "All Unresolved"

EDR: Filing Deadline: Unresolved Work Queue Filter: Unresolved Work Queue: 1

Help tips

Unresolved List / Stakeholders

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

ACTIVITY:

Field Name:

Field Status:

Action:

Default Mode

MEDICAL DATA ENTRY

GENERAL INFORMATION

Birth State: Birth Number:

Prefix: --Select a value--

Middle Name:

Generational ID: --Select a value--

DATE OF DEATH

Date of Death Type: * Date of Death: *

TIME OF DEATH

Time Of Death Type: Time Of Death: Time Of Death Indicator:

DECEDENT'S SEX

Sex: * Maiden Last Name:

DECEDENT'S DATE OF BIRTH

Date Of Birth: Age Units: Age:

DECEDENT'S BIRTHPLACE

DECEDENT'S SSN


Step 11: Click the drop down arrow to expand the list of available records assigned in the selected queue. Select the record to complete the Medical Tabs.

PERSON, ANY, 2018/04/27

Helpful Tips

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

Skip to main content GLOBAL DEATH FETAL DEATH LogOut

 **TEXAS**
Health and Human Services

Texas Department of State Health Services

FUNCTIONS RECORD TOOLS HELP

EDR: Filing Deadline: Unresolved Work Queue Filter: All Unresolved

MEDICAL DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

Help tips

Death Registration

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

Step 12: Click "Accept" to start adding the Medical Data for the selected Record.

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

GENERAL INFORMATION

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

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

DATE OF DEATH

Date of Death Type: * Date of Death:

TIME OF DEATH

Date of Death:

DECEDENT'S BIRTHPLACE

State/Country: (Please click checkbox to filter countries only) --Select a value--
County Of Birth: --Select a value--
City Of Birth: --Select a value--

DECEDENT'S SSN

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



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

DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

Please select Decedent's Presumed Prefix

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

Step 13: Click "Medical 1" Tab

- Unresolved List / Stakeholders
- Demographic 1
- Demographic 2
- Demographic 3
- Demographic 4
- Demographic 5
- Medical 1
- Medical 2
- Medical 3
- Comments
- ACTIVITY:
- Decedent's Presumed Prefix: --Select a value--
- Field Status: Unresolved

DECEDENT'S PRESUMED NAME	
Prefix: --Select a value--	First Name: ANY
Middle Name: DEAD	Last Name: PERSON
Suffix: --Select a value--	Sex: UNKNOWN
Medical Record Number:	ME Case Number:

CERTIFIER	
Certifier Type: PRONOUNCING AND CERTIFYING PHYSIC	Certifier Name: MAJOR MAJOR
Certifier Office Name: AUSTIN REGIONAL CLINIC-AUSTIN	Street Address: 300 WEST 49TH STREET
State/Country: TEXAS	County: TRAVIS
City/Town: AUSTIN	Zip: 78751
Zip Ext:	Date Certifier Signed: / /
Certifier License: J4545	

DATE AND TIME OF DEATH	
Date Of Death: 04/27/2018	Time Of Death Type: --Select a value--
Time Of Death: .:.	Time Of Death Indicator: --Select a value--

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

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

Please enter Enter the chain of events

Step 14: Complete all Yellow Fields. Once all fields have been filled in or addressed, a Green Check Mark (✓) will appear next to the tab showing the tab as completed.

Unresolved List / Stakeholders

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

ACTIVITY:

Enter the chain of events - that caused the death:
Primary Immediate Cause of death

Field Status:
Resolved

Action:
Updating Record

CAUSE OF DEATH - PART I

Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line:

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

a. PRIMARY IMMEDIATE CAUSE OF DEATH MINUTES

DUE TO (or as a consequence of.)

b. SUPPORTING CAUSE OF DEATH DAYS

DUE TO (or as a consequence of.)

c. ADDITIONAL CONTRIBUTING CAUSES OF DEATH MONTHS

DUE TO (or as a consequence of.)

d. IF YOU NEED ADDITIONAL CAUSES OF DEATH, FILE A MEDICAL AMENDMENT YEARS

CAUSE OF DEATH - PART II

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

LIST ANY SIGNIFICANT ADDITIONAL REASONS LEADING TO THE DEATH

AUTOPSY INFORMATION

Was an Autopsy Performed: Were Autopsy Findings Available:

MANNER OF DEATH

Manner Of Death:

CONTRIBUTE TO DEATH

IF FEMALE:

It is recommended to Save often to avoid losing data.

Step 15: Click "Next" to advance through the Medical Tabs. The Green Arrows (← →) on the icon bar can also be used to navigate between tabs.



Step 16: Once all Medical tabs are completed, Click the drop down arrow to select Medical Certification.

RECORD

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

EDR: 000000000182

Filing Deadline: 10 Day(s)

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

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

- Unresolved List / Stakeholders
- Demographic 1
- Demographic 2
- Demographic 3
- Demographic 4
- Demographic 5
- Medical 1
- Medical 2
- Medical 3
- Comments

ANY INJURY INFORMATION TO REPORT

Any Injury Information To Report: --Select a value--

TRANSPORTATION INJURY INFORMATION

Was injury related to a transportation accident: --Select a value--

Decedent's Role In Tra: --Select a value--

(Specify):

DATE AND TIME OF INJURY

Date of Injury: / /

Injury Time: : :

AM/PM: --Select a value--

PLACE OF INJURY

Injury at Work: --Select a value--

Place of Injury:

Street Address:

Apt:

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

County: --Select a value--

City/Town: --Select a value--

City(Other):

Zip: --SELECT A VALUE--

Zip Ext:

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

Describe how injury occurred:



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

MEDICAL DATA ENTRY

Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

Help tips

Medical Certification

DECEDENT'S INFORMATION	
First Name:	ANY
Middle Name:	DECEASED
Last Name:	PERSON
Generational ID:	

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

Preview Cancel Certification

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

MEDICAL ABSTRACT OF DEATH CERTIFICATE

STATE OF TEXAS

STATE FILE NUMBER

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

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) ANY DECEASED PERSON		DATE OF DEATH (mm-dd-yyyy) 04/27/2018	
PLACE OF DEATH (CITY OR TOWN AND COUNTY) SETON NORTHWEST HOSPITAL, AUSTIN, TRAVIS		IS THE DATE OF DEATH BEING CORRECTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	

26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			
27. SIGNATURE OF CERTIFIER: MAJOR MAJOR, BY ELECTRONIC SIGNATURE	28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER J4545	30. TIME OF DEATH (Actual or presumed) 08:30 AM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) MAJOR MAJOR, 300 WEST 40TH STREET, AUSTIN, TX 78705		32. TITLE OF CERTIFIER MD	

33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE UNDERLYING CAUSE. DO NOT ARRANGE EVENTS IN ONE CAUSE ON A FACTOR.		Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) ----->	a. PRIMARY IMMEDIATE CAUSE OF DEATH Due to (or as a consequence of):	MINUTES
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST	b. SUPPORTING CAUSE OF DEATH Due to (or as a consequence of):	DAYS
	c. ADDITIONAL CONTRIBUTING CAUSES OF DEATH Due to (or as a consequence of):	MONTHS
	d. IF YOU NEED ADDITIONAL CAUSES OF DEATH, FILE A MEDICAL AMENDMENT	YEARS

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. LIST ANY SIGNIFICANT ADDITIONAL REASONS LEADING TO THE DEATH	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 <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	37. DID TORACONITISF TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input checked="" type="checkbox"/> Unknown if pregnant within the past year	39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
--	---	---	---

40a. DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	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 (MM-DD-YYYY)	42c. REGISTRAR
-------------------------	--	----------------

FINAL DESTINATION FUNERAL HOME - AUSTIN, ELECTRONICALLY FILED

EDR 00000000182

WARNING: The results for this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 192.1897)

VS-174 REV 1/2006

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

Medical Certification

DECEDENT'S INFORMATION

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

DEATH INFORMATION

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

Preview Cancel Certification

PLEASE ENTER PIN

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

Certifier Pin:

Ok Cancel

Step 17: After Previewing the record, Click "Certification" to expand the section.

