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# Maryland Electronic Death Registration Medical Certifier Training Guide

September 2015

Version 2.0

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## Getting Started with MD-EDRS

MD-EDRS functions similarly to typical online web applications. To use MD-EDRS, you will need:

- Internet connectivity
- A web browser
- Adobe reader (which may be downloaded at no charge from <http://www.adobe.com>)
- A laser printer
- A scanner (certain users only).

You will also need to configure your web browser to enable:

- Pop-ups; and
- JavaScript©

Configuring your website to allow for pop-ups will depend on which web browser you are using. If you are not able to see or print certificates after following the instructions, you should check whether your web browser is allowing pop-ups.



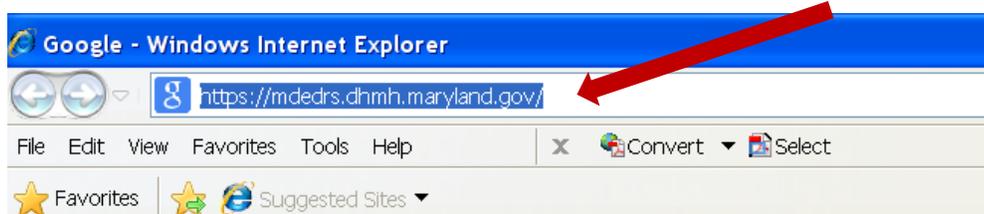
For information on enabling JavaScript© please go to <http://www.activatejavascript.org> for step-by-step instructions.

## Logging onto MD-EDRS

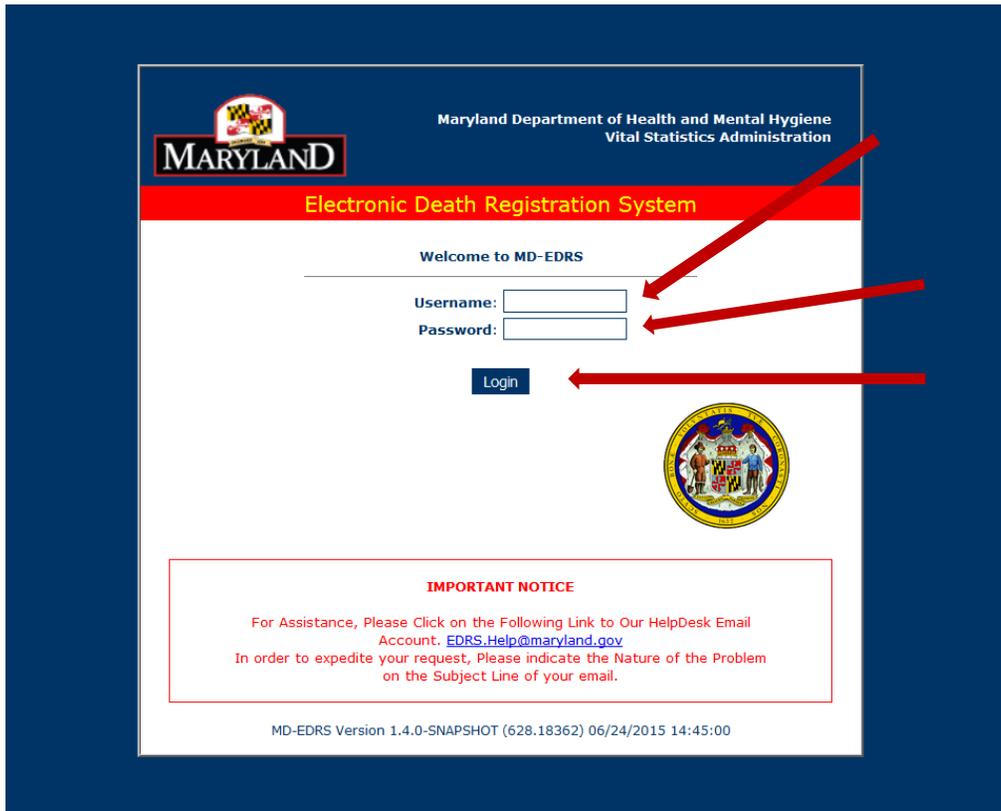
1. To get started with the EDRS system, you will need to open your web browser and key in the following URL address: <https://mdedrs.dhmh.maryland.gov>

FOR TRAINING PURPOSES, please go to the following URL address:

