

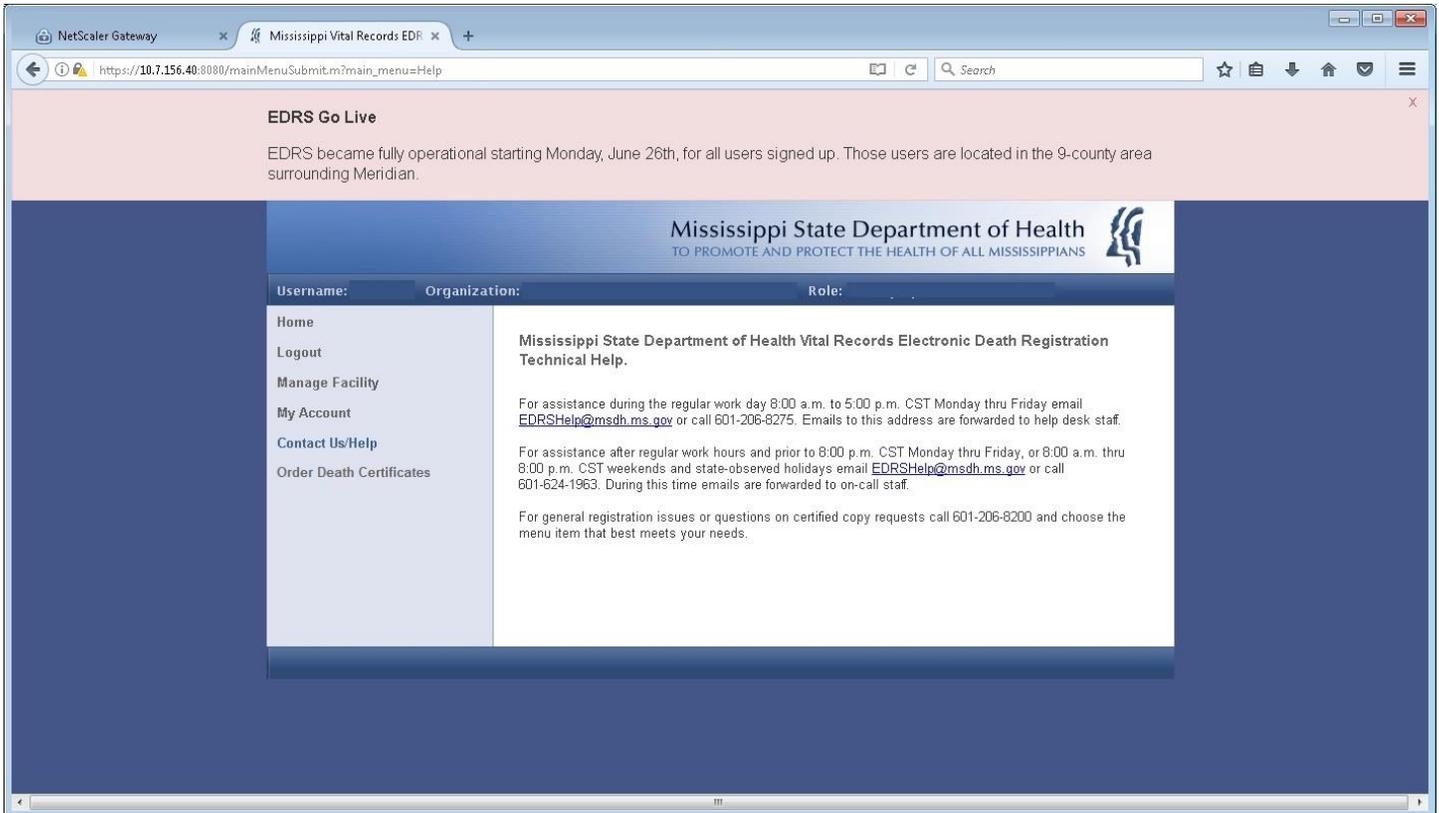
EDRS (Electronic Death Registration System)

Mississippi Vital Records

User Guide

The EDRS is a web-based data collection system. All users of the system access it through the following website/URL:
<https://edrs.msdh.ms.gov>

The EDRS is a web-based system and requires the ability to connect with the Internet. EDRS accessible devices are desktop, laptop, Chromebook, or tablet. EDRS will also work on a smart phone but this device is not supported at this time.



Introduction – General Overview

The EDRS is designed to provide a web-based electronic option for filing death certificates with the MS Vital Records Office. For those reporting entities/organizations that choose to participate, the EDRS will take the place of passing around the paper death certificate. Notifications are made through the integrated internal messaging component of the system – via Email. Examples of common email messages are included at the end of this manual.

Also, Funeral Home Users can opt to utilize an online ordering system from Vital Chek to order certified copies. Note the “Order Death Certificates” menu item on the left-hand navigation pane.

The death certificate is composed of two primary parts: (1) Demographic certification information; & (2) Medical Certification information. The demographic certification is generally done by a licensed Funeral Home/Funeral Director. The medical certification is generally done by a licensed Medical Examiner/Physician. In order to file the death certificate electronically, **BOTH** parts must be active participants in the EDRS.

Once the required information is captured in the EDRS and electronically signed by all parties, the registered death certificate is transmitted [electronically] to the Mississippi Vital Records Office for certification.

Facilities participating in the death registration process include Hospitals, Hospices, Funeral Homes, & Coroners Offices. County Coroners complete the medical certification in the vast majority of cases. Less commonly Physicians on staff at Hospitals or Hospices complete the death certificate.

There are 9 roles currently defined in the EDRS.

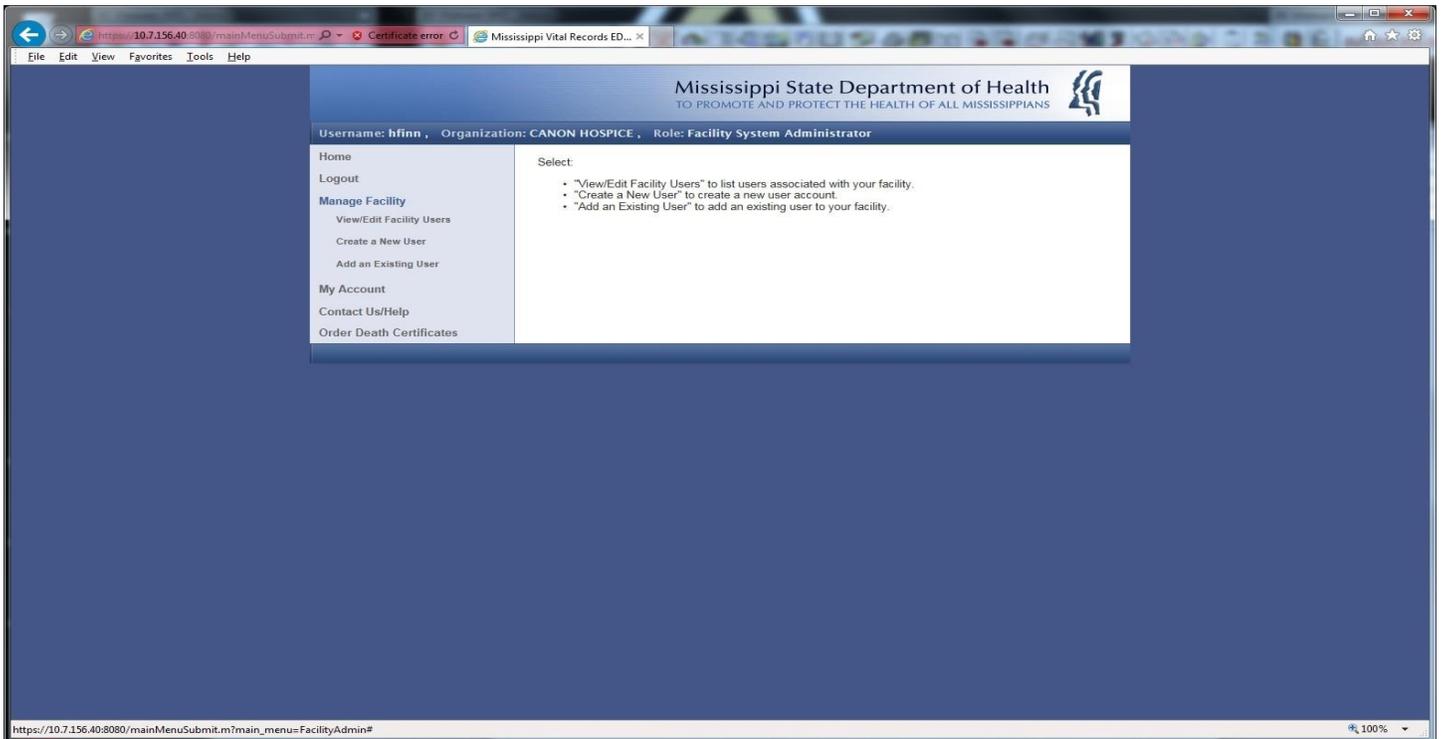
1. Facility System Administrator (FSA)
2. Hospital Clerk
3. Hospice Clerk
4. Certifying Physician
5. Funeral Home Clerk
6. Funeral Director
7. Coroner
8. Deputy Coroner
9. State Medical Examiner

Each of these roles is assigned a designated functionality, and each person functioning in one of these roles accesses the EDRS under an organizational/institutional unit. The remainder of this guide contains broad data entry type EDRS instruction broken down by role. To save space and time, we have collapsed some of the similarly functioning roles above into one instructional section.

First up, the FSA role...

Facility System Administrator

The FSA role functions as the User Manager for an organization/facility. In all participating Hospitals, Hospices, & Funeral Homes, the FSA is charged with user account management. When a facility decides to participate in the EDRS, the first user/role created for that facility is the FSA. The information necessary for the creation of the FSA is given to the MS Vital Records Office, the FSA account is created, and an email is sent to the new FSA user with initial login credentials. The new FSA user navigates to the website and logs in for the first time. Note the navigational menu in the left pane. The FSA is the only user/role with the 'Manage Facility' section. A brief description of each of the 'Manage Facility' options is displayed in the center of the screen.



See zoomed views from this point on...

Username: hfinn , Organization: CANON HOSPICE , Role: Facility System Administrator

Home

Logout

Manage Facility

View/Edit Facility Users

Create a New User

Add an Existing User

My Account

Contact Us/Help

Order Death Certificates

Select:

- "View/Edit Facility Users" to list users associated with your facility.
- "Create a New User" to create a new user account.
- "Add an Existing User" to add an existing user to your facility.

The FSA can now proceed to set up users in his/her facility. See views of each in the screenshots below...

View/Edit Facility Users: This menu selection displays a list of all users assigned to the organization/facility. When the FSA clicks on a username in the list, a User Summary displays (see 2nd screenshot below).

Username: hfinn , Organization: CANON HOSPICE , Role: Facility System Administrator

Home

Logout

Manage Facility

View/Edit Facility Users

Create a New User

Add an Existing User

My Account

Contact Us/Help

Order Death Certificates

Facility Users

Listed below are all users assigned to your organization. You can view or edit a user by clicking on it.

2 Matches [1 page]

« Start | Prev | 1 | Next | End » Records per page

| Username | First Name | Surname | Role | Email Address |
|--------------------------|------------|---------|----------------------|----------------------|
| rricardo | RICKY | RICARDO | Hospital Clerk | <input type="text"/> |
| llenoir | LEON | LENOIR | Certifying Physician | <input type="text"/> |

« Start | Prev | 1 | Next | End »

User Summary: The User Menu now appears on the upper right portion of the screen.

Username: hfinn , Organization: CANON HOSPICE , Role: Facility System Administrator

Home
Logout
Manage Facility
View/Edit Facility Users
Create a New User
Add an Existing User
My Account
Contact Us/Help
Order Death Certificates

User Summary

[User Menu](#) [List Cases](#) « [Prev](#) [Next](#) »

Edit User
Remove User

Below are the details held for this user. To edit these details or remove this user from your facility select an option from the User Menu.

Details

Username: RRICARDO
First Name: RICKY
Middle Name:
Surname: RICARDO
License Number:
Role: HOSPITAL CLERK

Address

Street Address:
City:
State:
Post/Zip Code:

Contact

Email Address: BILL.WADLINGTON@MSDH.MS.GOV
Telephone Number(s):
Fax Number:

Create a New User: This menu selection displays a data entry screen containing the fields required to create a new user. The Create User button at the bottom of the screen completes the task. Please make a note to remember the descriptive information at the FSAs home screen – instructions for the FSA as to which type/role of user is created here.

Username: hfinn , Organization: CANON HOSPICE , Role: Facility System Administrator

Home
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View/Edit Facility Users
Create a New User
Add an Existing User
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Contact Us/Help
Order Death Certificates

Create User

Details

First Name:

Middle Name:

Surname:

Role:

Address

Street Address:

City:

State:

Post/Zip Code:

Contact

Email Address: ?

Telephone Number(s): +

Fax Number:

Add an Existing User: This menu selection displays fields that will allow the FSA to search existing users for the individual user they wish to add. Again, please remember the descriptive information at the FSA home screen explaining the user types/roles added here. Both Certifying Physicians and Funeral Directors must be licensed in order to participate in the EDRS. Files containing currently active licensed physicians and funeral directors are automatically imported into the EDRS on a regular basis. Therefore, these potential users already “exist” in the system. The search is word-based. A full last name is required. If the FSA cannot find the user via this search feature, they must contact EDRS Support to confirm license status. After an investigation & determination is made by EDRS Support, the appropriate action will be taken.

Steps:

1. Enter the Last Name – or both Last Name & First Name.
2. Select the Role desired (Funeral Director or Certifying Physician most of the time).
3. Click the <Search> button.
4. Scroll down to view the list of records found (if any).
5. When you see the name you are looking for, click on it to select it. A User Summary screen will appear.
6. Use the information displayed to verify that this is in fact the right person.
7. The User Menu is on the upper right portion of the screen. Click it and select the Add User option.
8. On this screen, enter the email address (REQUIRED) of the user you are adding. Double check spelling!
9. Scroll to the bottom left and click on the Add User button.
10. A message should appear at the top of the screen indicating the user has been successfully added.