Step 18: Click the box to verify you have reviewed the data and you agree with the statement. Enter your PIN then click "OK"

What if I forgot my Pin?
 Contact your local TxEVER administrator or the TxEVER Helpdesk to have your Pin Emailed to you.

Step 19: Click "OK" to complete the Medical Certification.

Medical Certification

DECEDENT'S INFORMATION

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

Date of Death:
 Time of Death:
 Place of Death:

review Cancel Certification

Death Registration

Are you sure you are ready to certify the record?

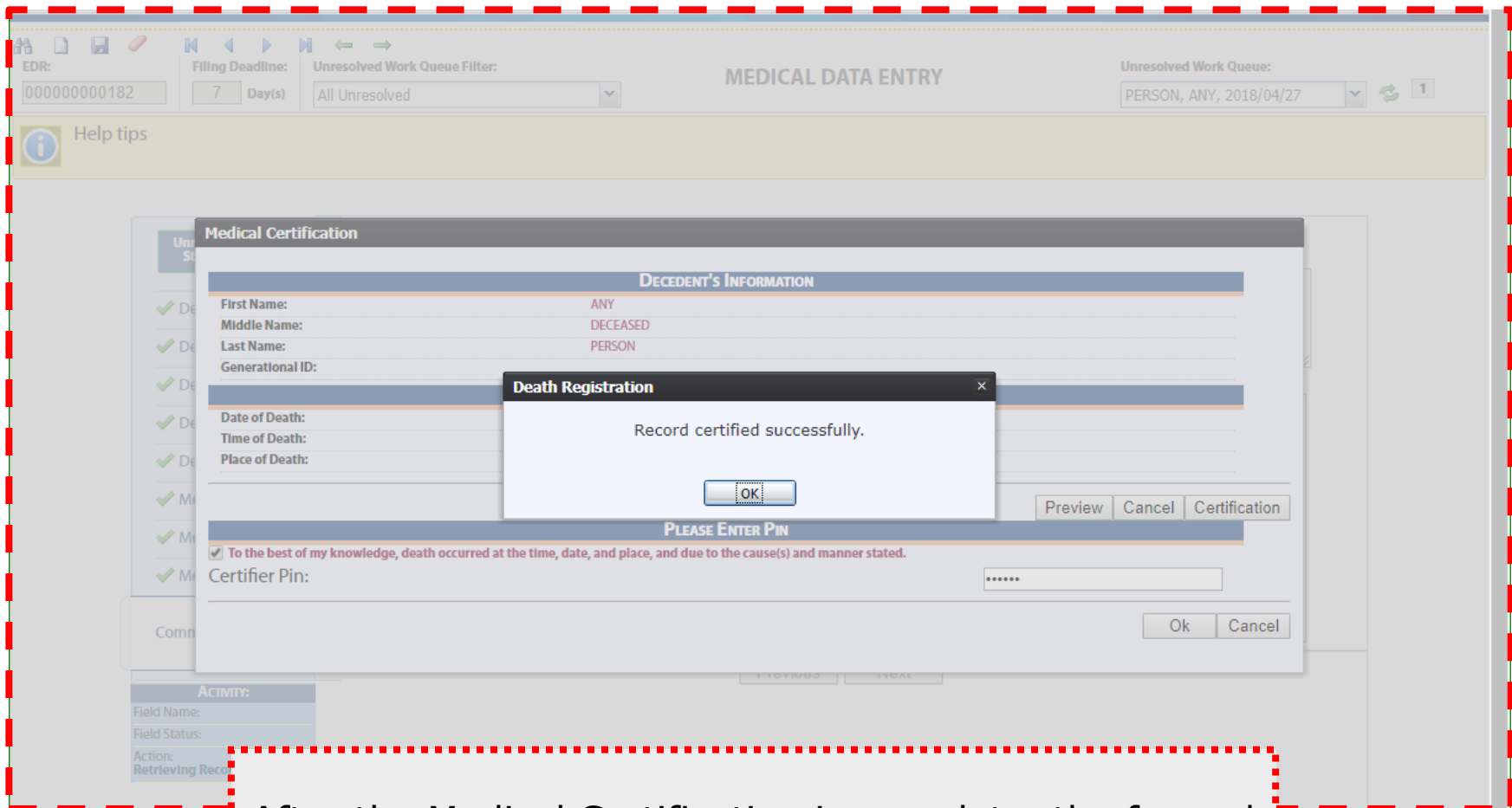
Yes No

PLEASE ENTER PIN

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

Certifier Pin:

Ok Cancel



After the Medical Certification is complete, the funeral home will receive notification that it is ready to go. The record will stay in your queue until the Funeral Home signs and releases the Demographics.



**FUNERAL HOMES
PART 2
-DEMOGRAPHIC RELEASE**

LOG INTO TxEVER

Log into TxEVER via the web <https://txever.dshs.texas.gov/TxEverUI/Welcome.htm>

The screenshot shows the TxEVER login page. At the top left is the Texas Health and Human Services logo. To its right is the text 'Texas Department of State Health Services'. On the top right is the TxEVER logo. Below the logos is a blue banner with the text 'Welcome to the Texas Department of State Health Services!'. Underneath the banner is a photograph of a woman smiling and holding a baby. Overlaid on the bottom right of the photo is a yellow arrow pointing right with the text 'LOG IN to TxEVER'. A red-bordered callout box with a pointer to this arrow contains the text 'Step 1: Click here to open the TxEVER log in'. Below the photo is a blue box containing text about TxEVER: 'TxEVER is the vital records registration and issuance software that was developed for Texas Department of State Health Services (DSHS), State Office of Vital Records by Genesis Systems, Inc. DSHS Vital Records office hours are 8:00 AM - 4:30 PM, Monday - Friday. State vital records are considered to be private and confidential. Access to vital records is restricted by statute.' Below this is a section titled 'Contacting the Texas Department of State Health Services(DSHS)'. It contains two columns: 'Telephone Numbers:' and 'Mailing Address:'. The 'Telephone Numbers:' column has a table with three rows: 'Vital Events Registration System', 'Fax Number', and 'Vital Records - Customer Service'. The 'Mailing Address:' column contains the address and phone number. At the bottom of the page, there is a yellow arrow pointing right with the text 'Log on to Texas Department of State Health Services'. Below this arrow are two links: 'User Enrollment' and 'Report TxEVER Issue(s)'. A dashed callout box on the left points to the 'Report TxEVER Issue(s)' link with the text 'Click here to report issues with TxEVER'. A dashed callout box on the right points to the 'User Enrollment' link with the text 'Click here to enroll OR update your user account'.

TEXAS
Health and Human Services

Texas Department of State
Health Services

TXEVER

Welcome to the Texas Department of State Health Services!