**<https://mdedrs.dhmh.maryland.gov/train>**. \*\*Please DO NOT ENTER ANY REAL CASES in this location.\*\*



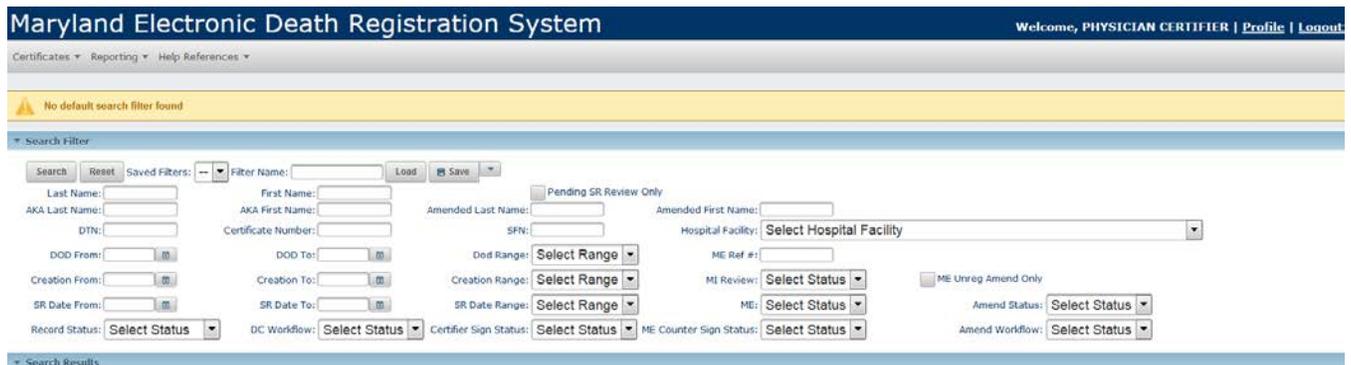
2. Enter the username and password which has been assigned to you by the MD-EDRS system administrator. Then click “Login.”



**\*\*NOTE:** First time users will be prompted to change the password that was assigned. If prompted by your browser to save your password, please click “no”.

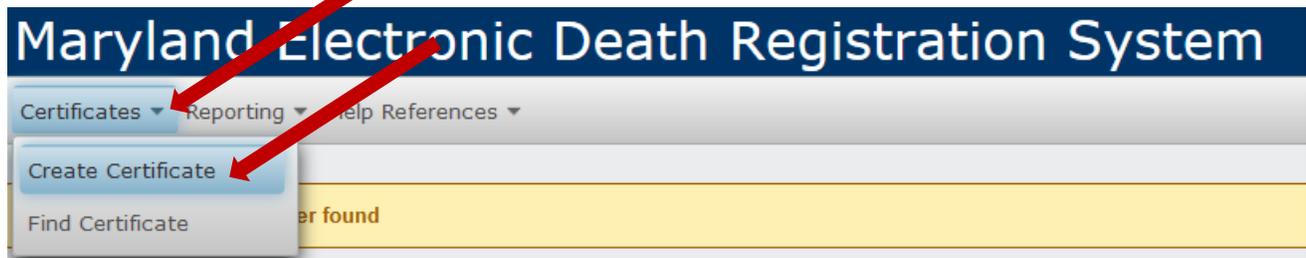
**Please make a note of your username and password and store the information in a secure location.**

Once you are logged in, the screen below will appear:

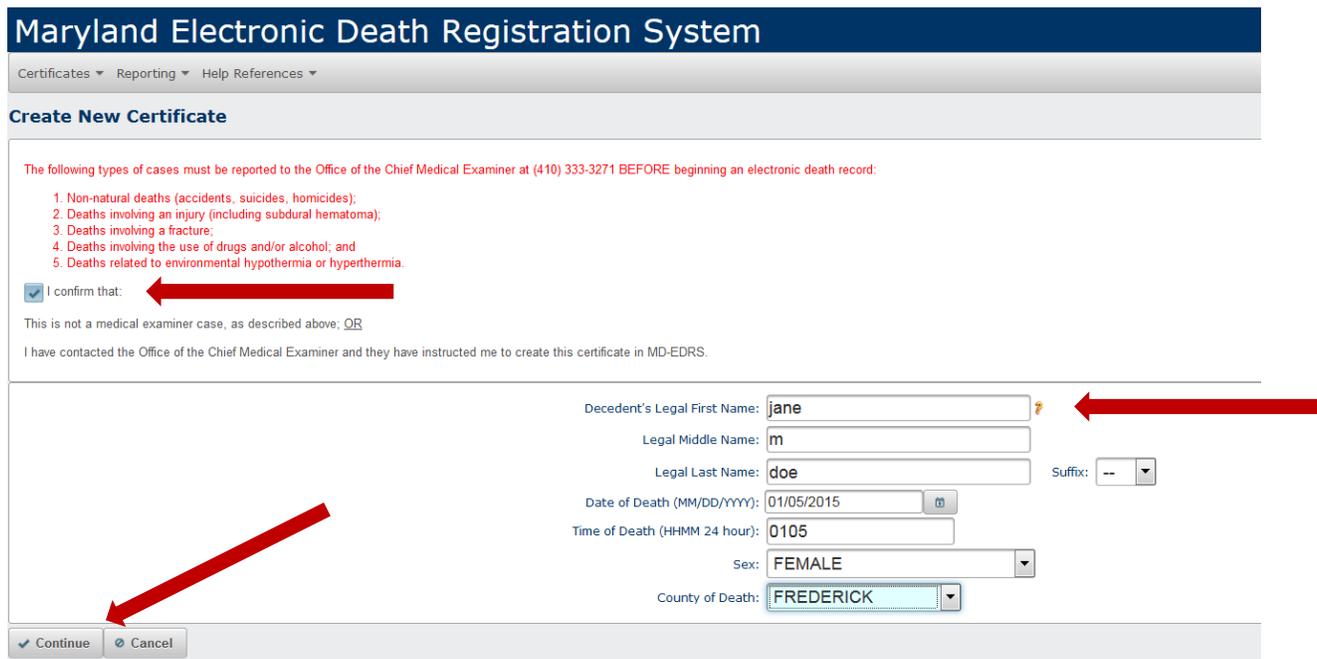


## Creating a New Record

1. Once logged in, click on the Certificate tab and then “Create Certificate”:



2. Confirm that the death is not a Medical Examiner case or that you have contacted the Office of the Chief Medical Examiner and have been instructed to create the certificate in MD-EDRS. Enter the decedent’s information and click “Continue.”



**Maryland Electronic Death Registration System**

Certificates Reporting Help References

### Create New Certificate

The following types of cases must be reported to the Office of the Chief Medical Examiner at (410) 333-3271 BEFORE beginning an electronic death record:

1. Non-natural deaths (accidents, suicides, homicides);
2. Deaths involving an injury (including subdural hematoma);
3. Deaths involving a fracture;
4. Deaths involving the use of drugs and/or alcohol; and
5. Deaths related to environmental hypothermia or hyperthermia.

I confirm that:

This is not a medical examiner case, as described above;  OR

I have contacted the Office of the Chief Medical Examiner and they have instructed me to create this certificate in MD-EDRS.

Decedent's Legal First Name:  ?

Legal Middle Name:

Legal Last Name:  Suffix:

Date of Death (MM/DD/YYYY):

Time of Death (HHMM 24 hour):

Sex:

County of Death:

**\*\*NOTE:** If there are any records that have been started by other users for the same decedent in the system, they will show up in the “Potential Duplicate Record Browser” (see image on the next page).

This could happen if a funeral home has started and transferred a record to you, or if you didn't know that another medical certifier had already started the record. If you find a match, click on the decedent's last name and complete the Medical Information section of the record (instructions follow).

Potential Duplicate Record Browser

Potential Duplicate Records were found. The record you started may already exist. Browse potential duplicates below, select an existing record, or continue the new record using this information:

Create Record Cancel

Displaying rows 0 to 0 of 0

Last Name	First Name	Date of Death	Attest Status	MI Review Status	ME Status	Certificate Number	Record Status
No records found.							

Displaying rows 0 to 0 of 0

Other Potential Duplicates in Jurisdiction (1 of 1)

Last Name	First Name	Date of Death	Creating Organization
DOE	JANE	2015-02-25 00:00:00.0	FRAMPTON FUNERAL HOME BY THE COALE'S, P.A.

(1 of 1)

## Entering the Medical Information

3. Once the following screen appears, Click on the Medical Information tab on the bottom of the page.

Certificate Options Permit Options Validation Save [F8]

1. First Name: JANE Middle Name: M Last Name: DOE 2. Date of Death: 01/05/2015 6. Sex: FEMALE Certificate: 447 Status: INC

The decedent's legal name is noted above. If applicable, enter an "also known as" (AKA) name.