Username: hfinn , Organization: CANON HOSPICE , Role: Facility System Administrator

Home
Logout
Manage Facility
View/Edit Facility Users
Create a New User
Add an Existing User
My Account
Contact Us/Help
Order Death Certificates

Find User

Find an existing user to add to your facility.

Details

Username:

First Name:

Surname:

Role:

Hospital/Hospice Clerk

After LOGIN, the HOME page (Shown Below) for the Mississippi Vital Records Electronic Death Registration System (EDRS) appears. Five (5) selections are available with an explanation of each. The "HOME" and "LOGOUT" selections are self-explanatory.

| | |
|--|--|
| Username: mclerk , Organization: <input type="text"/> Role: Hospital Clerk | |
| Home | Welcome to the Mississippi Vital Records Electronic Death Registration System. Select: <ul style="list-style-type: none">• "Home" to return to this page.• "Logout" to exit the EDRS system.• "EDRS" to access the EDRS system.• "My Account" to access your account details.• "Contact Us/Help" if you need any assistance with this system. |
| Logout | |
| EDRS | |
| My Account | |
| Contact Us/Help | |
| Order Death Certificates | |

The "My Account" selection allows you to change your password or update the details regarding your account.

| | |
|--|---|
| Username: mclerk , Organization: <input type="text"/> Role: Hospital Clerk | |
| Home | Select: <ul style="list-style-type: none">• "Change Password" to change your password.• "Update Profile" to update your account details. |
| Logout | |
| EDRS | |
| My Account | |
| Change Password | |
| Update Profile | |
| Contact Us/Help | |
| Order Death Certificates | |

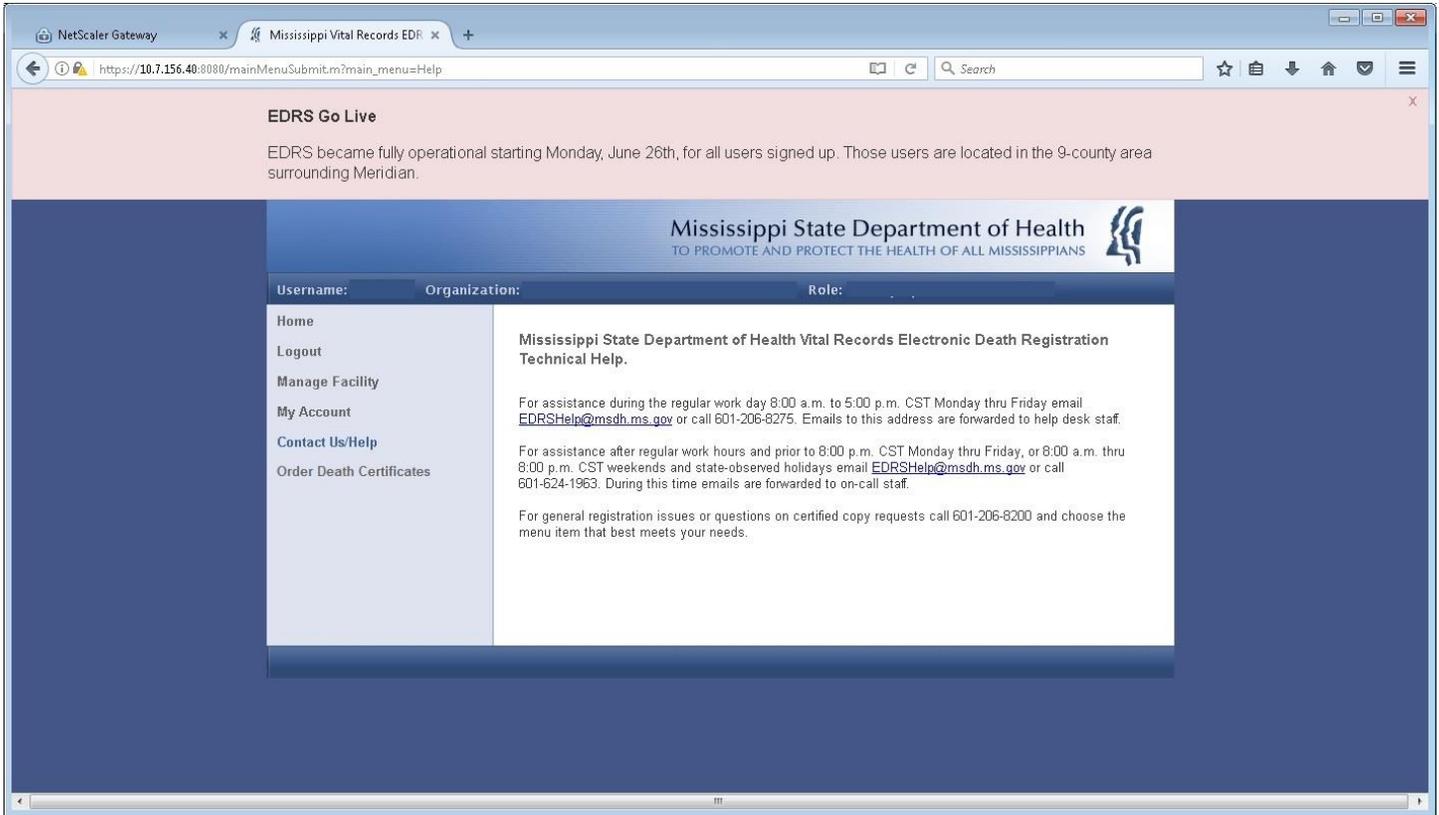
To change your password, select Change Password. On the Account Administration screen input your current password once and your new password twice. Click the Set Password button.

| | |
|--|--|
| Username: <input type="text"/> Organization: <input type="text"/> Role: Hospital Clerk | |
| Home | Account Administration To change your password enter your existing password and your new password into the fields below. Your password must be at least eight characters in length and include at least one letter, one digit, and one symbol or punctuation character. Current Password: <input type="text"/> New Password: <input type="text"/> Confirm New Password: <input type="text"/> <input type="button" value="SET PASSWORD"/> |
| Logout | |
| EDRS | |
| My Account | |
| Change Password | |
| Update Profile | |
| Contact Us/Help | |
| Order Death Certificates | |

To update your profile, select Update Profile. On the Edit Profile screen you can only update your address and contact information. Click on the Update Profile button to save. Please contact the EDRS Support Staff if you need to update your name and username details.

| | | | | | |
|--|---|------------------------------------|--|----------------------|--|
| Username: <input type="text"/> | | Organization: <input type="text"/> | | Role: Hospital Clerk | |
| Home Logout EDRS My Account Change Password Update Profile Contact Us/Help Order Death Certificates | Edit Profile | | | | |
| | Update your details and select Save below. | | | | |
| | Details | | | | |
| | Username: SSHORT | | | | |
| | First Name: SHEILA | | | | |
| | Middle Name: | | | | |
| | Surname: SHORT | | | | |
| | Role: Hospital Clerk | | | | |
| | Address | | | | |
| | Street Address: <input type="text" value="123 HOSPITAL LANE"/> | | | | |
| City: <input type="text" value="CANTON"/> | | | | | |
| State: <input type="text" value="MS"/> | | | | | |
| Post/Zip Code: <input type="text"/> | | | | | |
| Contact | | | | | |
| Email Address: <input type="text" value="SSHORT@MYHOSP.COM"/> | | | | | |
| Telephone Number(s): <input type="text"/> <input type="button" value="+"/> | | | | | |
| Fax Number: <input type="text"/> | | | | | |
| <input type="button" value="Update Profile"/> | | | | | |

The “Contact Us /Help” selection provides general information for working hours, contact email addresses and telephone numbers.



After selecting “EDRS” the following screen appears. The “List Cases” selection provides a list of all cases your facility has access to. The “New Case” selection is explained on the following screens.



When selecting “New Case”, this information will determine whether the case can be done electronically.

Username: mclerk , Organization: Role: Hospital Clerk

Home
Logout
EDRS
 New Case
 List Cases
My Account
Contact Us/Help
Order Death Certificates

New Case

Use this form to determine if the case can be filed electronically.

County of Death:

No Funeral Director Involved:

Assign to a Funeral Home:

Assign a Funeral Home to this case.

Assign to Certifying Physician:

Assign a Certifying Physician or Coroners Office to this case.

Assign to Coroner:

To refer the case to a Coroner select the Coroners Office.

This screen is an example of a case that can't be filed electronically and what then must be done. This facility is not part of EDRS system.

Username: mclerk , Organization: Role: Hospital Clerk

Home
Logout
EDRS
 New Case
 List Cases
My Account
Contact Us/Help
Order Death Certificates

New Case

Use this form to determine if the case can be filed electronically.

County of Death:

No Funeral Director Involved:

Assign to a Funeral Home:

This facility is not registered in the EDRS system. This case must be submitted on paper.

Assign a Funeral Home to this case.

Assign to Certifying Physician:

Assign a Certifying Physician or Coroners Office to this case.

Assign to Coroner:

To refer the case to a Coroner select the Coroners Office.

Case Assignment Failed

The Funeral Home you entered is not registered in the EDRS system. This death cannot be filed electronically. You should complete your portion on a paper death certificate and then forward the paper certificate to the other parties for completion.

Click Ok to return to the previous screen.

When assigning a case, you must NOT assign both a Certifying Physician and a Coroner. If you do, this screen will appear.

Mississippi State Department of Health
TO PROMOTE AND PROTECT THE HEALTH OF ALL MISSISSIPPIANS

Username: [] Organization: [] Role: Hospital Clerk

Home
Logout
EDRS
New Case
List Cases
My Account
Contact Us/Help

New Case
Use this form to determine if the case can be filed electronically.

County of Death: []

No Funeral Director Involved:

Assign to a Funeral Home: []
Assign a Funeral Home to this case.

Assign to Certifying Physician: []
Assign a Certifying Physician or Coroners Office to this case.

Assign to Coroner: []
To refer the case to a Coroner select the Coroners Office.

The case cannot be assigned to both a Certifying Physician and a Coroners Office for certifying.

Continue Clear Form

If your case can be filed electronically, the following screen will appear.

Mississippi State Department of Health
TO PROMOTE AND PROTECT THE HEALTH OF ALL MISSISSIPPIANS 

Username: sshort , Organization: MADISON RIVER OAKS MEDICAL CENTER (45M) , Role: Hospital Clerk

Home

Logout

EDRS

New Case

List Cases

My Account

Contact Us/Help

Order Death Certificates

New Case

This death can be filed electronically.
Use this form to initiate a new case. The EDRS system will first search for a duplicate case that has already been created.

Case Admin

Funeral Home: BREELAND FUNERAL HOME (45B)

Certifying Physician:

Coroner: MADISON COUNTY CORONERS OFFICE

Details of Deceased

First Name: ?

Middle Name(s):

Surname: ?

Generational Id: ▼

Time of Death: (hh:mm AM/PM) ?

Date of Death: 14 (mm/dd/yyyy)

County of Death: MADISON

Gender: ▼

Place of Death: ▼

Enter the requested information regarding your case. Hit the Continue button.
The EDRS system will search the system for possible duplicate records. Emails will be sent to the assigned parties (Funeral Home and Certifying Physician or Coroner).

The following screen is an example of the "List Cases" option on the menu:

Username: sshort Organization: MADISON RIVER OAKS MEDICAL CENTER (45M) Role: Hospital Clerk

Home

Logout

EDRS

New Case

List Cases

My Account

Contact Us/Help

Order Death Certificates

Case List

From this page you can access all cases that you currently have access to. You can search for cases using the filters below, or access individual cases from the case list at the bottom of this page. Access a case by selecting the Case Number for the case.

Filter Cases

Case Number:

Last Name:

First Name:

County of Death:

Funeral Home:

Date of Death: (mm/dd/yyyy, mm/yyyy, or yyyy)

Date of Death From: (mm/dd/yyyy)

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

Case Status:

NOT COMPLETED

COMPLETED

ALL

13 Matches [1 page]

« Start | Prev | 1 | Next | End » Records per page

| Case Number | First Name | Last Name | Date of Death | County of Death | Case Status |
|-----------------------------|------------|---------------|---------------|-----------------|-------------|
| 2016/000174 | SMARTY | PANTS | 09/20/2016 | MADISON | IN PROGRESS |
| 2016/000029 | ROBERT | SMITH | 06/20/2016 | MADISON | IN PROGRESS |
| 2015/000099 | EMAILTEST | NUMBERTHREE | 12/12/2015 | MADISON | IN PROGRESS |
| 2015/000097 | EMAILING | TESTNUMBERTWO | 12/01/2015 | MADISON | IN PROGRESS |
| 2015/000096 | AUTOMATIC | EMAILS | 12/10/2015 | MADISON | IN PROGRESS |

You may need to pull up an existing case at times. For example, if the Funeral Home or Medical Certifier to which you've assigned a case should REJECT or RELINQUISH it for some reason, you will need to visit the List Cases screen above in order to locate the case for re-assignment. You will receive email notifications of Rejections/Relinquishments if they occur. After locating the case you wish to work on in this list at the bottom, click on the Case Number to display the Case Summary (see next page).

Username: Organization: Role: Hospital Clerk

Home
Logout
EDRS
New Case
List Cases
My Account
Contact Us/Help
Order Death Certificates

Case Summary Case Menu List Cases « Prev Next »

A summary of this case is provided below. Please use the Case Menu to access the processes applicable to your level of access.