LOG IN to TxEVER

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

Contacting the Texas Department of State Health Services(DSHS)

Telephone Numbers:			Mailing Address:
Description	Phone Number	Hours	Texas Department of State Health Services State Office of Vital Records Address: 1100 West 49th Street, Austin, TX 78756 Ph. (512) 776-7111
Vital Events Registration System	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	
Fax Number	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	
Vital Records - Customer Service	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	

Log on to Texas Department of State Health Services

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

Click here to report issues with TxEVER

Click here to enroll OR update your user account



TxEVER Terms of Use

WARNING: THIS IS A TEXAS HEALTH AND HUMAN SERVICES INFORMATION RESOURCES SYSTEM THAT CONTAINS STATE AND/OR U.S. GOVERNMENT INFORMATION. BY USING THIS SYSTEM YOU ACKNOWLEDGE AND AGREE THAT YOU HAVE NO RIGHT OF PRIVACY IN CONNECTION WITH YOUR USE OF THE SYSTEM OR YOUR ACCESS TO THE INFORMATION CONTAINED WITHIN IT. BY ACCESSING AND USING THIS SYSTEM YOU ARE CONSENTING TO THE MONITORING OF YOUR USE OF THE SYSTEM, AND TO SECURITY ASSESSMENT AND AUDITING ACTIVITIES THAT MAY BE USED FOR LAW ENFORCEMENT OR OTHER LEGALLY PERMISSIBLE PURPOSES. ANY UNAUTHORIZED USE OR ACCESS, OR ANY UNAUTHORIZED ATTEMPTS TO USE OR ACCESS, THIS SYSTEM MAY SUBJECT YOU TO DISCIPLINARY ACTION, SANCTIONS, CIVIL PENALTIES, OR CRIMINAL PROSECUTION TO THE EXTENT PERMITTED UNDER APPLICABLE LAW.

Are you in agreement with above stated terms & conditions?

Yes

No

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





Login

The screenshot shows a login form with the following elements:

- User Name:** A text input field containing the text "komiieatty1".
- Password:** A password input field with masked characters "*****".
- Forgot Password?:** A blue hyperlink located below the password field.
- Log In:** A light blue button located to the right of the password field.

Three red-bordered callout boxes provide instructions:

- Step 3:** A box pointing to the User Name and Password fields, containing the text: "Step 3: Type your TxEVER user name and password."
- Forgot your password?** A box pointing to the "Forgot Password?" link, containing the text: "Forgot your password? Click here to reset password."
- Step 4:** A box pointing to the "Log In" button, containing the text: "Step 4: Click 'Log In'."



Location

Find important news and updates in the TxEVER broadcast message area.

Step 5: Select your user location. Use dropdown if you have multiple locations/offices.

Step 6: Click "OK."

Message By: VFARINELLI On 3/13/2018 10:53:11 AM

This message should be seen by ALL users


Select Location:

BEAUTIFUL BEGINNINGS - (BIRTH)

OK

Step 7: Navigate back to the Demographic Data Entry screen

[Skip to main content](#) GLOBAL DEATH | [Home](#) | [LogOut](#)

 **TEXAS**
Health and Human Services | Texas Department of State Health Services


ALICIA WESTWORLD , welcome to the Texas Department of State

FUNCTION ▾ TOOLS ▾ HELP ▾

- [Demographic Data Entry](#)
- [Facility Statistical Correction](#)
- [Permit Print Queue](#)
- [Funeral Home Processes](#)
- [Switch Location](#)
- [Exit Application](#)

Show Dashboard

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

©2017 | [Genesis Systems, Inc.](#) 

Skip to main content GLOBAL DEATH

TEXAS Health and Human Services

FUNCTIONS RECORD TOOLS HELP

DEMOGRAPHIC DATA ENTRY

Unresolved Work Queue: 0

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

GENERAL INFORMATION

Birth State File Number:

DECEDENT'S LEGAL NAME

Prefix: --Select a value-- First Name:

Middle Name: Last Name: *

Generational ID: --Select a value--

DATE OF DEATH

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

TIME OF DEATH

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

DECEDENT'S SEX

Sex: * --Select a value-- Maiden Last Name:

DECEDENT'S DATE OF BIRTH

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

DECEDENT'S BIRTHPLACE

State/Country: (Please click checkbox to filter countries only) --Select a value-- County Of Birth: --Select a value-- City Of Birth: --Select a value--

DECEDENT'S SSN

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

Unresolved List / Stakeholders

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

ACTIVITY:

Field Name:

Field Status:

Action: Default Mode

Help tips

Step 8: Select "Pending Demographic Verification"

Step 9: Select the record that is ready to be demographically verified and released from the Drop Down List



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

DEMOGRAPHIC DATA ENTRY

Unresolved Work Queue: PERSON, ANY, 2018/04/27 2

Help tips

Unresolved List / Stakeholders

Enter a comment below.

Unresolved List Record Stakeholders

RECORD STATUS
Demographic Verification Not Complete

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

Demographic 4
Demographic 5
Medical 1
Medical 2
Medical 3

Comments

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

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

Skip to main content GLOBAL DEATH

TEXAS Health and Human Services

Step 10: Click "Record" and then select "Demographic Verification"

RECORD TOOLS HELP

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

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

DEMOGRAPHIC DATA ENTRY

4/27

Help tips

Unresolved List / Stakeholders

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

Comments

Enter a comment below.

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

Previous Next

ACTIVITY:

Field Name:
Field Status:
Action:
Retrieving Record

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

Demographic Data Entry - TxEVER - Google Chrome

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

Skip to main content GLOBAL DEATH

TEXAS Health and Human Services Texas Department of State Health Services

FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: --Select a value--

DEMOGRAPHIC DATA ENTRY

Unresolved Work Queue: PERSON, ANY, 04/27/2018 1

Help tips

Unresolved List / StakeHolders

Comments

Enter a comment below.

Death Registration

Please complete DCOA order

OK

Add Comments View Comments

Previous Next

ACTIVITY:

Field Name:

Field Status:

Action: Retrieving Record

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

You will be prompted to complete the DCOA Order.

Step 11: Click "Ok"



Death Certificate Order Interface

Record Details

Decedent ID: **182**

Decedent Name: **ANY DECEASED PERSON**

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

Funeral Director: **ALICIA WESTWORLD**

Requestor Details

Requestor Type:

First Name:

Middle Name:

Last/Organization Name:

Suffix:

Address1:

Address2:

State/Country:

City/Town:

Zip:

Zip Ext:

Shipping Address Details

Shipping address same as requestor

Shipping Method:

First Name:

Middle Name:

Last/Organization Name:

Suffix:

Address1:

Address2:

State/Country:

City/Town:

Zip:

Zip Ext:

Certificate Details

Type Of Certificate:

No Of Copies:

Cost: \$

Shipping Fee: \$

Total: \$

Verify the Requestor Details is correct.

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

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

Costs and shipping fees will be automatically calculated.

Step 12: Enter the number of Copies you would like to order.

Step 13: Click "Proceed"



Death Certificate Order Interface

Record Details

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

Requestor Details

Requestor Type:

First Name:

Last/Organization Name:

Address1:

State/Country: City/Town:

Zip:

System will verify your request for the number of copies of Death Certificates.

Shipping Address Details

Shipping address same as requestor

Shipping Method:

First Name: Middle Name:

Last/Organization Name:

Address1:

State/Country: City/Town:

Zip: Zip Ext:

DCOA Order

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

Step 14: Click "Yes or No"

Certificate Details

Type Of Certificate:

No Of Copies:

Cost: \$

Shipping Fee: \$

Total: \$

Mark Payment Done

Mark Payment Done

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

FUNCTIONS

RECORD

TOOLS

HELP



DEMOGRAPHIC DATA ENTRY

EDR: 000000000182 7 Day(s) All Unresolved

Help tips

Step 15: Click "Record" and then select "Demographic Verification"

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

Unresolved List / Stakeholders

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

Comments

ACTIVITY:

Field Name:
Field Status:
Action:
Retrieving Record

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

Previous Next

Skip to main content GLOBAL DEATH LogOut

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

EDR: 000000000182 Filling Deadline: 7 Day(s) Unresolved Work Queue Filter: DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: SON, ANY, 2018/04/27 1

Help tips

Demographic Verification

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

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

Preview Cancel Verification

Step 16: Click "Preview" to verify the death record looks completed and there were no mistakes.



STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NUMBER	
1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) ANY DECEASED PERSON		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) APR 27, 2018			
3. SEX UNKNOWN	4. DATE OF BIRTH (mm-dd-yyyy) 01/01/1901	5. AGE-Last Birthday (Years) 117	6. UNDER 1 YR Mo Days	7. UNDER 1 DAY Hours Min	8. BIRTHPLACE (City & State or Foreign Country) VICTORVILLE, CA
7. SOCIAL SECURITY		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed (and not remarried) <input type="checkbox"/> Divorced (and not remarried) <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
10a. RESIDENCE STREET ADDRESS 5401 MCCANDLESS ST			10b. APT. NO.	10c. CITY OR TOWN AUSTIN	
10d. COUNTY TRAVIS		10e. STATE TEXAS	10f. ZIP CODE 78756	10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE PROUD FATHER PERSON			12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE VERY MOTHER PROUD		
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OCA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OCA <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 TRAVIS		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) AUSTIN, 78759		16. FACILITY NAME (if not institution, give street address) SETON NORTHWEST HOSPITAL	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED BROTHER PERSON - BROTHER			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 5402 MCCANDLESS ST, AUSTIN, TX 78756		
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ALICIA WESTWORLD, BY ELECTRONIC SIGNATURE - ASDF		21. Section <input checked="" type="checkbox"/> Unknown Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) MY MANTAL		23. LOCATION (City/Town, and State) AUSTIN, TX		24. NAME OF FUNERAL FACILITY FINAL DESTINATION FUNERAL HOME - AUSTIN	
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 1234 POND SPRINGS ROAD, AUSTIN, TX 78750		26. CERTIFIER (Check only one) <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 MAJOR MAJOR, BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (mm-dd-yyyy) 04/30/2018	29. LICENSE NUMBER J4545	30. TIME OF DEATH (Actual or presumed) 08:30 AM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) MAJOR MAJOR, 300 WEST 49TH STREET, AUSTIN, TX 78705			32. TITLE OF CERTIFIER MD		
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. PRIMARY IMMEDIATE CAUSE OF DEATH Due to (or as a consequence of):					MINUTES
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST b. SUPPORTING CAUSE OF DEATH Due to (or as a consequence of):					DAYS
c. ADDITIONAL CONTRIBUTING CAUSES OF DEATH Due to (or as a consequence of):					MONTHS
d. IF YOU NEED ADDITIONAL CAUSES OF DEATH, FILE A MEDICAL AMENDMENT					YEARS
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.				34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
LIST ANY SIGNIFICANT ADDITIONAL REASONS LEADING TO THE DEATH				35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input 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 RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR	
EDR NUMBER: 00000000182					

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. 191.001.

VS-112 REV 1/2006

Review the Document. Double check the Demographic information. Close the document once you are done reviewing it.



Skip to main content GLOBAL DEATH | | | | LogOut

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

EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: Pending Demographic Verification DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

Help tips

Demographic Verification

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

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

Preview Cancel **Verification**

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

Step 17: Click "Verification" to open the verification section.

Skip to main content GLOBAL DEATH LogOut

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

Public Verification Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

The Verification Pin section will expand.

Demographic Verification

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

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

Preview Cancel Verification

PLEASE ENTER PIN

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

Verifier Pin:

Forgot PIN Ok Cancel

Step 18: Click the box to indicate you have reviewed the Demographic Information.

Step 19: Enter your 6 digit PIN.

Step 20: Click "Ok"

What if I forgot my Pin?
Click Forgot Pin and your Pin will be emailed to the address associated with your account.

Skip to main content GLOBAL DEATH LogOut

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

EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: Pending Demographic Verification DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

Help tips

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

Death Registration

Are you sure you are ready to verify the record?

Yes No

Step 21: Click "YES"

Preview Cancel Verification

PLEASE ENTER PIN

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

Verifier Pin:

Ok Cancel

Skip to main content GLOBAL DEATH

TEXAS Health and Human Services | Texas Department of State

FUNCTIONS RECORD TOOLS HELP

EDR: 000000000182

Help tips

Demographic DATA ENTRY

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

Comments

Unresolved List / Stakeholders

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

Comments

ACTIVITY:

Field Name:

Field Status:

Action: Retrieving Record

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

Previous Next

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

Step 22: Click "Record" and then select "Release"

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

Skip to main content GLOBAL DEATH LogOut

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

EDR: 000000000182 Filing Deadline: 7 Day(s) Unresolved Work Queue Filter: Pending Demographic Verification Unresolved Work Queue: PERSON, ANY, 2018/04/27 1

Help tips

Comments

4/27/2018 2:04:18 AM AW AGE IS BETWEEN 100 && 135

Enter PIN
Pin:.....
Ok Cancel

Previous Next

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

Step 23: Enter your PIN again and Click "Ok"

What if I forgot my Pin?
Contact your local TxEVER administrator or the TxEVER Helpdesk to have your Pin Emailed to you.



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

DEMOGRAPHIC DATA ENTRY

Unresolved Work Queue: --Select a value-- 0

Help tips

Once you get the Pop Up "Record released successfully.", the Funeral Home's portion is completed.

Death Registration

Record released successfully.

OK

Prefix: --Select a value--

Middle Name: *

Generational ID: --Select a value--

DATE OF DEATH

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

TIME OF DEATH

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

DECEDENT'S SEX

Sex: * --Select a value-- Maiden Last Name:

DECEDENT'S DATE OF BIRTH

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

DECEDENT'S BIRTHPLACE

State/Country: (Please click checkbox to filter countries only) --Select a value-- County Of Birth: --Select a value-- City Of Birth: --Select a value--

DECEDENT'S SSN

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



LOCAL REGISTRAR -ACCEPTS & PRINTS

LOG INTO TxEVER

Log into TxEVER via the web <https://txever.dshs.texas.gov/TxEverUI/Welcome.htm>

The screenshot shows the TxEVER login page. At the top left is the Texas Health and Human Services logo. To its right is the text 'Texas Department of State Health Services'. In the top right corner is the TxEVER logo. Below the logos is a blue banner with the text 'Welcome to the Texas Department of State Health Services!'. The main content area features a photograph of a woman smiling and holding a baby. Overlaid on the bottom right of the photo is a yellow arrow pointing right with the text 'LOG IN to TxEVER'. A red-bordered callout box with a white background and a pointer to the 'LOG IN to TxEVER' button contains the text 'Step 1: Click here to open the TxEVER log in'. Below the photo is a blue box containing text about TxEVER: 'TxEVER is the vital records registration and issuance software that was developed for Texas Department of State Health Services (DSHS), State Office of Vital Records by Genesis Systems, Inc. DSHS Vital Records office hours are 8:00 AM - 4:30 PM, Monday - Friday. State vital records are considered to be private and confidential. Access to vital records is restricted by statute.' Below this is a section titled 'Contacting the Texas Department of State Health Services(DSHS)'. It contains two columns: 'Telephone Numbers:' and 'Mailing Address:'. The 'Telephone Numbers:' column has a table with three rows: 'Vital Events Registration System', 'Fax Number', and 'Vital Records - Customer Service'. The 'Mailing Address:' column contains the address and phone number. At the bottom of the page, there is a yellow arrow pointing right with the text 'Log on to Texas Department of State Health Services'. Below this arrow are two links: 'User Enrollment' and 'Report TxEVER Issue(s)'. A dashed-line callout box on the left points to the 'Report TxEVER Issue(s)' link with the text 'Click here to report issues with TxEVER'. A dashed-line callout box on the right points to the 'User Enrollment' link with the text 'Click here to enroll OR update your user account'.