Admin

Case Number: 2016/000174
Modification Date: 09/22/2016
Modification Time: 10:26 AM

Case Status

Funeral Director: SIGNED
Medical Certifier: IN PROGRESS
Hospital Clerk: IN PROGRESS

Details of Deceased

First Name: SMARTY
Middle Name(s):
Surname: PANTS
Gender: MALE
Date of Death: 09/20/2016

Funeral Home

Assigned To:
Last Edited By:

Hospital

Assigned To:
Last Edited By:

Certifying Physician

Assigned To:

Coroners Office

Assigned To:
Last Edited By:

Case Notes

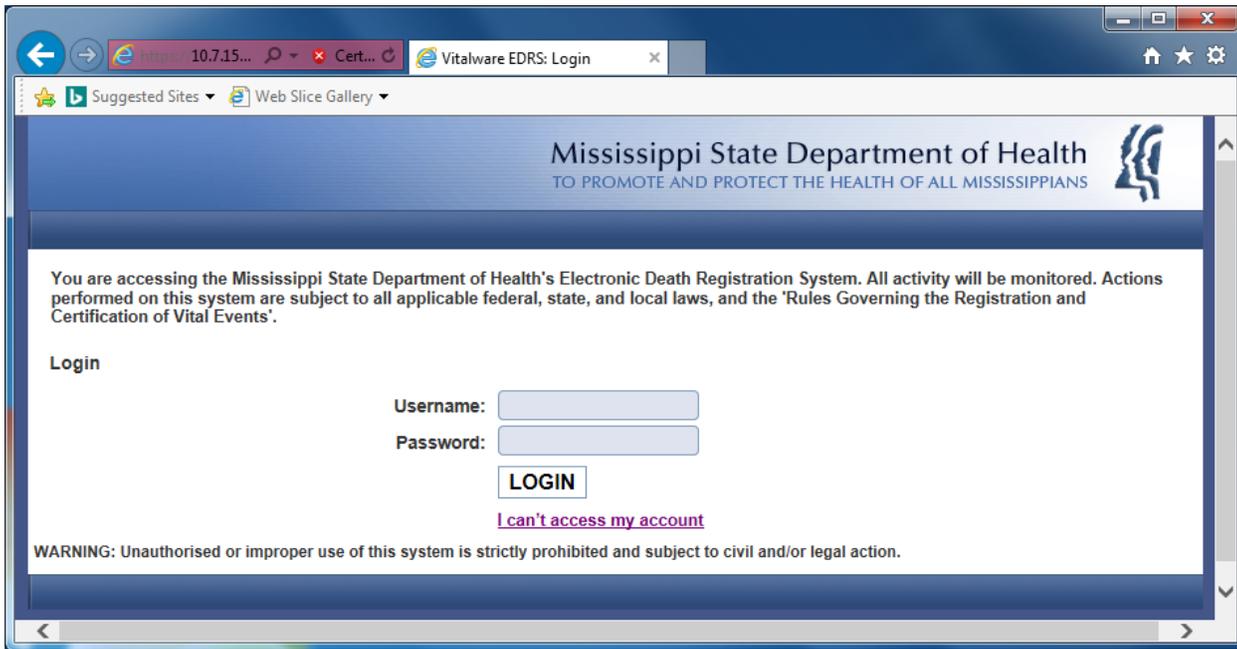
Hospital Clerk Notes:

Edit Case
View/Print Draft Certificate
Print Transit Permit

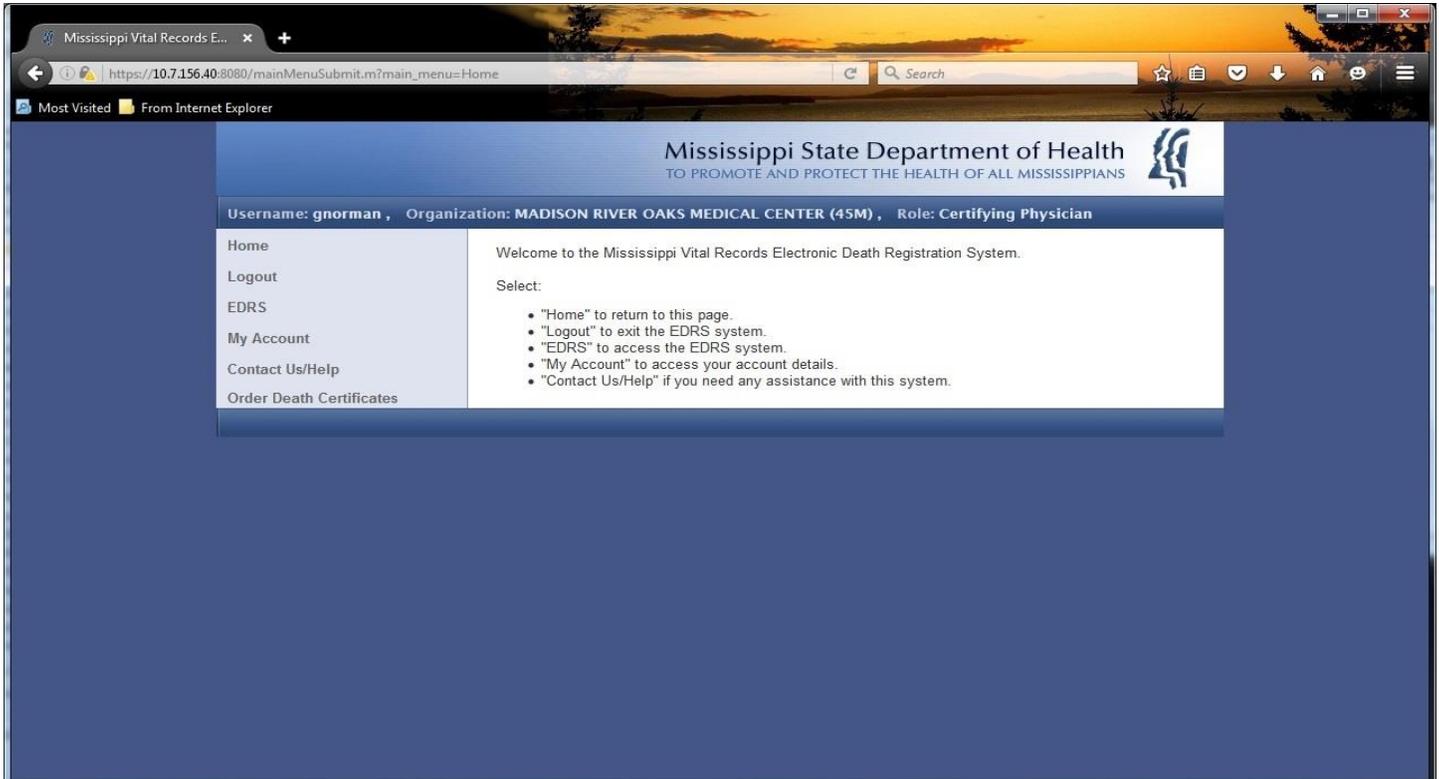
From here you would locate the CASE MENU on the upper right and select EDIT CASE, which opens the case for editing so that you can re-assign it.

Certifying Physician

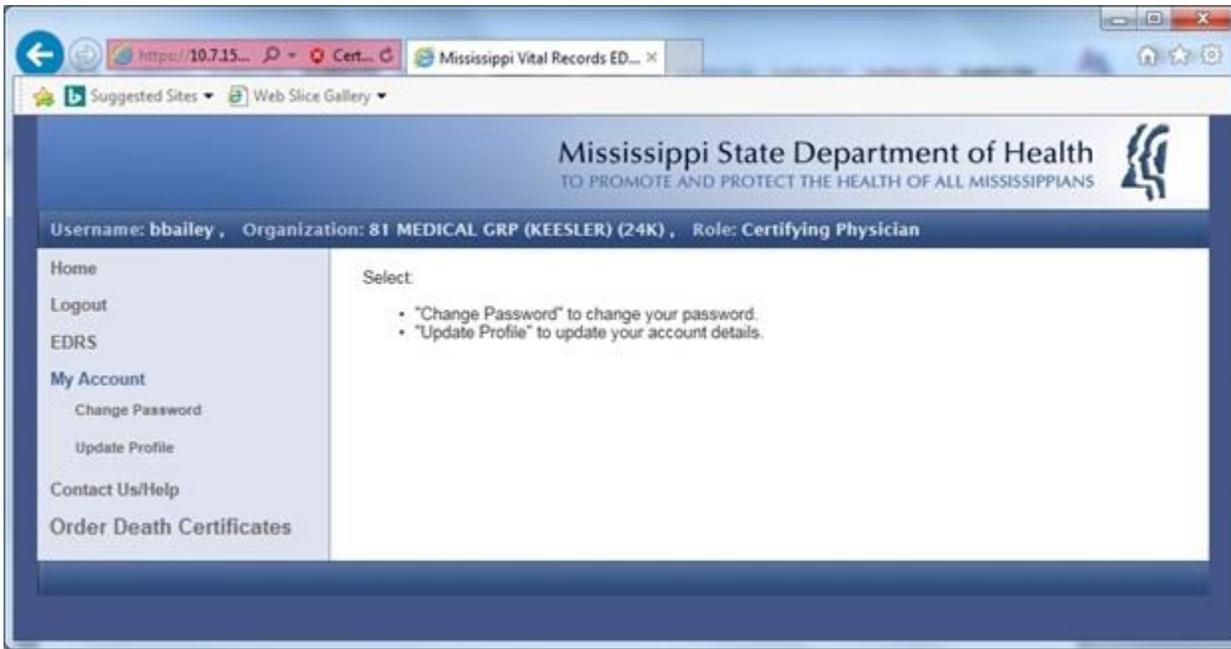
Once the facility systems administrator has entered you as an authorized user of the EDR system at your facility you will receive an email with your user name and a temporary password. Go to the EDR website and login with your user name and temporary password. See screen below.



Once in you will see the screen below. Select My Account.



Under My Account you will see Change Password and Update Profile. See screen below.



Select Change Password. The following screen appears. Set a new password you can more easily remember.



Select EDRS. You will see the screen below and an option to list cases.

Mississippi State Department of Health
TO PROMOTE AND PROTECT THE HEALTH OF ALL MISSISSIPPIANS 

Username: gnorman , Organization: MADISON RIVER OAKS MEDICAL CENTER (45M) , Role: Certifying Physician

| | |
|---|--|
| <p>Home</p> <p>Logout</p> <p>EDRS</p> <p> List Cases</p> <p>My Account</p> <p>Contact Us/Help</p> <p>Order Death Certificates</p> | <p>Select:</p> <ul style="list-style-type: none">• "List Cases" to view all cases that you currently have access to. |
|---|--|

Click on List Cases. This will bring up the list of cases assigned to you.



Mississippi State Department of Health
TO PROMOTE AND PROTECT THE HEALTH OF ALL MISSISSIPPIANS

Username: Organization: Role: Certifying Physician

Home

Logout

EDRS

List Cases

My Account

Contact Us/Help

Order Death Certificates

Case List

From this page you can access all cases that you currently have access to. You can search for cases using the filters below, or access individual cases from the case list at the bottom of this page. Access a case by selecting the Case Number for the case.

Filter Cases

Case Number:

Last Name:

First Name:

County of Death: ▼

Funeral Home:

Date of Death: (mm/dd/yyyy, mm/yyyy, or yyyy)

Date of Death From: (mm/dd/yyyy)

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

Case Status: ▼

8 Matches [1 page]

« Start | Prev | 1 | Next | End » Records per page

| Case Number | First Name | Last Name | Date of Death | County of Death | Case Status |
|-----------------------------|------------|-----------|---------------|-----------------|-------------|
| 2019/000072 | TESTCASE | SEVENTY | 02/10/2019 | LAUDERDALE | IN PROGRESS |
| 2018/000260 | JAMES | SMITH | 10/15/2018 | LAUDERDALE | IN PROGRESS |
| 2018/000259 | JANE | SMITH | 10/15/2018 | LAUDERDALE | IN PROGRESS |
| 2018/000258 | JEFF | DAVIS | 10/13/2018 | LAUDERDALE | ASSIGNED |
| 2018/000257 | JANE | SMITH | 10/12/2018 | LAUDERDALE | IN PROGRESS |
| 2018/000243 | TONY | JAMES | 07/23/2018 | LAUDERDALE | ASSIGNED |
| 2018/000221 | CAT | CARTER | 06/28/2018 | LAUDERDALE | IN PROGRESS |

The list at the bottom of the screen will be the cases that have been assigned to you to complete the cause of death information. Look for cases where Case Status is Assigned or In Progress as these are cases that need to be completed.

Click on Case Menu and choose Edit Case.

Username: Organization: LEAKE MEMORIAL HOSPITAL (40L) , Role: Certifying Physician

Home
Logout
EDRS
List Cases
My Account
Contact Us/Help
Order Death Certificates

Case Summary

[Case Menu](#) [List Cases](#) « Prev Next »

A summary of this case is provided below. Please use the Case Menu to view the processes applicable to your level of access.

Admin

Case Number:

Modification Date:

Modification Time:

Case Status

Funeral Director:

Medical Certifier:

Hospital Clerk:

- Edit Case
- Relinquish Case
- View/Print Draft Certificate
- Print Transit Permit

If the cause is pending autopsy you can come back later and select Amend Case from the Case Menu.

Username: Organization: Role: Certifying Physician

Home *Case Signed.*

Logout

EDRS Case Menu List Cases « Prev Next »

List Cases

My Account

Contact Us/Help

Order Death Certificates

Case Summary

A summary of this case is provided below. Please use the Case Menu to perform the processes applicable to your level of access.

Amend Cause of Death ←

View/Print Draft Certificate

Print Transit Permit

Admin

Case Number: 2016/000070

Modification Date: 08/30/2016

Modification Time: 05:25 PM

Case Status

Funeral Director: COMPLETED

Medical Certifier: COMPLETED

Hospital/Hospice Clerk: COMPLETED

State Medical Examiner:

Details of Deceased

First Name:

Middle Name(s):

Last Name:

Gender: MALE

Date of Death: 06/13/2016

Funeral Home

Assigned To:

Last Edited By:

After selecting Amend Case, the Edit Details screen will be displayed. You will be able to amend the cause section only **ONCE**. After that the Amend Option will no longer be available and the record will be locked. A Chancery Court Order would then be required to make any more changes to the Cause Of Death section.

Funeral Home Clerk/Funeral Director

The funeral home clerk or director should log in with the correct username and password on the main LOGIN screen.

Vitalware EDRS: Login

https://10.7.156.40:8080/login.m

Most Visited From Internet Explorer

Mississippi State Department of Health
TO PROMOTE AND PROTECT THE HEALTH OF ALL MISSISSIPPIANS

You are accessing the Mississippi State Department of Health's Electronic Death Registration System. All activity will be monitored. Actions performed on this system are subject to all applicable federal, state, and local laws, and the 'Rules Governing the Registration and Certification of Vital Events'.