TEXAS
Health and Human Services

Texas Department of State
Health Services

TXEVER

Welcome to the Texas Department of State Health Services!

LOG IN to TxEVER

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

Contacting the Texas Department of State Health Services(DSHS)

Telephone Numbers:			Mailing Address:
Description	Phone Number	Hours	Texas Department of State Health Services State Office of Vital Records Address: 1100 West 49th Street, Austin, TX 78756 Ph. (512) 776-7111
Vital Events Registration System	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	
Fax Number	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	
Vital Records - Customer Service	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	

Log on to Texas Department of State Health Services

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

Click here to report issues with TxEVER

Click here to enroll OR update your user account



TxEVER Terms of Use

WARNING: THIS IS A TEXAS HEALTH AND HUMAN SERVICES INFORMATION RESOURCES SYSTEM THAT CONTAINS STATE AND/OR U.S. GOVERNMENT INFORMATION. BY USING THIS SYSTEM YOU ACKNOWLEDGE AND AGREE THAT YOU HAVE NO RIGHT OF PRIVACY IN CONNECTION WITH YOUR USE OF THE SYSTEM OR YOUR ACCESS TO THE INFORMATION CONTAINED WITHIN IT. BY ACCESSING AND USING THIS SYSTEM YOU ARE CONSENTING TO THE MONITORING OF YOUR USE OF THE SYSTEM, AND TO SECURITY ASSESSMENT AND AUDITING ACTIVITIES THAT MAY BE USED FOR LAW ENFORCEMENT OR OTHER LEGALLY PERMISSIBLE PURPOSES. ANY UNAUTHORIZED USE OR ACCESS, OR ANY UNAUTHORIZED ATTEMPTS TO USE OR ACCESS, THIS SYSTEM MAY SUBJECT YOU TO DISCIPLINARY ACTION, SANCTIONS, CIVIL PENALTIES, OR CRIMINAL PROSECUTION TO THE EXTENT PERMITTED UNDER APPLICABLE LAW.

Are you in agreement with above stated terms & conditions?

Yes

No

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





Login

The screenshot shows a login form with the following elements:

- User Name:** A text input field containing the text "komiatty1". A callout box points to this field with the text: "Step 3: Type your TxEVER user name and password."
- Password:** A text input field with masked characters "*****".
- Forgot Password?:** A blue hyperlink located below the password field. A callout box points to it with the text: "Forgot your password? Click here to reset password."
- Log In:** A light blue button located to the right of the password field. A callout box points to it with the text: "Step 4: Click 'Log In'."



Location

Find important news and updates in the TxEVER broadcast message area.

Step 5: Select your user location. Use dropdown if you have multiple locations/offices.

Message By: VFARINELLI On 3/13/2018 10:53:11 AM

This message should be seen by ALL users

Select Location:

BEAUTIFUL BEGINNINGS - (BIRTH)

OK

Step 6: Click "OK."

[Skip to main content](#)

[GLOBAL](#)

[BIRTH](#)

[DEATH](#)

[FEE](#)

[LogOut](#)



TEXAS
Health and Human
Services

Texas Department of State
Health Services



AUSTINREG1USER , welcome to the Texas Department of State Health Services

FUNCTION ▾

TOOLS ▾

HELP ▾

[Local Print Queue](#)

[Local Burial Transit Permit Queue](#)

[Local Acceptance Queue](#)

[Local Processes](#)

[Switch Location](#)

[Exit Application](#)

**Step 8: Click "Function" then
select Local Acceptance Queue**

**Step 7: Select Death Module
Tab to Complete the Death
Registration Process.**

Current Date: 30-Apr-2018 | Build Number: 1.0.0.0

©2017 | [Genesis Systems, Inc.](#)





LOCAL ACCEPTANCE QUEUE

PLEASE SELECT RECORD TO PROCEED.

Unresolved Work Queue:

--Select a value--	2
CAPET, MARIE-ANTOINETTE, 2018/04/26	
PERSON, ANY, 2018/04/27	



Step 9: Click Drop down and select the Record you want to accept.

Accept Current Selected Record

Reject Current Selected Record

Reassign Current Selected Record to another Local Registrar

Navigation buttons for switching between records in queue



LOCAL ACCEPTANCE QUEUE

Unresolved Work Queue:

PERSON, ANY, 2018/04/27 2

Local File Number:

Local File Date:

Step 10: Review the Data and click the Green Check Mark (✓) to accept the

State File Number: 0002472018

DECEDENT'S NAME	
Decedent's First Name:	ANY
Decedent's Middle Name:	DECEASED
Decedent's Last Name:	PERSON
Decedent's Suffix:	

DECEDENT'S INFORMATION	
Decedent's Date Of Death:	2018/04/27
Place Of Birth:	CALIFORNIA
Place Of Death:	SETON NORTHWEST HOSPITAL
Fuenral Home:	FINAL DESTINATION FUNERAL HOME - AUSTIN

MOTHER LEGAL NAME	
Mother's First Name:	VERY
Mother's Middle Name:	PROUD
Mother's Last Name:	MOTHER
Mother's Suffix:	

FATHER LEGAL NAME	
Father's First Name:	PROUD
Father's Middle Name:	FATHER
Father's Last Name:	PERSON
Father's Suffix:	

Your office will receive notification via email of this record being assigned to the Local. Verify everything is correct according to that email.



LOCAL ACCEPTANCE QUEUE

Unresolved Work Queue:

PERSON, ANY, 2018/04/27 2

System Check: The system will double check you are wish to accept the record.

Local File Number:

Local File Date:

State File Number:

0002472018

DECEDENT'S NAME	
Decedent's First Name:	ANY
Decedent's Middle Name:	
Decedent's Last Name:	
Decedent's Suffix:	

DECEDENT'S INFORMATION	
Decedent's Date Of Death:	2018/04/27
	CALIFORNIA
	SETON NORTHWEST HOSPITAL
	FINAL DESTINATION FUNERAL HOME - AUSTIN

Local Acceptance Queue

Do you wish to accept this record?

MOTHER LEGAL NAME	
Mother's First Name:	VERY
Mother's Middle Name:	
Mother's Last Name:	
Mother's Suffix:	

FATHER LEGAL NAME	
Father's First Name:	PROUD
Father's Middle Name:	FATHER
Father's Last Name:	PERSON
Father's Suffix:	

Step 11: Click "Yes"





LOCAL ACCEPTANCE QUEUE

Unresolved Work Queue:

PERSON, ANY, 2018/04/27 2

System Verify: The system will let you know the record accepted Successfully.