Login

Username:

Password:

[I can't access my account](#)

WARNING: Unauthorised or improper use of this system is strictly prohibited and subject to civil and/or legal action.

This is the Home screen:

Mississippi State Department of Health
TO PROMOTE AND PROTECT THE HEALTH OF ALL MISSISSIPPIANS

Username: Organization: Role: Funeral Home Clerk

Home
Logout
EDRS
My Account
Contact Us/Help
Order Death Certificates

Welcome to the Mississippi Vital Records Electronic Death Registration System.

Select:

- "Home" to return to this page.
- "Logout" to exit the EDRS system.
- "EDRS" to access the EDRS system.
- "My Account" to access your account details.
- "Contact Us/Help" if you need any assistance with this system.

My Account

To change your password, select Change Password under My Account. On the Account Administration screen input your current password once and your new password twice. Click the Set Password button.

Mississippi State Department of Health
TO PROMOTE AND PROTECT THE HEALTH OF ALL MISSISSIPPIANS 

Username: dgale Organization: JOHN E STEPHENS CHAPEL (50N) Role: Funeral Director

Home
Logout
EDRS
My Account
Change Password
Update Profile
Contact Us/Help
Order Death Certificates

Account Administration

To change your password enter your existing password and your new password into the fields below.

Your password must be at least eight characters in length and include at least one letter, one digit, and one symbol or punctuation character.

Current Password:

New Password:

Confirm New Password:

SET PASSWORD

User Summary

To update/correct your profile, select Update Profile under My Account. On the Edit Profile screen you can only update your address and contact information. Click on the Update Profile button to save. Please contact the EDRS Help Desk if you need to update/correct your name and username details.

Username: **Organization:** **Role: Funeral Home Clerk**

Home
Logout
EDRS
My Account
Change Password
Update Profile
Contact Us/Help
Order Death Certificates

Edit Profile

Update your details and select Save below.

Details

Username: Some Name
First Name:
Middle Name:
Surname:
Role: Funeral Home Clerk

Address

Street Address:
City:
State:
Post/Zip Code:

Contact

Email Address:
Telephone Number(s): +
Fax Number:

Update Profile

Contact Us/Help

To contact the EDRS Help Desk please select Contact Us/Help (the last choice under Home). Please send an email to EDRSHelp@msdh.ms.gov or call 601-206-8275 for further assistance.

| | |
|---|--|
| Username: <input type="text"/> Organization: <input type="text"/> Role: Funeral Home Clerk | |
| Home Logout EDRS My Account Contact Us/Help Order Death Certificates | <p>Mississippi State Department of Health Vital Records Electronic Death Registration Technical Help.</p> <p>For assistance during the regular work day 8:00 a.m. to 5:00 p.m. CST Monday thru Friday email EDRSHelp@msdh.ms.gov or call 601-206-8275. Emails to this address are forwarded to help desk staff.</p> <p>For assistance after regular work hours and prior to 8:00 p.m. CST Monday thru Friday, or 8:00 a.m. thru 8:00 p.m. CST weekends and state-observed holidays email EDRSHelp@msdh.ms.gov or call 601-624-1963. During this time emails are forwarded to on-call staff.</p> <p>For general registration issues or questions on certified copy requests call 601-206-8200 and choose the menu item that best meets your needs.</p> |

On the navigational menu on the left side of the screen, select EDRS -> List Cases.

| | |
|---|---|
| Mississippi State Department of Health TO PROMOTE AND PROTECT THE HEALTH OF ALL MISSISSIPPIANS  | |
| Username: <input type="text"/> Organization: <input type="text"/> Role: Funeral Home Clerk | |
| Home Logout EDRS New Case List Cases My Account Contact Us/Help Order Death Certificates | <p>Select:</p> <ul style="list-style-type: none">• "New Case" to initiate a new case.• "List Cases" to view all cases that you currently have access to. |

On the Case List screen choose the case you wish to work on. If the list is long, spanning multiple pages, you can use the Search option by entering any details you know (Case Number, Surname, First Name, Medical Facility etc.) and clicking Search. You can reorder your list of cases by clicking on a column heading - Case Number, First Name, Surname, Date of Death, County of Death, or Case Status.

Username: Organization: Role: Funeral Director

Home
Logout
EDRS
New Case
List Cases
My Account
Contact Us/Help
Order Death Certificates

Case List

From this page you can access all cases that you currently have access to. You can search for cases using the filters below, or access individual cases from the case list at the bottom of this page. Access a case by selecting the Case Number for the case.

Filter Cases

Case Number:

Last Name:

First Name:

County of Death:

Medical Facility:

Date of Death: (mm/dd/yyyy, mm/yyyy, or yyyy)

Date of Death From: (mm/dd/yyyy)

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

Case Status:

84 Matches [5 pages]

« Start | Prev | 1 | 2 | 3 | 4 | 5 | Next | End » Records per page

| Case Number | First Name | Last Name | Date of Death | County of Death | Case Status |
|-------------|--------------|-----------|---------------|-----------------|-------------|
| 2019/000145 | UNIDENTIFIED | UNNAMED | 03/20/2019 | LAUDERDALE | IN PROGRESS |
| 2019/000142 | STRAWBERRY | SHORTCAKE | 03/20/2019 | LAUDERDALE | ASSIGNED |
| 2019/000141 | PINK | FLOWER | 03/20/2019 | LAUDERDALE | ASSIGNED |

After finding your case, click on the Case Number:

Username: Organization: Role: Funeral Director

Home
Logout
EDRS
 New Case
 List Cases
My Account
Contact Us/Help
Order Death Certificates

Case List

From this page you can access all cases that you currently have access to. You can search for cases using the filters below, or access individual cases from the case list at the bottom of this page. Access a case by selecting the Case Number for the case.

Filter Cases

Case Number:
Last Name:
First Name:
County of Death: 
Medical Facility:
Date of Death: (mm/dd/yyyy, mm/yyyy, or yyyy)
Date of Death From: (mm/dd/yyyy)
Date of Death To: (mm/dd/yyyy)
Case Status: NOT COMPLETED 

84 Matches [5 pages]

« Start | Prev | 1 | **2** | 3 | 4 | 5 | Next | End » Records per page

| Case Number | First Name | Last Name | Date of Death | County of Death | Case Status |
|-----------------------------|--------------|-----------|---------------|-----------------|-------------|
| 2019/000145 | UNIDENTIFIED | UNNAMED | 03/20/2019 | LAUDERDALE | IN PROGRESS |
| 2019/000142 | STRAWBERRY | SHORTCAKE | 03/20/2019 | LAUDERDALE | ASSIGNED |



The Case Summary will now be displayed. Go to the Case Menu at the upper right and choose Accept Case.

Mississippi State Department of Health
TO PROMOTE AND PROTECT THE HEALTH OF ALL MISSISSIPPIANS 

Username: **Organization:** **Role:** Funeral Home Clerk

[Home](#)
[Logout](#)
EDRS
[New Case](#)
[List Cases](#)
My Account
[Contact Us/Help](#)
[Order Death Certificates](#)

Case Summary

[Case Menu](#) [List Cases](#) [« Prev](#) [Next »](#)

[Accept Case](#)

[Reject Case](#)

A summary of this case is provided below. Please use the Case Menu to perform the processes applicable to your level of access.

Admin

Case Number:

Modification Date:

Modification Time:

Case Status

Funeral Director:

Medical Certifier:

Hospital Clerk:

Check above the Case Summary and you should see in green “Case Accepted. To access this case please select an option from the Case Menu.” At this point, select Edit Case.

Username: Organization: Role: Funeral Director

Home

Logout

EDRS

- New Case
- List Cases

My Account

Contact Us/Help

Order Death Certificates

Case Accepted. To access this case please select an option from the Case Menu.

Case Summary

A summary of this case is provided below. Please use the Case Menu processes applicable to your level of access.

Case Menu List Cases « Prev Next »

- Edit Case 
- Relinquish Case
- View/Print Draft Certificate
- Print Transit Permit

Admin

Case Number: 2019/000141

Modification Date: 03/22/2019

Modification Time: 10:44 AM

Case Status

Funeral Director: IN PROGRESS

Medical Certifier: IN PROGRESS

Hospital/Hospice Clerk: NOT ASSIGNED

State Medical Examiner: ASSIGNED

OVS Verification

OVS Status Code: NOT SUBMITTED ?

OVS Status Description:

Please note as well on the Case Summary page the section titled, **OVS Verification**. Of interest here to all Funeral Homes is the fact that SSA has approved online verification as a substitute for completing the SSA-721 Form. A copy of the SSA Letter is at the end of the manual.

The **Case Details** Screen will be displayed. It is laid out as one long screen. The tab key advances from field to field. You will know you've reached the bottom when you see the Save (bottom left) & Sign (bottom right) buttons. The fields that are colored gray are mandatory. They cannot be left blank. The long screen is first shown below as one whole – then it is broken into 4 segments below that to illustrate more detail.

Organization: JOHN E STEPHENS CHASEL (SON) Role: Funeral Director

Case Address
 Case Number: 0000/00000
 Hospital/Office: [Field]
 Coronary: LAKEWOOD COUNTY CORONERS OFFICE

Details of Deceased
 First Name: MORGAN
 Middle Name(s): [Field]
 Last Name: BIRD
 Other Last Name: [Field]
 Generational ID: [Field]
 Gender: FEMALE
 Time of Death: [Field]
 Date of Death: 03/07/2018
 Date of Death Qualifier: ACROSS

Deceased Race
 White: Black or African American:
 Chinese: Filipino:
 Japanese: Korean:
 Vietnamese: Native Hawaiian:
 Samoan: Asian Indian:
 Guamanian or Chamorro:
 American Indian or Alaska Native: Specify: [Field]
 Other Asian: Specify: [Field]
 Other Pacific Islander: Specify: [Field]
 Other: Specify: [Field]

Deceased
 Age: 38
 Age Units: YEARS
 Date of Birth: 03/03/1980
 Birth Place: MI - HERRINGSPRING
 Education: HIGH SCHOOL, HS DEGREE
 Marital Status: DIVORCED
 Surviving Spouse: [Field]
 Ever in U.S. Armed Forces: [Field]
 Hispanic Origin: NOT SPANISH/SPANISH/LATINO
 Specify Origin: [Field]
 Social Security Number: 000000000
 Usual Occupation: UNEMPLOYED
 Kind of Business: UNEMPLOYED

Deceased Residence
 State: MI - HERRINGSPRING
 County: LAKEWOOD
 City or Town: HERRINGSPRING
 Zip Code: 48060
 Street and Number: 111 4TH STREET
 Inside City Limits: YES
 Country, if not U.S.: [Field]

Deceased Parents
 Father First Name: JAMES
 Father Middle Name: [Field]
 Father Last Name: [Field]
 Mother First Name: MARY
 Mother Middle Name: [Field]
 Mother Maiden Name: BELL

Informant
 Informant Name: MARY BELL
 Relationship to Deceased: MOTHER
 Mailing Address: 111 4TH STREET HERRINGSPRING MI 48060

Disposition
 Disposition of Body: BURIAL
 Cemetery/Crematory Name: HERRINGSPRING CEMETERY
 Location (City and State): HERRINGSPRING MI

Funeral Home if Body Transferred
 Funeral Home: [Field]
 Mailing Address: [Field]

Case Notes
 Case notes are visible to other Records staff.
 Funeral Director Notes: [Field]

Save Clear Form Sign Case

- Home
- Logout
- EDRS
 - New Case
 - List Cases
- My Account
- Contact Us/Help
- Order Death Certificates

Case Details

[View/Print Draft Certificate](#) [Case Summary](#) [List Cases](#) [« Prev](#) [Next »](#)

Case Admin

Case Number: 2019/000110

Hospital/Hospice:

Coroner: LAUDERDALE COUNTY CORONERS OFFICE

Details of Deceased

First Name: MOURNING

Middle Name(s):

Last Name: BIRD

Other Last Name:

Generational Id: (JR, SR, etc.)

Gender: FEMALE

Time of Death:

Date of Death: 03/07/2019

Date of Death Qualifier: ACTUAL

Deceased Race

White:

Black or African American:

Chinese:

Filipino:

Japanese:

Korean:

Vietnamese:

Native Hawaiian:

Samoan:

Asian Indian:

Guamanian or Chamorro:

American Indian or Alaska Native: Specify:

Deceased

Age: 38

Age Units: YEARS

Date of Birth: 99/99/9999 (mm/dd/yyyy) ?

Birth Place: MS - MISSISSIPPI ?

Education: SOME COLLEGE, NO DEGREE

Marital Status: DIVORCED

Surviving Spouse: ?

Ever in U.S. Armed Forces:

Hispanic Origin: NOT SPANISH/HISPANIC/LATINO

Specify Origin:

Social Security Number: 999999999 ?

Usual Occupation: UNEMPLOYED

Kind of Business: UNEMPLOYED

Deceased Residence

State: MS - MISSISSIPPI ?

County: LAUDERDALE ?

City or Town: MERIDIAN ?

Zip Code: 99999 ?

Street and Number: 123 4TH STREET ?

Inside City Limits: YES

Country, if not U.S.: ?

Deceased Parents

Father First Name: UNKNOWN ?

Father Middle Name: ?

Father Last Name: ?

Mother First Name: MARY ?

Mother Middle Name: ?

Mother Maiden Name: MILLS ?

Informant

Informant Name: MARY WILLIAMS ?

Relationship to Decedent: MOTHER ?

Mailing Address: 5656 7TH AVENUE MERIDIAN MS 99999

Disposition

Disposition of Body: BURIAL ?

Cemetery/Crematory Name: ?

Location (City and State): ?

Funeral Home if Body Transferred

Funeral Home: ?

Mailing Address: ?

Case Notes

Case notes are visible to Vital Records staff.

Funeral Director Notes:

After you have completed keying all the Case Details, please review before saving. If proofing is easier for you with a printed copy, there is a clickable option to “View/Print Draft Certificate” on the upper right portion of the screen. After clicking on the Save button, provided all information is acceptable, you will see the following green message across the top of the screen:

This case has passed all validation checks.

If not, i.e., if there is a problem with any information keyed, you will see a red message instead:

Case Saved. Please scroll down and correct any validation errors.

There will also be red letter text as you scroll down the screen adjacent to the fields in question, such as the following example:

The screenshot shows a form with five fields, each with a red error message below it:

- Education:** A dropdown menu with a downward arrow. Below it, the text "Education is a mandatory field." is displayed in red.
- Marital Status:** A dropdown menu with a downward arrow. Below it, the text "Marital Status is a mandatory field." is displayed in red.
- Surviving Spouse:** A text input field with a question mark icon to its right.
- Ever in U.S. Armed Forces:** A dropdown menu with a downward arrow. Below it, the text "Ever in U.S. Armed Forces is a mandatory field." is displayed in red.
- Hispanic Origin:** A dropdown menu with a downward arrow. Below it, the text "Hispanic Origin is a mandatory field." is displayed in red.

More on OVS Verification

When the Social Security number is keyed and you click the Save button the individual’s first and last name, date of birth, gender and SSN number are verified online with SSA’s Master File of Social Security Numbers. You are allowed 5 online verification attempts. Make sure to check the OVS Verification section on the Case Summary page for a successful pass **before** the director signs the case.

If the verification passes, you will not have to send a separate SSA-721 to SSA to report the individual’s death. The social security number field on the Case Details page will be locked out but you can still change other demographic details before the director signs the case.

If the verification fails, please double check with the informant that the information you have is correct before submitting another attempt.

Some reasons for a non-successful match:

1. The individual's first name may differ from what's listed on the Individual's Master File.
2. The individual's last name given at birth or last name upon marriage or divorce, or judicial change of name may differ from what's listed as the last name on the Master File.
3. The gender in the Verification Request differs from the Master File for the same person.
4. The date of birth was keyed incorrectly and does not match what's listed with the person's Master File.

To submit another OVS verification request – If you make any changes on the Case Details page make sure to click the Save button. Return to the Case Summary page and click the Submit OVS Request button. You will soon receive another pass or fail result in the OVS Status Code box.

To see a list of your verification history for the Case, select SSN Verification History under Case Menu.

Username: Organization: Role: Funeral Director

Home
Logout
EDRS
New Case
List Cases
My Account
Contact Us/Help
Order Death Certificates

Case Summary

Case Menu | List Cases | « Prev Next »

A summary of this case is provided below. Please use the Case Menu to access the processes applicable to your level of access.

Admin

Case Number: 2018/000202
Modification Date: 05/24/2018
Modification Time: 02:18 PM

Case Status

Funeral Director: IN PROGRESS
Medical Certifier: ASSIGNED
Hospital/Hospice Clerk: NOT ASSIGNED
State Medical Examiner:

OVS Verification

OVS Status Code: SSN OF 999999999 MAY ?
OVS Status Description:

Case Menu
Edit Case
Relinquish Case
View/Print Draft Certificate
Print Transit Permit
SSN Verification History

The case must be Signed to be Completed. The Funeral Home Clerk cannot Sign cases - the Funeral Home Director must log in for Signing. The Funeral Home Director can click the Sign Case button on the bottom right at the end of the page to electronically "Sign" the case. After clicking the Sign button, a Confirm Sign Case popup window appears forcing a 2nd button push.

Informant

Confirm Sign Case X

Please confirm that you would like to sign this case. After signing you will not be able to edit the case.

Sign Case Cancel

Location (City and State): ?

Funeral Home if Body Transferred

Funeral Home: ?

Mailing Address: ?

Case Notes

Case notes are visible to Vital Records staff.

Funeral Director Notes:

Save Clear Form Sign Case

Logout

To logout please select Logout from the left hand navigational menu. You will see the popup message...

Message from webpage X

? Proceeding will cancel any existing process without saving. Are you sure that you want to continue?

OK Cancel

If you choose OK you will be logged out. This popup also appears at other times when the user makes a selection from the navigational menu. If you want to be sure you are not exiting without saving the latest changes, you may press Cancel, return to the screen you were on, and hit the Save button.

Print Order Form

After the case is signed by the Funeral Home Director, the Case Menu includes a Print Order Form option. This form can be printed, completed, and mailed to MS Vital Records in order to obtain Certified Copies of the Death Certificate.

| | | | | | |
|--------------------------------|--|--|--|---|--|
| Username: <input type="text"/> | | Organization: <input type="text"/> | | Role: Funeral Home Clerk | |
| Home | | <i>Case Signed.</i> | | | |
| Logout | | Case Summary | | Case Menu List Cases « Prev Next » | |
| EDRS | | A summary of this case is provided below. Please use the Case Menu to view and manage the case processes applicable to your level of access. | | | |
| New Case | | Admin | |  | |
| List Cases | | Case Number: <input type="text" value="2016/000174"/> | | | |
| My Account | | Modification Date: <input type="text" value="09/22/2016"/> | | | |
| Contact Us/Help | | Modification Time: <input type="text" value="10:26 AM"/> | | | |
| Order Death Certificates | | Case Status | | | |
| | | Funeral Director: <input type="text" value="SIGNED"/> | | | |
| | | Medical Certifier: <input type="text" value="IN PROGRESS"/> | | | |
| | | Hospital Clerk: <input type="text" value="IN PROGRESS"/> | | | |
| | | OVS Verification | | | |
| | | OVS Status Code: <input type="text" value="SSN OF 999999999 MAY"/> | | ? | |
| | | OVS Status Description: <input type="text"/> | | | |
| | | | | <input type="button" value="Submit OVS Request"/> | |
| | | Details of Deceased | | | |

Simply fill out the number of copies and total \$, then mail form and payment to MS Vital Records.

APPLICATION FOR CERTIFIED MISSISSIPPI DEATH CERTIFICATE

Mississippi State Department of Health

Vital Records

P. O. Box 1700, Jackson, Mississippi 39215-1700

| | | | | | | |
|---|------------|-------------|----------|--|----------------|---------------------|
| FULL NAME OF DECEASED | OWEN | FIRST | THE | MIDDLE | PENGUIN | LAST |
| DATE OF DEATH | 07 | MONTH | 20 | DAY | 2018 | YEAR |
| PLACE OF DEATH | LAUDERDALE | COUNTY | MERIDIAN | CITY OR TOWN | MISSISSIPPI | STATE |
| SEX | MALE | RACE | WHITE | SOCIAL SECURITY NUMBER | 999999999 | AGE AT DEATH |
| NAME OF FATHER | UNKNOWN | | | NAME OF MOTHER | MINNIE PENGUIN | |
| FUNERAL DIRECTOR | NAME | | | ADDRESS | | |
| PERSON OR FACILITY REQUESTING COPY | | | | | | |
| RELATIONSHIP OR INTEREST OF PERSON REQUESTING CERTIFICATE | | | | PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED | | |
| SIGNATURE OF APPLICANT | | | | | DATE | |

A DEATH RECORD SEARCH REQUIRES ADVANCE PAYMENT OF A NON REFUNDABLE SEARCH FEE OF \$17.00 AND VALID PHOTO IDENTIFICATION

The \$17.00 fee entitles the applicant to one Certified copy of the death record on file (November 1, 1912 to present) or if the record is not found, a "Not on File" statement will be issued. Surrounding counties and five years centered on year of death are searched if record is not located within county or year specified.

| | | | | |
|---------|---|---|---|---------|
| \$17.00 | x | 1 | = | \$17.00 |
|---------|---|---|---|---------|

Additional Certified copies of the same certificate ordered at the same time.
\$6.00 for each additional certified copy.

| | | | | |
|--------|---|--|---|--|
| \$6.00 | x | | = | |
|--------|---|--|---|--|

TOTAL AMOUNT ENCLOSED. Check (personalized with name, address and bank branch name and address printed on check) or Money Order payable to Mississippi Vital Records. Mississippi law allows an additional Service charge for dishonored checks. **(DO NOT SEND CASH)**

| | | | | |
|--------|--|---------------|--|---------------|
| | | No. of Copies | | Amt. Enclosed |
| Totals | | | | |

PHOTO IDENTIFICATION REQUIRED

Failure to provide the proper identification will result in the application being returned to you without processing. Acceptable forms of identification are: Valid Driver's License, State Issued Identification Car, Passport, and/or Military Identification Card, Valid School, College, or University Identification

APPLICANT NAME/DELIVERY INFORMATION

Pursuant to Section 41-57-2 of the Mississippi Code of 1975, Annotated, and as defined by Mississippi State Board of Health Rules and Regulations, I hereby certify that I have a legitimate and tangible interest in the death record requested. I understand that obtaining a record under false pretenses may subject me to the penalty as described in Section 41-57-27 of the Mississippi Code of 1975, Annotated.

PRINT YOUR MAILING ADDRESS HERE

| | | | |
|--|-------|----------|--|
| Applicant Name (Type or Print) | | | |
| Delivery Address, including APT number if applicable | | | Home phone number, including area code |
| City | State | ZIP Code | Work phone number, including area code |

DO NOT WRITE IN THE SPACES BELOW - FOR OFFICE USE ONLY

| | | |
|-------|------|------|
| 12-36 | S.C. | SUP. |
| 37-66 | S.C. | P. |
| S.C. | C.D. | CWA. |

Mississippi State Department of Health

Revised 02/2011

Form 523

If desired, the user may also order online by clicking on "Order Death Certificates" in the left pane navigation menu.

Mississippi State Department of Health
TO PROMOTE AND PROTECT THE HEALTH OF ALL MISSISSIPPIANS

Username: gmantziou Organization: STEPHENS FUNERAL HOME (38S) Role: Funeral Director

Home
Logout
EDRS
My Account
Contact Us/Help
Order Death Certificates ←

Welcome to the Mississippi Vital Records Electronic Death Registration System.

Select:

- "Home" to return to this page.
- "Logout" to exit the EDRS system.
- "EDRS" to access the EDRS system.
- "My Account" to access your account details.
- "Contact Us/Help" if you need any assistance with this system.

Screenshot of Vital Chek Funeral Home Portal Home Page...

VitalChek
A LexisNexis Company

America's Leading Source for Government Certified Vital Records

About Us | Help

Username:
Password:

Login

[Forgot your password?](#) [Change your password?](#)

NFD
National Funeral Directors Association

BBB ACCREDITED BUSINESS

TRUSTe
CERTIFIED PRIVACY

Testimonials | Site Security | Privacy Policy | Site Map | Legal
Copyright © 2017 LexisNexis Risk Solutions. All rights reserved.

Coroner/Deputy Coroner

The Coroner's Office should receive notification emails of case assignments by other facilities (Hospital, Hospice, Funeral Home). Coroners also have permission/responsibility to start new cases, including assignment to the proper Funeral Home and the State Medical Examiner. Coroners are the only EDRS role able to complete a case from start to finish – this would only happen rarely, in the situation where there is no other organization/facility involvement (Hospital, Hospice, Funeral Home).

Please use the descriptive guide below to walk through some of the primary EDRS functions you will be carrying out.

Coroners will receive login credentials via email from the MS Vital Records office. After receiving those credentials, log into the EDRS system and view the HOME screen below. The top bar will include your Username, Organization, & Role.



The screenshot shows the login page for the Mississippi State Department of Health's EDRS system. At the top, the department's name and logo are displayed. Below this is a header bar with the text "Mississippi State Department of Health" and the tagline "TO PROMOTE AND PROTECT THE HEALTH OF ALL MISSISSIPPIANS". Underneath the header bar, there are three input fields: "Username:" followed by a white box, "Organization:" followed by a white box, and "Role: Coroner".

On the left side of the page, there is a vertical navigation menu with the following items: "Home", "Logout", "EDRS", "My Account", "Contact Us/Help", and "Order Death Certificates".

The main content area of the page displays a welcome message: "Welcome to the Mississippi Vital Records Electronic Death Registration System." Below the welcome message, it says "Select:" followed by a bulleted list of instructions:

- "Home" to return to this page.
- "Logout" to exit the EDRS system.
- "EDRS" to access the EDRS system.
- "My Account" to access your account details.
- "Contact Us/Help" if you need any assistance with this system.

On the left side of the screen, note the navigational menu. The Welcome message located on the center of the screen has a brief one line description of each of the navigational menu options.

Before you proceed, it is a good idea to select [My Account](#) and change your password to something you can easily remember. Also, EDRS passwords do not automatically “expire” after a certain amount of time. You may change your password as frequently or infrequently as you desire.

Username: Organization: Role: Coroner

Home
Logout
EDRS
My Account
Change Password
Update Profile
Contact Us/Help
Order Death Certificates

Account Administration

To change your password enter your existing password and your new password into the fields below.

Your password must be at least eight characters in length and include at least one letter, one digit, and one symbol or punctuation character.

Current Password:

New Password:

Confirm New Password:

Return to the navigational menu on the left and click on EDRS. You will see the following screen. Again, note the brief description in the center of the screen of the two navigational menu options available.

Mississippi State Department of Health
TO PROMOTE AND PROTECT THE HEALTH OF ALL MISSISSIPPIANS 

Username: Organization: Role:

Home
Logout
EDRS
New Case
List Cases
My Account
Contact Us/Help
Order Death Certificates

Select:

- "New Case" to initiate a new case.
- "List Cases" to view all cases that you currently have access to.

Coroners are able to initiate a New Case under most conditions. Select New Case under EDRS. Please note the instructional text in the center of the screen. Key in the requested information and press the Continue button.

Mississippi State Department of Health
TO PROMOTE AND PROTECT THE HEALTH OF ALL MISSISSIPPIANS

Username: [] Organization: [] Role: Coroner

Home
Logout
EDRS
New Case
List Cases
My Account
Contact Us/Help
Order Death Certificates

New Case

If the death occurred in a Hospital or Hospice Facility, and the Hospital or Hospice facility is on the EDRS, be aware that they are also able to initiate the case. In order to avoid potential duplicates, please keep open lines of communication with the facility.

Fill in the boxes below and click "Continue" to determine if this case can be filed electronically.

County of Death: FRANKLIN

No Funeral Director Involved:

Assign to a Funeral Home: MARSHALL FUNERAL HOME (19M)

Assign a Funeral Home to this case.