Local File Number:		0002472018
Local File Date:		

DECEDENT'S NAME	
Decedent's First Name:	ANY
Decedent's Middle Name:	
Decedent's Last Name:	
Decedent's Suffix:	

DECEDENT'S INFORMATION	
Decedent's Date Of Death:	2018/04/27
	CALIFORNIA
	SETON NORTHWEST HOSPITAL
	FINAL DESTINATION FUNERAL HOME
	AUSTIN

Local Acceptance Queue

Record accepted successfully.

OK

MOTHER LEGAL NAME	
Mother's First Name:	VERY
Mother's Middle Name:	
Mother's Last Name:	
Mother's Suffix:	

FATHER LEGAL NAME	
Father's First Name:	PROUD
Father's Middle Name:	FATHER
Father's Last Name:	PERSON
Father's Suffix:	

Step 12: Click "Ok"





AUSTINREG1USER , welcome to the Texas Department of State Health Services

FUNCTION **TOOLS** **HELP**

- [Local Print Queue](#)
- [Local Burial Transit Permit Queue](#)
- [Local Acceptance Queue](#)
- [Local Processes](#)
- [Switch Location](#)
- [Exit Application](#)

From the Local Acceptance Queue

FUNCTION **TOOLS**

- [General Data Entry](#)
- [Legal View](#)
- [Local Print Queue](#)
- [Local Burial Transit Permit Queue](#)
- [Local Acceptance Queue](#)
- [Local Processes](#)
- [Switch Location](#)
- [Exit Application](#)

**Step 7: Click "Function" then
select Local Print Queue**



LOCAL PRINT QUEUE

Document Filter

▾

- NEWLY REGISTERED RECORDS
- MEDICAL AMENDMENT
- VOID NOTICES
- NOTICE OF DO NOT ISSUE
- DISINTERMENT PERMIT
- DEATH AMENDMENTS

All previously n

All previously p

* SFN Year

SFN From

SFN To

Step 14: Click the Drop Down Arrow and select "Newly Registered Records"



LOCAL PRINT QUEUE

Document Filter

All previously not printed.
 All previously printed.

* SFN Year

SFN From

SFN To

Submit

Submit

Step 15: Ensure "All previously not printed." is selected and Click "Submit"



LOCAL PRINT QUEUE

Document Filter

All previously not printed.

All previously printed.

* SFN Year

SFN From

SFN To

<input type="checkbox"/> Select		State File Number	State File Date	Local File Number	Local File Date	State Print	Local Print	Facility Name	Decedent Name	Mother
<input type="checkbox"/>	View Details	0002212018	03/19/2018	000506	04/26/2018	PRINTED	UNPRINTE	ALL FAITHS FUNERAL HOM	MCCARTY, WILLIAM	DEVIN
<input type="checkbox"/>	View Details	0002332018	04/10/2018	000507	04/26/2018	PRINTED	UNPRINTE	GOLDEN GATE FUNERAL H	RABBIT, PETER	RABBI
<input type="checkbox"/>	View Details	0002402018	04/12/2018	000504	04/26/2018	PRINTED	UNPRINTE	CARNES FUNERAL HOME	DEATH, INFANT	FATH,
<input type="checkbox"/>	View Details	0002452018	04/27/2018	000508	04/27/2018	PRINTED	UNPRINTE	REGISTRAR - CITY OF AUS	COMEY, JAMES	CABB/
<input type="checkbox"/>	View Details	0002472018	04/30/2018	000509	04/30/2018	PRINTED	UNPRINTE	FINAL DESTINATION FUNEF	PERSON, ANY	MOTHI

Page 1 of 1 |

Displaying Records 1 - 5 of 5

Step 16: Select specific records to print or select all by clicking in the top box. Click "Print"



LOCAL PRINT QUEUE

Helpful Tip: Only records with the Check Mark will be printed.

Document Filter: NEWLY REGISTERED RECORDS
All previously not printed.
All previously printed.
* SFN Year
SFN From
SFN To

Submit

Helpful Tip: Records printed here will be automatically assigned a Local File Number and Local File Date and Time.

Table with columns: Select, State File Number, State File Date, Local File Number, Local File Date, State Print, Local Print, Facility Name, Decedent Name, Mother. Contains 5 rows of record data.

Print Clear

Print



LOCAL PRINT QUEUE

System Verify: The system will let you know the record is successfully marked and that the PDF version will open next.

All previously not printed.

Local Print Queue dialog box with message: Record successfully marked to indicate that the local copy has printed. The document will now load as a PDF document. OK button.

Select	View Details	State File Number	State File Date	Local File Number	Local File Date	State Print	Local Print	Facility Name	Decedent Name	Mother
<input type="checkbox"/>	View Details	0002212018	03/19/2018	000506	04/26/2018	PRINTED	UNPRINTE	ALL FAITHS FUNERAL HOM	MCCARTY, WILLIAM	DEVIN
<input type="checkbox"/>	View Details	0002332018	04/10/2018	000507	04/26/2018	PRINTED	UNPRINTE	GOLDEN GATE FUNERAL H	RABBIT, PETER	RABBIT
<input type="checkbox"/>	View Details	0002402018	04/12/2018	000504	04/26/2018	PRINTED	UNPRINTE	CARNES FUNERAL HOME	DEATH, INFANT	FATH, J
<input type="checkbox"/>	View Details	0002452018	04/27/2018			UNPRINTE	UNPRINTE	REGISTRAR - CITY OF AUS	COMEY, JAMES	CABBAGE
<input checked="" type="checkbox"/>	View Details	0002472018	04/30/2018			UNPRINTE	UNPRINTE	FINAL DESTINATION FUNE	PERSON, ANY	MOTHER

Step 17: Click "Ok"

Print Clear



BURIAL TRANSIT PERMIT

FH - BTP FOR A NATURAL COD

Skip to main content GLOBAL DEATH

TEXAS Health and Human Services Texas Department of State Health Services

FUNCTIONS RECORD HELP

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

Death Certificate Worksheet Burial Transit Permit Report of Death Verification of Death Facts

EDR: 000000000087 Filing Deadline: 0 Day(s) Unresolved Work Queue Filter: --Select a value--

Please enter Date Of Death

Unresolved List / Stakeholders

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

Comments

4/2/2018 9:51:32 AM : MMAJOR
DECEDENT'S ACTUAL FIRST NAME SHOULD BE SAME AS PRESUMED FIRST NAME, PLEASE VERIFY

4/2/2018 9:51:32 AM : MMAJOR
DECEDENT'S ACTUAL LAST NAME SHOULD BE SAME AS PRESUMED LAST NAME, PLEASE VERIFY

Activity:

Field Name:

Field Status:

Action: Retrieving Record

Step 1: Select Death Module Tab to obtain the Burial Transit Permit.

Step 2: Click "Record" then select Burial Transit Permit from Print menu

FH - BTP FOR UN-NATURAL COD

Skip to main content GLOBAL DEATH

TEXAS Health and Human Services Texas Department of State Health Services

FUNCTIONS RECORD HELP

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

Death Certificate Worksheet Burial Transit Permit Report of Death Verification of Death Facts

Step 1: Select Death Module Tab to obtain the Burial Transit Permit.

Comments

4/2/2018 9:51:32 AM : MMAJOR
DECEDENT&'S ACTUAL FIRST NAME SHOULD BE SAME AS PRESUMED FIRST NAME, PLEASE VERIFY

4/2/2018 9:51:32 AM : MMAJOR
DECEDENT&'S ACTUAL LAST NAME SHOULD BE SAME AS PRESUMED LAST NAME, PLEASE VERIFY

Unresolved List / Stakeholders

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

Comments

Activity:

Field Name:

Field Status:

Action: Retrieving Record

Step 2: Click "Record" then select "Burial Transit Permit" from Print menu

http://ecldata/ceventry/DemographicDataEntry.aspx

Skip to main content GLOBAL DEATH LogOut

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

EDR: 00000000114 Filing Deadline: 0 Day(s) Unresolved Work Queue Filter: --Select a value-- DEMOGRAPHIC DATA ENTRY Unresolved Work Queue: BOOM, BABY, 04/03/2018

Please enter Date Of Death

Unresolved List / Stakeholders

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

Activity:

Field Name:

Field Status:

Action: Viewing Record

GENERAL INFORMATION

State File Number: 0002432018 Birth State File Number: Record Type: IDENTIFIED

Prefix:

Middle Name:

Generational ID:

Date of Death Type: ACTUAL DATE OF DEATH Date of Death: 04/03/2018

TIME OF DEATH

Time Of Death Type: ACTUAL TIME OF DEATH Time Of Death: 08:00 Time Of Death Indicator:

DECEDENT'S SEX

Sex: MALE DATE OF BIRTH: 2018

Maiden Last Name:

Age: 1

DECEDENT'S BIRTHPLACE

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

County Of Birth: TRAVIS

City Of Birth: AUSTIN

City(Other):

DECEDENT'S SSN

SSN: UNKNOWN

Social Security Missing Value Variable:

SSN Verification Status:

Death Registration

Manner of death is indicated as 'UNNATURAL' for this record. For Unnatural deaths request for burial transit permit **should be placed to local registrar.** Would you like to place burial transit permit printing request?

Yes No

Step 3: Click "OK" to submit a "Burial Transit Permit" request



DEMOGRAPHIC DATA ENTRY

Please enter Date Of Death

Unresolved List / StakeHolders

Demographic 1

Demographic 2

Demographic 3

Demographic 4

Demographic 5

Medical 1

Medical 2

Medical 3

Comments

ACTIVITY:

Field Name:

Field Status:

Action:

Viewing Record

GENERAL INFORMATION

State File Number: 0002432018 Birth State File Number: Record Type: IDENTIFIED

Death Registration

Request for burial transit permit printing initiated successfully.

OK

DATE OF DEATH

Date of Death Type: ACTUAL DATE OF DEATH Date of Death: 04/03/2018

Time Of Death Type: ACTUAL TIME OF DEATH Time Of Death: 08:05

DECEDENT'S SEX

Sex: MALE Maiden Last Name:

DECEDENT'S BIRTHPLACE

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

County Of Birth: TRAVIS

City Of Birth: AUSTIN

City(Other):

DECEDENT'S SSN

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

Step 4: Click "OK" to complete the submission for a "Burial Transit Permit" request

LOCAL REGISTRAR - BTP QUEUE

The screenshot displays the web application interface for the Texas Department of State Health Services. At the top, there is a navigation bar with links for [Skip to main content](#), [GLOBAL](#), [BIRTH](#), [DEATH](#), and [FEE](#). On the right side of this bar are icons for location, user profile, home, and a [LogOut](#) link. Below the navigation bar is the Texas Department of State Health Services logo and the text "REGADMIN AUSTIN , welcome". A red callout box points to the "DEATH" tab with the text: "Step 1: Select Death Module Tab to obtain the Local Burial Transit Permit Queue." To the right, a "FUNCTION" dropdown menu is open, showing a list of options: [General Data Entry](#), [Local Print Queue](#), [Local Burial Transit Permit Queue](#) (highlighted), [Local Acceptance Queue](#), [Local Processes](#), [Switch Location](#), and [Exit Application](#). A second red callout box points to the "Local Burial Transit Permit Queue" option with the text: "Step 2: Click 'Function' then select 'Local Burial Transit Permit Queue'".



Local Burial Transit Permit Queue

Date Permit Requested

From Date: *

To Date: *

Funeral Home Name

Funeral Home Name

Search

Clear

Step 3: Enter the date value at which a "Burial Transit Permit" request was submitted

Step 4: Click the "Search" button to retrieve requests

This new screen will appear with all Burial Transit Permit requests submitted to your office.

FEE

📍 | 👤 | 🏠 | [LogOut](#)



TEXAS
Health and Human
Services

Texas Department of State
Health Services

FUNCTIONS ▾ RECORD ▾ TOOLS HELP ▾



Local Burial Transit Permit Queue

Date Permit Requested

From Date: * 01/01/2018

To Date: * 05/09/2018

Step 5: Select one of the requests showing in the result window



Search

Clear

Request Date	Funeral Home Name	Manner Of Death	Date Of Death	Decedent Name	Notes
04/02/2018	WEED-CORLEY-FISH FH NORTH-AUS	PENDING INVEST	03/20/2018	MORRIS, PHILLIP	

Page 1 of 1 | | Displaying Records 1 - 1 of 1

Decedent's Name	MORRIS, PHILLIP
Sex:	MALE
Place Of Death:	SETON NORTHWEST HOSPITAL
Funeral Director Name:	GAETAN CARPENTIER
Manner Of Death:	PENDING INVESTIGATION
Request Date:	04/02/2018

Date Of Death:	03/20/2018
Method Of Disposition:	CREMATION
Name Of Cemetery/Crematorium:	NEPTUNE SOCIETY CREMATION SERVICE-AUSTIN
Funeral Home Name:	WEED-CORLEY-FISH FH NORTH-AUSTIN
Resubmit Notes:	

Step 6: Review the request and click the Green Check Mark (✓) or the "Accept" button to accept the request.

Accept

Reject



Local Burial Transit Permit Queue

Date Permit Requested

From Date: * 01/01/2018 To Date: * 05/09/2018

Funeral Home Name

Funeral Home Name:

Request Date	Funeral Home Name
04/02/2018	WEED-CORLEY-FISH FH NORTH-AUS

Displaying Records 1 - 1 of 1

Burial Permit Queue
Record accepted successfully.

Step 7: Click "Ok"

Decedent's Name	MOBBIE BULLER	Date Of Death:	03/20/2018
Sex:		Method Of Disposition:	CREMATION
Place Of Death:	SET	Name Of Cemetery/Crematorium:	NEPTUNE SOCIETY CREMATION SERVICE-AUSTIN
Funeral Director Name:	GAETAN CARPENTIER	Funeral Home Name:	WEED-CORLEY-FISH FH NORTH-AUSTIN
Manner Of Death:	PENDING INVESTIGATION	Resubmit Notes:	
Request Date:	04/02/2018		

FH - RETRIEVE BTP FROM PRINT QUEUE

In the meantime, the Funeral Home user should receive an email notification containing the status of the Burial Transit Permit Request status.

From: NO_REPLY@genesisisinfo.com

Sent: Thursday, May 10, 2018 1:50:03 PM (UTC-06:00) Central Time (US & Canada)

To: Carpentier, Gaetan (DSHS); Carpentier, Gaetan (DSHS)

Cc: Moshier, Juanita (DSHS)

Subject: Burial Transit Permit accepted by Local Registrar

WARNING: This email is from outside the HHS system. Do not click on links or attachments unless you expect them from the sender and know the content is safe.

Burial Transit Permit **accepted** by Local Registrar.