Continue **Clear Form**

At this point the system will do a quick check to make sure this death can be filed electronically (in EDRS). All Coroners are EDRS participants. Therefore, if the Funeral Home you've entered is an EDRS participant you will be given the green light to go ahead and start a new case (see below).

Mississippi State Department of Health
TO PROMOTE AND PROTECT THE HEALTH OF ALL MISSISSIPPIANS

Username: [] Organization: [] Role: Coroner

Home
Logout
EDRS
New Case
List Cases
My Account
Contact Us/Help
Order Death Certificates

New Case

This death can be filed electronically.
Use this form to initiate a new case. The EDRS system will first search for a duplicate case that has already been created.

Case Admin

Funeral Home: MARSHALL FUNERAL HOME (19M)
Coroner: FRANKLIN COUNTY CORONERS OFFICE

Details of Deceased

First Name: TEST ?
Middle Name(s): []
Last Name: CASE ?
Generational Id: [] (JR, SR, etc.)
Date of Death: 3/21/2019 14 (mm/dd/yyyy)
County of Death: FRANKLIN
Gender: UNKNOWN

Continue **Clear Form**

Click Continue to Create the Case. A notification email will be sent to the assigned funeral home telling them a new case has been assigned to them.

If the funeral home is not an EDRS participant, a red letter warning appears PLUS a “Case Assignment Failed” message pops up alerting you that this case must be filed on paper (see below).

The screenshot shows the EDRS interface for a coroner. At the top, it displays 'Username: [redacted]', 'Organization: [redacted]', and 'Role: Coroner'. A left-hand navigation menu includes 'Home', 'Logout', 'EDRS' (with sub-items 'New Case' and 'List Cases'), 'My Account', 'Contact Us/Help', and 'Order Death Certificates'. The main content area is titled 'New Case' and contains the following text: 'If the death occurred in a Hospital or Hospice Facility, and the Hospital or Hospice facility is on the EDRS, be aware that they are also able to initiate the case. In order to avoid potential duplicates, please keep open lines of communication with the facility.' Below this, it says 'Fill in the boxes below and click "Continue" to determine if this case can be filed electronically.' The form fields are: 'County of Death: FRANKLIN' (dropdown), 'No Funeral Director Involved: ' (checkbox), and 'Assign to a Funeral Home: ROLLINS FUNERAL HOME (32R)' (dropdown). A red warning message is displayed below the dropdown: 'This facility is not registered in the EDRS system. This case must be submitted on paper.' Below the warning is the text 'Assign a Funeral Home to this case.' At the bottom of the form are 'Continue' and 'Clear Form' buttons. A modal dialog box titled 'Case Assignment Failed' is open, containing the text: 'The Funeral Home you entered is not registered in the EDRS system. This death cannot be filed electronically. You should complete your portion on a paper death certificate and then forward the paper certificate to the other parties for completion. Click Ok to return to the previous screen.' An 'Ok' button is located at the bottom right of the modal.

Note the “No Funeral Home Involved” checkbox above. This checkbox would be checked in the rare situation where the Coroner completes the entire case (both demographic & medical) due to no other organizational involvement. See the following pages for screen illustrations of the rare but possible “Coroner Only” case.

The New Case section looks exactly the same as it would if there were other participants. Note at the top under **Case Admin** the Funeral Home assignment field is blank. Hovering the mouse over the question mark (?) following certain fields reveals context-sensitive help. These bits of field-level information offer very good tips/assistance, especially in the early stages of using the EDRS. Please pay attention also to any formatting style information following certain fields. Date of Death below has (mm/dd/yyyy) for example. You must type the / (forward slashes). This particular date field includes the pop-out Calendar as well – allowing the use of the mouse to select a date instead of typing it in - if desired. When all information on this screen has been entered, press the **Continue** button to proceed to Case Details.

Username: [redacted] Organization: FRANKLIN COUNTY CORONERS OFFICE Role: Coroner

Home
Logout
EDRS
New Case
List Cases
My Account
Contact Us/Help
Order Death Certificates

New Case
This death can be filed electronically.
Use this form to initiate a new case. The EDRS system will first search for a duplicate case that has already been created.

Case Admin
Funeral Home:
Coroner: FRANKLIN COUNTY CORONERS OFFICE

Details of Deceased
First Name: UNNAMED ?
Middle Name(s): [redacted]
Last Name: UNIDENTIFIED
Generational Id: [redacted] (JR, SR, etc.)
Date of Death: 14 (mm/dd/yyyy)
County of Death: [redacted]
Gender: [redacted]
Date of Birth: [redacted]
Social Security Number: [redacted]

March 2019
Su Mo Tu We Th Fr Sa
1 2
3 4 5 6 7 8 9
10 11 12 13 14 15 16
17 18 19 20 21 22 23
24 25 26 27 28 29 30
31

Enter "UNNAMED" if deceased is an unnamed infant or unidentified.

Continue **Clear Form**

The Coroner will be entering everything in this case – both medical AND demographics typically keyed by the Funeral Home. Again, this will all be displayed as one long scrollable screen – doubly long in this case. See the screen broken up into segments in the following images...

The EDRS system checks for a duplicate case during the New Case process. If the last name, date of death, and the first three letters of the first name match a case already listed in the system you should see the popup message below. Click the OK button and then choose List Cases under EDRS on the left.

Username: Organization: Role: Funeral Director

Home
Logout
EDRS
 New Case
 List Cases
My Account
Contact Us/Help
Order Death Certificates

New Case
This death can be filed electronically.
Use this form to initiate a new case. The EDRS system will first search for a duplicate case that has already been created.

Case Admin
Funeral Home: JOHN E STEPHENS CHAPEL (50N)
Coroner: LAUDERDALE COUNTY CORONERS OFFICE

Details of Deceased
First Name: UNIDENTIFIED ?
Middle Name(s):
Last Name: UNNAMED ?
Generational Id: (JR, SR, etc.)
Date of Death: 3/20/2019 14 (mm/dd/yyyy)
County of Death: LAUDERDALE

Duplicate Case Detected ✕

A potential duplicate case already assigned to your facility has been found. Please access this case via the 'List Cases' menu.

Ok

Username:

Organization:

Role: Coroner

Home

Logout

EDRS

New Case

List Cases

My Account

Contact Us/Help

Order Death Certificates

Case Created.

Case Details

[View/Print Draft Certificate](#) [Case Summary](#)

Case Admin

Case Number: 2019/000146

Hospital/Hospice:

Coroner: FRANKLIN COUNTY CORONERS OFFICE

Details of Deceased

First Name: UNNAMED

Middle Name(s):

Last Name: UNIDENTIFIED

Other Last Name:

Generational Id:

(JR, SR, etc.)

Gender: UNKNOWN

Age Group, if Female:

Time of Death:

(hh:mm AM/PM) ?

Date of Death: 03/20/2019

14 (mm/dd/yyyy) ?

Date of Death Qualifier: ACTUAL

Deceased Race

White:

Black or African American:

Chinese:

Filipino:

Japanese:

Korean:

Vietnamese:

Native Hawaiian:

Samoan:

Asian Indian:

Guamanian or Chamorro:

American Indian or Alaska Native: Specify:

Other Asian: Specify:

Other Pacific Islander: Specify:

Other: Specify:

Deceased

Age:
Age Units: YEARS
Date of Birth: 99/99/9999 (mm/dd/yyyy) ?
Birth Place: ?

Place of Death

If the Place of Death is the Decedent's Home, the Place of Death address will be copied from the Decedent's Residential address supplied by the Funeral Director.

Place of Death:
Education:
Marital Status:
Surviving Spouse: ?
Ever in U.S. Armed Forces:
Hispanic Origin:
Specify Origin:
Social Security Number: 999999999 ?
Usual Occupation:
Kind of Business:

Deceased Residence

State:
County: ?
City or Town: ?
Zip Code: ?
Street and Number: ?
Inside City Limits:
Country, if not U.S.: ?

Deceased Parents

Father First Name: ?

Father Middle Name: ?

Father Last Name: ?

Mother First Name: ?

Mother Middle Name: ?

Mother Maiden Name: ?

Informant

Informant Name: ?

Relationship to Decedent: ?

Mailing Address:

Disposition

Disposition of Body: ?

Cemetery/Crematory Name: ?

Location (City and State): ?

Funeral Home if Body Transferred

Funeral Home: ?

Mailing Address: ?

Pronouncement

Person Who Pronounced Death:

Pronounced Dead (Date): 14 (mm/dd/yyyy) ?

Pronounced Dead (Time): (hh:mm AM/PM) ?

Refer to State Medical Examiner:

Cause of Death Part I ?

Enter the immediate cause of death in the first box, followed by the interval or length of time between the onset of that condition and death. Then, in the following boxes, sequentially list the diseases/conditions/events, if any, that led to the immediate cause, followed by the interval between the onset of each condition and death. The UNDERLYING CAUSE OF DEATH (which is the disease, condition, or event that BEGAN the process resulting in death), should be entered in the LAST box completed, again followed by the interval between the onset of that condition and death.

Immediate Cause of Death (a):
(Final disease or condition resulting in death)

Interval Between Onset and Death:

Due To, or as a Consequence Of: ?

Interval Between Onset and Death:

Due To, or as a Consequence Of: ?

Interval Between Onset and Death:

Due To, or as a Consequence Of: ?

Interval Between Onset and Death:

Cause of Death Part II

Other Significant Conditions: ?

Postmortem Examination Performed:

Postmortem Examination Findings Available:

Did Tobacco Use Contribute to Death:

If Female:

Please select the manner of death. Indicate 'Not Natural' if death is from any type of external event, hematoma not specified as spontaneous or non-traumatic, injury, accident, suicide, homicide, poisoning, fracture(s), exposure to heat or cold, drug toxicity, transport accident, overdose, fall, cuts, drowning, gunshot, burns, scalding, hanging, strangulation, inhalation/choking on object, fire, smoke, legal intervention, etc.

Was Death Natural: Natural Not Natural

Case Notes

Case notes are visible to Vital Records staff.

Medical Certifier Notes:

Funeral Director Notes:

Save **Clear Form**

Sign Case

This concludes the New Case option for Coroner's Offices. On the left-hand navigational menu, select List Cases to display a screen similar to the one below. The top section first includes (under **Case List**) a brief description of the screen. **Filter Cases** allows the user to search for a particular case or group of cases if desired. If no search is done, the bottom section displays ALL cases assigned to your office. The list of cases can be sorted by clicking on the column heading in bold. When you see the case you are ready to work on, click on the associated Case Number (noted in red) to proceed.

Notice the **Case Status** box. By default, you will always see your list of Incomplete cases first. To see your Completed or All Cases list change the filter then click **Search**.

Username: Organization: Role: Coroner

Home

Logout

EDRS

New Case

List Cases

My Account

Contact Us/Help

Order Death Certificates

Case List

From this page you can access all cases that you currently have access to. You can search for cases using the filters below, or access individual cases from the case list at the bottom of this page. Access a case by selecting the Case Number for the case.

Filter Cases

Case Number:

Last Name:

First Name:

County of Death:

Medical Facility:

Funeral Home:

Date of Death: (mm/dd/yyyy, mm/yyyy, or yyyy)

Date of Death From: (mm/dd/yyyy)

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

Case Status: 

212 Matches [11 pages]

« Start | Prev | 1 | **2** | 3 | 4 | 5 | Next | End » Records per page

| <u>Case Number</u> | <u>First Name</u> | <u>Last Name</u> | <u>Date of Death</u> | <u>County of Death</u> | <u>Case Status</u> |
|-----------------------------|-------------------|------------------|----------------------|------------------------|--------------------|
| 2019/000145 | UNIDENTIFIED | UNNAMED | 03/20/2019 | LAUDERDALE | ASSIGNED |
| 2019/000142 | STRAWBERRY | SHORTCAKE | 03/20/2019 | LAUDERDALE | IN PROGRESS |
| 2019/000141 | PINK | FLOWER | 03/20/2019 | LAUDERDALE | IN PROGRESS |
| 2019/000140 | PETE | WEST | 03/14/2019 | LAUDERDALE | IN PROGRESS |
| 2019/000139 | JOE | TEST | 03/19/2019 | LAUDERDALE | IN PROGRESS |
| 2019/000138 | BLUE | BIRD | 03/15/2019 | LAUDERDALE | IN PROGRESS |
| 2019/000132 | BLACK | BIRD | 03/15/2019 | LAUDERDALE | IN PROGRESS |
| 2019/000131 | WHITE | DOVE | 03/14/2019 | LAUDERDALE | SIGNED |
| 2019/000130 | TESTCASE | THURSDAY | 03/14/2019 | LAUDERDALE | IN PROGRESS |
| 2019/000129 | TAKAKA | TONGA | 03/12/2019 | LAUDERDALE | SIGNED |
| 2019/000128 | LUKA | KABOB | 03/11/2019 | LAUDERDALE | SIGNED |
| 2019/000127 | BALD | EAGLE | 03/14/2019 | LAUDERDALE | SIGNED |
| 2019/000126 | LULA | KABOB | 03/14/2019 | LAUDERDALE | IN PROGRESS |
| 2019/000125 | RED | BIRD | 03/14/2019 | LAUDERDALE | SIGNED |
| 2019/000124 | PEGGY | PENGUIN | 03/14/2019 | LAUDERDALE | SIGNED |
| 2019/000123 | BLACK | BIRDD | 03/14/2019 | LAUDERDALE | IN PROGRESS |
| 2019/000122 | BLUE | JAYY | 03/14/2019 | LAUDERDALE | SIGNED |

[Click Here to Select Case...](#) 

The Case Summary will be displayed. Click on the Case Menu on the upper right to see your options at this point - Accept Case, Reject Case, Re-assign Coroners Office.

| | | | | | |
|--|---|---|--|---------------|--|
| Username: <input type="text"/> | | Organization: <input type="text"/> | | Role: Coroner | |
| Home Logout EDRS New Case List Cases My Account Contact Us/Help Order Death Certificates | Case Menu List Cases « Prev Next » | | | | |
| | <h3>Case Summary</h3> | | | | |
| | <p>A summary of this case is provided below. Please use the Case Menu to select the processes applicable to your level of access.</p> | | | | |
| | <p>Admin</p> | | | | |
| | Case Number: | | <input type="text" value="2019/000145"/> | | |
| | Modification Date: | | <input type="text" value="03/21/2019"/> | | |
| | Modification Time: | | <input type="text" value="04:06 PM"/> | | |
| | <p>Case Status</p> | | | | |
| | Funeral Director: | | <input type="text" value="IN PROGRESS"/> | | |
| | Medical Certifier: | | <input type="text" value="ASSIGNED"/> | | |
| Hospital/Hospice Clerk: | | <input type="text" value="NOT ASSIGNED"/> | | | |
| State Medical Examiner: | | <input type="text" value="NOT ASSIGNED"/> | | | |

Choose Accept Case. The following Case Summary screen appears...

| | | | | | |
|--|---|---|--|---------------|--|
| Username: <input type="text"/> | | Organization: <input type="text"/> | | Role: Coroner | |
| Home Logout EDRS New Case List Cases My Account Contact Us/Help Order Death Certificates | <i>Case Accepted. To access this case please select an option from the Case Menu.</i> | | | | |
| | Case Menu List Cases « Prev Next » | | | | |
| | <h3>Case Summary</h3> | | | | |
| | <p>A summary of this case is provided below. Please use the Case Menu to select the processes applicable to your level of access.</p> | | | | |
| | <p>Admin</p> | | | | |
| | Case Number: | | <input type="text" value="2019/000145"/> | | |
| | Modification Date: | | <input type="text" value="03/21/2019"/> | | |
| | Modification Time: | | <input type="text" value="04:20 PM"/> | | |
| | <p>Case Status</p> | | | | |
| | Funeral Director: | | <input type="text" value="IN PROGRESS"/> | | |
| Medical Certifier: | | <input type="text" value="IN PROGRESS"/> | | | |
| Hospital/Hospice Clerk: | | <input type="text" value="NOT ASSIGNED"/> | | | |
| State Medical Examiner: | | <input type="text" value="NOT ASSIGNED"/> | | | |

Choose Reject Case. The following List Cases screen appears. Your office will no longer have access to the case. An email notification will be sent to whoever Assigned this case to you so that they can assign to a different medical certifier.

Username:
Organization:
Role: Coroner

Home
Case Rejected.

Logout

EDRS

New Case

List Cases

My Account

Contact Us/Help

Order Death Certificates

Case List

From this page you can access all cases that you currently have access to. You can search for cases using the filters below, or access individual cases from the case list at the bottom of this page. Access a case by selecting the Case Number for the case.

Filter Cases

Case Number:

Last Name:

First Name:

County of Death:

Medical Facility:

Funeral Home:

Date of Death: (mm/dd/yyyy, mm/yyyy, or yyyy)

Date of Death From: (mm/dd/yyyy)

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

Case Status: ▼

211 Matches [11 pages]

« Start | Prev | 1 | **2** | 3 | 4 | 5 | Next | End » Records per page

| Case Number | First Name | Last Name | Date of Death | County of Death | Case Status |
|-----------------------------|------------|-----------|---------------|-----------------|-------------|
| 2017/000047 | TIM | JONES | 02/02/2017 | LAUDERDALE | IN PROGRESS |
| 2016/000058 | ANDREW | LEE | 01/07/2016 | LAUDERDALE | IN PROGRESS |
| 2016/000166 | B'ETHANY | SHERRILL | 04/15/2016 | SCOTT | IN PROGRESS |
| 2016/000204 | UNKNOWN | UNKNOWN | 10/03/2016 | LAUDERDALE | IN PROGRESS |

51
Manual Revised 5/15/19

Choose Re-assign Coroners Office. The following screen displays. In the Re-assign popup window, select the desired Coroners Office and click the Reassign button. A notification email will be sent to the newly Re-assigned Coroners Office alerting them they have a new case.

Username: Organization: Role: Coroner

Home
Logout
EDRS
 New Case
 List Cases
My Account
Contact Us/Help
Order Death Certificates

Case Summary

[Case Menu](#) [List Cases](#) [« Prev](#) [Next »](#)

A summary of this case is provided below. Please use the Case Menu to access available case processes applicable to your level of access.

Admin

Case Number:

Modification Date:

Modification Time:

Case Status

Funeral Director:

Medical Certifier:

Hospital/Hospice Clerk:

State Medical Examiner:

Re-assign Coroners Office

Select a Coroners Office:

Now you have accepted the case and are ready to proceed with completion of your portion (medical/cause of death) of the death certificate. After selecting the case from your Case Listing, the Case Summary will be displayed as follows. Select Edit Case from the upper right-hand menu.

Username: Organization: Role: Coroner

Home
Logout
EDRS
 New Case
 List Cases
My Account
Contact Us/Help
Order Death Certificates

Case Summary

[Case Menu](#) [List Cases](#) [« Prev](#) [Next »](#)

A summary of this case is provided below. Please use the Case Menu to view the processes applicable to your level of access.

Admin

Case Number:

Modification Date:

Modification Time:

Case Status

Funeral Director:

Medical Certifier:

Hospital/Hospice Clerk:

State Medical Examiner:

- Edit Case
- Relinquish Case
- Re-assign Coroners Office
- View/Print Draft Certificate
- Print Transit Permit

The Case Details screen will be displayed.

Username: Organization: Role: Coroner

Home
Logout
EDRS
 New Case
 List Cases
My Account
Contact Us/Help
Order Death Certificates

Case Details

[View/Print Draft Certificate](#) [Case Summary](#) [List Cases](#) [« Prev](#) [Next »](#)

Case Admin

Case Number: 2019/000143
Hospital/Hospice:
Funeral Home: MARSHALL FUNERAL HOME (19M)

Details of Deceased

First Name: WHITE
Middle Name(s):
Last Name: DOVE
Other Last Name:
Generational Id: (JR, SR, etc.)
Gender: MALE
Age Group, if Female: ?
Time of Death: (hh:mm AM/PM) ?
Date of Death: 03/20/2019 14 (mm/dd/yyyy) ?
Date of Death Qualifier: ACTUAL

Place of Death

If the Place of Death is the Decedent's Home, the Place of Death address will be copied from the Decedent's Residential address supplied by the Funeral Director.

Place of Death: DECEDENT'S HOME
Location if not in a Facility:
County of Death:
City/Town or Location of Death:
Zip Code: ?

Please pay attention to the emphasis above on the hover help (?) associated with the **Cause of Death Part I** section. Also, the descriptive text underneath the **Cause of Death Part I** heading is important to recognize. Please note areas of emphasis below...

Cause of Death Part II

Other Significant Conditions: ?

Postmortem Examination Performed:

Postmortem Examination Findings Available:

Did Tobacco Use Contribute to Death:

If Female:

Please select the manner of death. Indicate 'Not Natural' if death is from any type of external event, hematoma not specified as spontaneous or non-traumatic, injury, accident, suicide, homicide, poisoning, fracture(s), exposure to heat or cold, drug toxicity, transport accident, overdose, fall, cuts, drowning, gunshot, burns, scalding, hanging, strangulation, inhalation/choking on object, fire, smoke, legal intervention, etc.

Was Death Natural: Natural Not Natural

Manner of Death:

Date of Injury: 14 (mm/dd/yyyy) ?

Time of Injury: (hh:mm AM/PM) ?

Describe How Injury Occurred: ?

If Transportation Injury, Specify Status of the Deceased: ?

Injury At Work:

Place of Injury: ?

Location of Injury: ?

Case Notes

Case notes are visible to Vital Records staff.

Medical Certifier Notes:

Save **Clear Form** **Sign Case**

In case the text is too small above:

Note this section!

Please select the manner of death. Indicate 'Not Natural' if death is from any type of external event, hematoma not specified as spontaneous or non-traumatic, injury, accident, suicide, homicide, poisoning, fracture(s), exposure to heat or cold, drug toxicity, transport accident, overdose, fall, cuts, drowning, gunshot, burns, scalding, hanging, strangulation, inhalation/choking on object, fire, smoke, legal intervention, etc.

Fill out the Case Details section, including Cause of Death. Once you have finished click the **Save** button at the bottom left corner of the screen. Be sure to carefully review everything before clicking the **Sign Case** button on the bottom right. You can still make changes UNTIL the case is signed. The **Sign Case** button will be enabled once the case successfully passes all validation checks. When you are satisfied that everything is complete and correct, click the **Sign Case** button.

To Refer the Case To The State Medical Examiner: In the pronouncement section on the Case Details page, choose Yes to Refer the Case to the State Medical Examiner. If Yes is selected, the Cause of Death Part 1, some sections of Part 2, and the Manner of Death, will become unavailable and be completed by the SME. The immediate Cause of Death (a) will default to Pending SME Result. The coroner will still have answer Did Tobacco Contribute to Death and Pregnancy Status if Female.

Refer to State Medical Examiner: YES

Cause of Death Part I ?

Enter the immediate cause of death in the first box, followed by the interval or length of time between the onset of that condition and death. Then, in the following boxes, sequentially list the diseases/conditions/events, if any, that led to the immediate cause, followed by the interval between the onset of each condition and death. The UNDERLYING CAUSE OF DEATH (which is the disease, condition, or event that BEGAN the process resulting in death), should be entered in the LAST box completed, again followed by the interval between the onset of that condition and death.

Immediate Cause of Death (a): PENDING SME RESULT
(Final disease or condition resulting in death)

Interval Between Onset and Death:

Due To, or as a Consequence Of: ?

Interval Between Onset and Death:

Due To, or as a Consequence Of: ?

Interval Between Onset and Death:

Due To, or as a Consequence Of: ?

Interval Between Onset and Death:

Cause of Death Part II

Other Significant Conditions: ?

Postmortem Examination Performed:

Postmortem Examination Findings Available:

Did Tobacco Use Contribute to Death: NO

If Female: NOT PREGNANT WITHIN THE PAST YEAR

Please select the manner of death. Indicate 'Not Natural' if death is from any type of external event, hematoma not specified as spontaneous or non-traumatic, injury, accident, suicide, homicide, poisoning, fracture(s), exposure to heat or cold, drug toxicity, transport accident, overdose, fall, cuts, drowning, gunshot, burns, scalding, hanging, strangulation, inhalation/choking on object, fire, smoke, legal intervention, etc.

Not Natural will automatically be selected for you to complete the rest of the bottom section. When finished click the **Save** button. **Click the Sign Case button to complete your portion.** The SME will be notified via email that they have been assigned the case.

Was Death Natural: Natural Not Natural

Manner of Death:

Date of Injury: (mm/dd/yyyy) ?

Time of Injury: (hh:mm AM/PM) ?

Describe How Injury Occurred: ?

If Transportation Injury, Specify Status of the Deceased:

Injury At Work:

Place of Injury: ?

Location of Injury: ?

Case Notes

Case notes are visible to Vital Records staff.

Medical Certifier Notes:

If the cause is pending - awaiting the results of an autopsy or toxicology – please go ahead and sign the case to complete! You can return to the case later and complete a Cause Amendment. **Amend Cause of Death** is an option on the Case Menu. You will only be able to amend the cause of death section **ONCE**. After that the Amend Case option will no longer be available. If you need to make another amendment please contact the Help Desk.

Username: Organization: Role: Coroner

Home *Case Signed.*

Logout

EDRS

- New Case
- List Cases

My Account

Contact Us/Help

Order Death Certificates

Case Summary Case Menu List Cases « Prev Next »

A summary of this case is provided below. Please use the Case Menu to access the processes applicable to your level of access.

Admin

Case Number:

Modification Date:

Modification Time:

Case Status

Funeral Director:

Medical Certifier:

Hospital/Hospice Clerk:

State Medical Examiner:

Amend Cause of Death

View/Print Draft Certificate

Print Transit Permit

State Medical Examiner

The SME Office will receive login credentials via email from the MS Vital Records office. After receiving those credentials, log into the EDRS system.



You are accessing the Mississippi State Department of Health's Electronic Death Registration System. All activity will be monitored. Actions performed on this system are subject to all applicable federal, state, and local laws, and the 'Rules Governing the Registration and Certification of Vital Events'.

Login

You have been logged out.

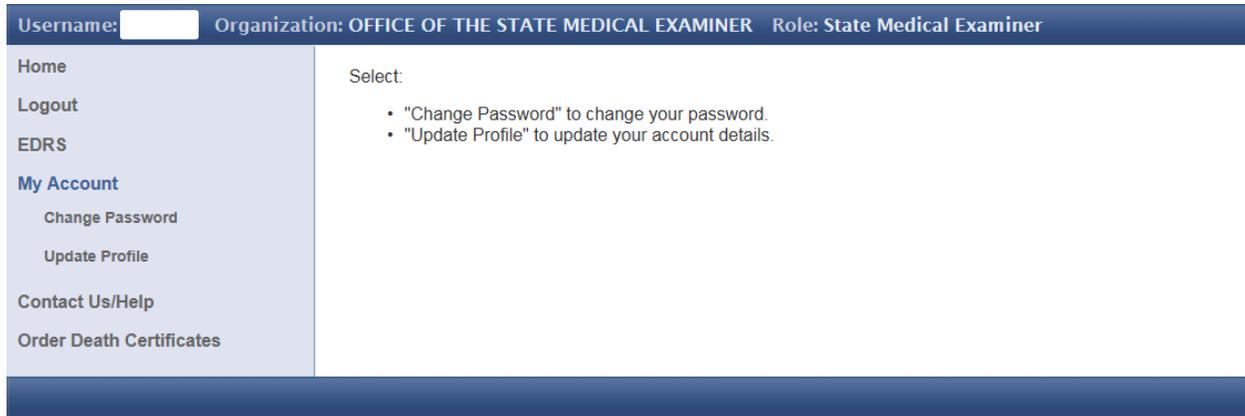
Username:
Password:

LOGIN

[I can't access my account](#)

WARNING: Unauthorised or improper use of this system is strictly prohibited and subject to civil and/or legal action.

Once in you see the screen below. Select My Account. Under My Account you will see Change Password and Update Profile. See screen below.