Electronic Death Record #0000000000085

Decedent Name: PHILLIP MORRIS

Date of Death: 03/20/2018

Place of Death: SETON NORTHWEST HOSPITAL

This is an automatically generated E-mail. Please do not 'Respond' to this E-mail as a response by E-mail will not be processed.



TEXAS
Health and Human
Services

Texas Department of State
Health Services



FUNCTION ▾

TOOLS ▾

HELP ▾

[Demographic Data Entry](#)

[Facility Statistical Correction](#)

[Permit Print Queue](#)

[Funeral Home Processes](#)

[Switch Location](#)

[Exit Application](#)

Show Dashboard

GAETAN CARPENTIER Department of State Health Services

Step 1: Select Death Module Tab to obtain the Local Burial Transit Permit Queue.

Step 2: Click "Function" then select "Permit Print Queue"



Step 3: Click the dropdown arrow and select a value from the



Funeral Home Permit Print Queue

Burial Transit Permit
Burial Transit Permit
Disinterment Permit

Permit Filter
Request Status
 All previously not printed.
 All previously printed.
SFN Year: *
SFN From:
SFN To:

Submit

--Select a value--
Accepted
Rejected
Invalidated

Step 4: Click the dropdown arrow and select a value from the

Step 5: Click the "Submit" button

This new screen will appear with all Burial Transit Permit requests.



Health and Human Services

Health Services

FUNCTIONS ▾ RECORD ▾ TOOLS ▾ HELP ▾



Funeral Home Permit Print Queue

Permit Filter:

Request Status:

All previously not printed.
 All previously printed.

Request Date From: *

Request Date To: *

Submit

Step 6: Select one of the requests showing in the result window

FH Print	Local Print	Facility Name	Decedents Name	Date Of Death	Status	Notes	Processed On	Processed By
UNPRINTED	NA	WEED-CORLEY-FISH FH NC	MORRIS, PHILLIP	03/20/2018	ACCEPTED		05/10/2018	AUSTINREGAL

Page 1 of 1 | Displaying Records 1 - 1 of 1

Request Status: ACCEPTED

Decedent's Name: MORRIS, PHILLIP

Sex: MALE

Facility Name: SETON NORTHWEST HOSPITAL

Funeral Home Name: GAETAN CARPENTIER

Notes:

Date Of Death: 03/20/2018

Method Of Disposition: CREMATION

Name Of Cemetery/Crematorium: NEPTUNE SOCIETY CREMATION SERVICE-AUSTIN

Funeral Home Name: WEED-CORLEY-FISH FH NORTH-AUSTIN

Step 7: Click the "Print" button

Print Clear



Funeral Home Permit Print Queue

Permit Filter:

Request Status:

All previously not printed.
 All previously printed.

Request Date From: *

Funeral Home Print Queue [X]

Record successfully marked to indicate that the funeral home copy has printed. The document will now load as a PDF document.

FH Print	Local Print	Facility Name	Processed On	Processed By
UNPRINT	NA	WEED-CORLEY	7/10/2018	AUSTINREGA

Page 1 of 1 | Displaying Records 1 - 1 of 1

Request Status	ACCEPTED	Notes:	
Decedent's Name	MORRIS, PHILLIP	Date Of Death:	03/20/2018
Sex:	MALE	Method Of Disposition:	CREMATION
	SETON NORTHWEST HOSPITAL	Name Of Cemetery/Crematorium:	NEPTUNE SOCIETY CREMATION SERVICE- AUSTIN
	GAETAN CARPENTIER	Funeral Home Name:	WEED-CORLEY-FISH FH NORTH-AUSTIN

Step 8: Click the "OK" button



EDR: 00000000085



BURIAL TRANSIT PERMIT

Name of Deceased - First PHILLIP		Middle	Last MORRIS	
Age 100 YEARS	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Date Of Death (mm-dd-yyyy) 03/20/2018	Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)	
Place of Death SETON NORTHWEST HOSPITAL		City - County AUSTIN, TRAVIS	State TX	
Name of Cemetery or Crematorium NEPTUNE SOCIETY CREMATION SERVICE		City AUSTIN	State TX	
Print-Name of Funeral Director or Person Acting as Such GAETAN CARPENTIER		Address 3125 NORTH LAMAR BOULEVARD	City AUSTIN	State TX Zip Code 78705
Local Registrar REGISTRAR - CITY OF AUSTIN - TRAVIS COUNTY		County TRAVIS	City/Precinct AUSTIN	File Number
<p>A certificate of death having been registered or completed in so far as possible; permission is hereby given for final disposition, transport, or removal of the body from the state of Texas.</p> <p style="text-align: right;">_____ Signature of Registrar or Electronic Validation</p> <p style="text-align: right;">_____ Date (mm-dd-yyyy) 05/10/2018</p>				
Received by: _____ Date: _____				

WARNING: This is a government document. Texas Penal Code, Section 37.10, imposes penalties for making false entries or providing false information in this document.

Step 9: Print or Save the PDF version for your records.

Code Sec. 181.2(b). "If a dead body or fetus is to be removed from this state, transported by common carrier, or by a funeral director, or person acting as such, shall obtain a burial-transit permit from the local registrar, or from the state registrar electronically through a Bureau of Vital Statistics electronic death registration system, or not issue a burial-transit permit until a certificate of death, completed in so far as possible, has been filed with the registrar (including information relating to disinterment)."

Issued by the registrar as needed. A copy of this permit is to accompany the body in the container for the issuance of a Burial-Transit Permit.

If an incomplete death certificate is used to obtain the Burial Transit Permit, the registrar will validate that the body is no longer needed by the certifier of cause of death before issuing the permit, to ensure that a completed death certificate will be received. "Completed in so far as possible" means the information relating to the deceased, including the name, date of death, place of death and funeral director's information is completed. In a few instances, the cause of death may not be completed. It is the responsibility of the person presenting the Certificate of Death, and obtaining the Burial Transit Permit, to assure that the fully completed Certificate of Death is filed as soon as possible.

In accordance with state statute, before a dead body can be cremated, a Cremation Authorization must be signed and issued by the medical examiner or justice of the peace of the county in which the death occurred showing that an autopsy was performed or that no autopsy was necessary. If an inquest is being conducted by the medical examiner or justice of the peace, authorization for cremation from the medical examiner or justice of the peace is required.

[HSC §193.008, 25 TAC §181.2, §181.3]

APPENDIX

Unresolved Work Queue Filters

- **All Unresolved:** Unresolved Work Queue will list all records that are unresolved for any reason.
- **Awaiting Medical Certification:** Unresolved Work Queue will display all records that are waiting for the Medical Certification.
- **Medical Amendment:** Unresolved Work Queue will display all records that that have a medical amendment started and are waiting for completion.
- **Medical Data Entry Incomplete:** Unresolved Work Queue will display all records that are waiting the medical data to be completed.
- **Pending Cause of Death:** Unresolved Work Queue will display all records that have been flagged with a Pending cause of death.
- **Records Filed with Registrar:** Unresolved Work Queue will display all records that are waiting on the Local Registrar to accept and print.
- **Rejected:** Unresolved Work Queue will display all records that were rejected by either the medical certifier, state registrar, or the local registrar.
- **Sent to Medical Examiner:** Unresolved Work Queue will display all records that are waiting for the medical examiner.
- **Submitted to Funeral Establishment:** Unresolved Work Queue will display all records that were started by a medical examiner or justice of the peace and have been assigned to the funeral establishment to complete.