Select Change Password. The following screen appears. Set a new password you can more easily remember.

| | |
|--|---|
| Username: <input type="text"/> Organization: OFFICE OF THE STATE MEDICAL EXAMINER Role: State Medical Examiner | |
| Home Logout EDRS My Account Change Password Update Profile Contact Us/Help Order Death Certificates | <h3>Account Administration</h3> <p>To change your password enter your existing password and your new password into the fields below.</p> <p>Your password must be at least eight characters in length and include at least one letter, one digit, and one symbol or punctuation character.</p> <p>Current Password: <input type="password"/></p> <p>New Password: <input type="password"/></p> <p>Confirm New Password: <input type="password"/></p> <p><input type="button" value="SET PASSWORD"/></p> |

The “Contact Us/Help” section provides general information for working hours, contact email and telephone numbers.

| | |
|--|---|
| Mississippi State Department of Health TO PROMOTE AND PROTECT THE HEALTH OF ALL MISSISSIPPIANS  | |
| Username: ddoolittle Organization: OFFICE OF THE STATE MEDICAL EXAMINER Role: State Medical Examiner | |
| Home Logout EDRS My Account Contact Us/Help Order Death Certificates | <h3>Mississippi State Department of Health Vital Records Electronic Death Registration Technical Help.</h3> <p>For assistance during the regular work day 8:00 a.m. to 5:00 p.m. CST Monday thru Friday email EDRSHelp@msdh.ms.gov or call 601-206-8275. Emails to this address are forwarded to help desk staff.</p> <p>For assistance after regular work hours and prior to 8:00 p.m. CST Monday thru Friday, or 8:00 a.m. thru 8:00 p.m. CST weekends and state-observed holidays email EDRSHelp@msdh.ms.gov or call 601-624-1963. During this time emails are forwarded to on-call staff.</p> <p>For general registration issues or questions on certified copy requests call 601-206-8200 and choose the menu item that best meets your needs.</p> |

When a Coroner refers the case to the State Medical Examiner, your office will receive a case assignment email. To accept the case, log in and select EDRS. You will see the screen below and an option to List Cases.

Click on List Cases. The list at the bottom of the screen will be the cases assigned to your office to complete the cause of death and manner of death information. Look for cases where Case Status is Assigned or In Progress as these are cases that need to be completed. Click on the underlined case number.

| Case Number | First Name | Last Name | Date of Death | County of Death | Case Status |
|--------------------|------------|-----------|---------------|-----------------|-------------|
| <u>2019/000142</u> | STRAWBERRY | SHORTCAKE | 03/20/2019 | LAUDERDALE | IN PROGRESS |
| <u>2019/000141</u> | PINK | FLOWER | 03/20/2019 | LAUDERDALE | ASSIGNED |
| <u>2019/000140</u> | PETE | WEST | 03/14/2019 | LAUDERDALE | ASSIGNED |

Click on Case Menu and choose Accept Case. If your office will not handle the case, select Reject Case.

Username: nismith Organization: OFFICE OF THE STATE MEDICAL EXAMINER Role: State Medical Examiner

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Order Death Certificates

Case Summary

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A summary of this case is provided below. Please use the Case Menu to perform the processes applicable to your level of access.

Admin

Case Number: 2019/000142
Modification Date: 03/21/2019
Modification Time: 12:17 PM

Case Status

Funeral Director: ASSIGNED
Medical Certifier: IN PROGRESS
Hospital/Hospice Clerk: NOT ASSIGNED
State Medical Examiner: ASSIGNED

Accept Case
Reject Case

To edit, click Case Menu again then choose Edit Case. After accepting if the SME will not be involved, choose Relinquish Case.

Username: [redacted] Organization: OFFICE OF THE STATE MEDICAL EXAMINER Role: State Medical Examiner

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Case Accepted. To access this case please select an option from the Case Menu.

Case Summary

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A summary of this case is provided below. Please use the Case Menu to perform the processes applicable to your level of access.

Admin

Case Number: 2019/000142
Modification Date: 03/21/2019
Modification Time: 12:21 PM

Case Status

Funeral Director: ASSIGNED
Medical Certifier: IN PROGRESS
Hospital/Hospice Clerk: NOT ASSIGNED
State Medical Examiner: IN PROGRESS

Edit Case
Relinquish Case
View/Print Draft Certificate

Now enter the information for the Cause of Death and the Manner of Death fields only. When finished click the **Save** button on the bottom left. Click the **Sign Case** button on the bottom right **ONLY AFTER THE CASE HAS PASSED ALL VALIDATION CHECKS AND AFTER CAREFUL REVIEW**. You can still make changes before signing. When satisfied click on the **Sign Case** button.

Cause of Death Part I ?

Enter the immediate cause of death in the first box, followed by the interval or length of time between the onset of that condition and death. Then, in the following boxes, sequentially list the diseases/conditions/events, if any, that led to the immediate cause, followed by the interval between the onset of each condition and death. The **UNDERLYING CAUSE OF DEATH** (which is the disease, condition, or event that **BEGAN** the process resulting in death), should be entered in the **LAST** box completed, again followed by the interval between the onset of that condition and death.

Immediate Cause of Death (a): SEVERE CLOSED HEAD TRAUMA
(Final disease or condition resulting in death)

Interval Between Onset and Death: 11 DAYS

Due To, or as a Consequence Of: ?

Interval Between Onset and Death:

Due To, or as a Consequence Of: ?

Interval Between Onset and Death:

Due To, or as a Consequence Of: ?

Interval Between Onset and Death:

Cause of Death Part II

Other Significant Conditions: ?

Was Death Natural: Natural Not Natural

Manner of Death: ACCIDENT

Date of Injury: 03/19/2019 14 (mm/dd/yyyy) ?

Time of Injury: (hh:mm AM/PM) ?

Describe How Injury Occurred: DECEDENT FELL OFF LADDER ?

If Transportation Injury, Specify Status of the Deceased: ?

Injury At Work: NO

Place of Injury: HOME ?

Location of Injury: 123 4TH AVENUE MERIDIAN MS ?

Case Notes

Case notes are visible to Vital Records staff.

Medical Certifier Notes:

Save **Clear Form** **Sign Case**

If you need to **Amend Cause of Death**, select this option from under the Case Menu.

The screenshot shows the EDRS interface for a State Medical Examiner. The top navigation bar includes 'Username: [redacted]', 'Organization: OFFICE OF THE STATE MEDICAL EXAMINER', and 'Role: State Medical Examiner'. The main content area is titled 'Case Signed.' and 'Case Summary'. A 'Case Menu' dropdown is open, showing options: 'Amend Cause of Death', 'View/Print Draft Certificate', and 'List Cases'. Below the menu, the case details are displayed in a form:

| | |
|--------------------------------|-------------|
| Case Number: | 2019/000135 |
| Modification Date: | 03/15/2019 |
| Modification Time: | 04:20 PM |
| Case Status | |
| Funeral Director: | COMPLETED |
| Medical Certifier: | COMPLETED |
| Hospital/Hospice Clerk: | COMPLETED |
| State Medical Examiner: | COMPLETED |

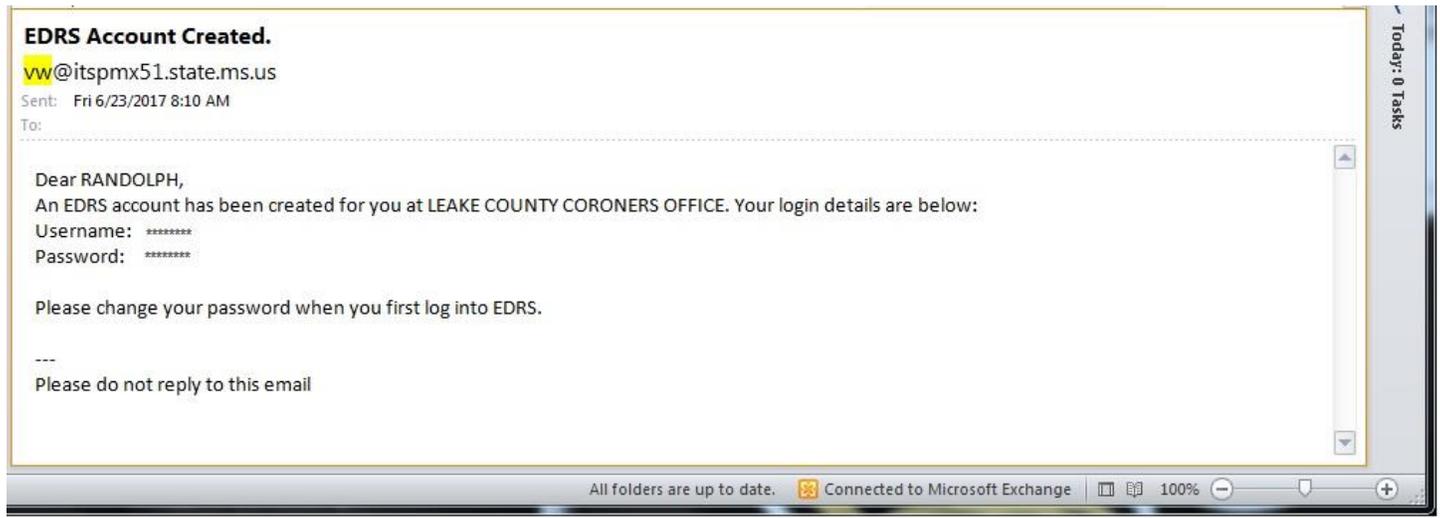
After selecting Amend Cause of Death, the Edit Details screen will be displayed. You will be able to amend the cause section and manner of death only **ONCE**. After that the Amend Option will no longer be available. If you need to make another amendment please contact the Help Desk.

This concludes the User Guide. We hope it has been and will continue to be a useful resource for all users of the EDRS in Mississippi. We will continue to update it as time permits and as changes are made or new features added.

Signed,
EDRS Help Desk
MS Vital Records

Email Examples

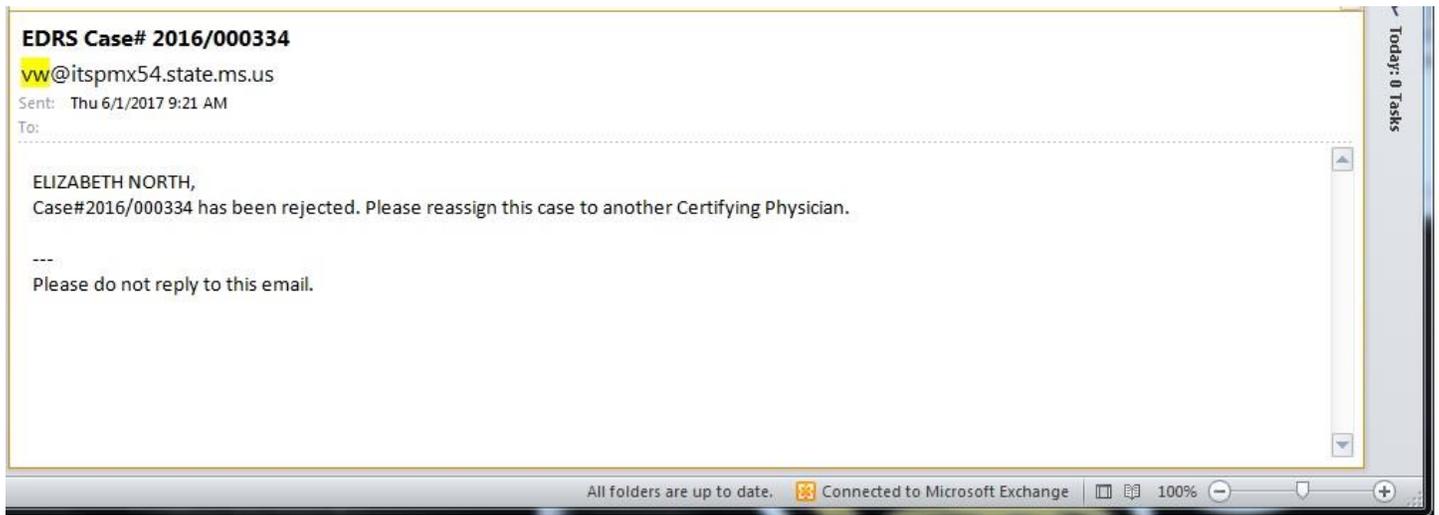
The screenshot below is for a Coroners Office user. The message content will be essentially the same for other New Account Created emails, regardless of organization & role.



The screenshot below is for a New Case Assignment. The example is for a Funeral Home. The message content will be essentially the same for other New Case Assignment emails, regardless of organization & role.



The screenshot below is when a case has been rejected. This one was sent to the assigning Hospital Clerk. It was rejected by the Certifying Physician. The message content will be essentially the same for other Case Rejected emails, regardless of organization & role.





SOCIAL SECURITY

July 2017

Dear Funeral Director:

We are writing to you to announce our new procedures regarding Social Security's "Statement of Death by the Funeral Director (SSA-721)" form. The state of Mississippi now has access to the Electronic Death Registration System (EDRS) as of July 8, 2017.

Beginning July 8, 2017, if you use Mississippi's EDRS to register deaths, you will no longer need to send a separate SSA-721 to SSA to report an individual's death. When EDR reports are received, they can be processed with no additional verification of the death information. This allows for the immediate and automatic termination of deceased individuals' benefits and suspension of benefits if the decedent served as a representative payee.

Although we do not expect issues, as with any automated process, there might be cases that do not process correctly through EDRS. If you receive a request to complete an SSA-721, we ask that you assist the SSA Field Offices with these requests so that we can all continue to deliver professional customer service to the families of the deceased.

We still need your help to share information with potential survivors, as they may be entitled to benefits. You can help us by distributing the last two pages of the SSA-721 to families as you register the decedent's information. These pages provide valuable information about potential benefits that may be payable and how survivors can apply for these benefits.

If you do not use Mississippi's EDRS, or if you cannot verify the SSN through the EDRS system, we ask that you send us the SSA-721 as you have done in the past.

Thank you for your assistance in this process.

Sincerely,

Jessica MacBride

/s/ Jessica MacBride Director,

Earnings, Enumeration and Medicare Policy,

Office of Income and Security Programs