- Decedents AKA if applicable
  - First Name: ?
  - Middle Name: ?
  - Last Name: ?
  - Suffix: ?
- If applicable, prior to first marriage
  - First Name: ?
  - Middle Name: ?
  - Last (Birth) Name: ?
  - Suffix: ?
- Social Security Number: ?
- Sex: FEMALE
- Date of Birth: (MM/DD/YYYY): ?
- Age Type: ?
- Place of Birth: Address Type: US STATE? State: ?
- 10a. Usual Residence of Decedent: Address Type: US STATE? State: ?
- 10b. County: ?
- 10c. City, Town, or Location: ?
- 10d. Inside City Limits: ?
- 10e. Street Number: ? Street Name: ? Apt/Suite/Unit: ?
- 10f. Zip Code: ?
11. Marital Status: ?
12. Was Decedent Ever in U.S. Armed Forces: ?
13. Was Decedent of Hispanic Origin: ?
14. Race: ?
  - White
  - Black or African American
  - American Indian / Alaska Native
  - Tribe: ?
  - Asian Indian
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Vietnamese
  - Other Asian
  - Specify: ?
  - Other
  - Specify: ?
  - Native Hawaiian
  - Guamanian or Chamorro
  - Samoan
  - Other Pacific Islander
  - Specify: ?
- Decedent's Education: ?
- 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired): ?

Personal Information Medical Information Funeral Director Certificate View

4. The following screen will appear. You should complete the items on this page as you currently do on the triplicate paper copy of the Death Certificate.

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

1. First Name: JANE Middle Name: M Last Name: DOE 2. Date of Death: 01/05/2015 6. Sex: FEMALE Certificate: 447 Status: INC

1. Decedent's Legal First Name: JANE ?  
 Middle Name: M  
 Last Name: DOE Suffix: --

2. Date of Death (MM/DD/YYYY): 01/05/2015 ?

3. Time of Death: 0105 ?

4. County of Death: FREDERICK ?

26. Place of Death: -- ?  
 Medical Facility: -- ?

4a. Facility Name (if not an institution, enter the street number and name below): ?  
 Street Number: Street Name: Apt/Suite/Unit:

4b. City or Town: ?  
 Zip Code: -

23a. Part I  
 Enter the chain of events - disease, injuries, or complications - that directly caused the death, DO NOT enter terminal events (mode of dying), such as cardiac arrest, respiratory arrest, or ventricular fibrillation, without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

Approximate Interval Between Onset and Death

Immediate Cause (Final disease Or condition resulting in death) a.  ?  
 Due to (or as a consequence of):

b.  ?  
 Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE(disease or injury that initiated the events resulting in the death) LAST. c.  ?  
 Due to (or as a consequence of):

Personal Information Medical Information Funeral Director Certificate View

**\*\*PLEASE NOTE\*\***

- A number of fields on the page will auto-populate.
- If Place of Death is inpatient, ER/Outpatient, DOA, Hospice, or Nursing home/long term care facility, items 4a and 4b will be automatically populated. Items 4a and 4b are only completed if place of death is "Decedent's Home" or "Other."
- If the Manner of Death is "Natural," items 28a-28g should be skipped.
- Clicking on the ? next to each item will provide explanatory information on completing the item.
- "Approximate interval between onset and death" and "Contributing Causes" are both required fields. If you have no information to report, or the information is unknown, enter a hyphen (-).

## Validating the Medical Information

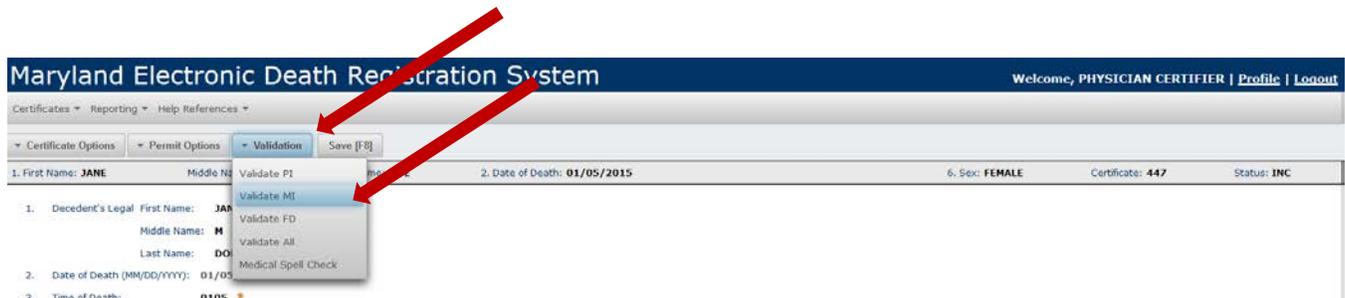
5. After all of the information on the Medical Information tab has been entered, click on the Validation tab near the top of the screen and then on “Validate MI” to check for any errors. It may take a moment for the information to be validated.



6. If any errors are identified, they will be listed on the screen and should be corrected in order to proceed.



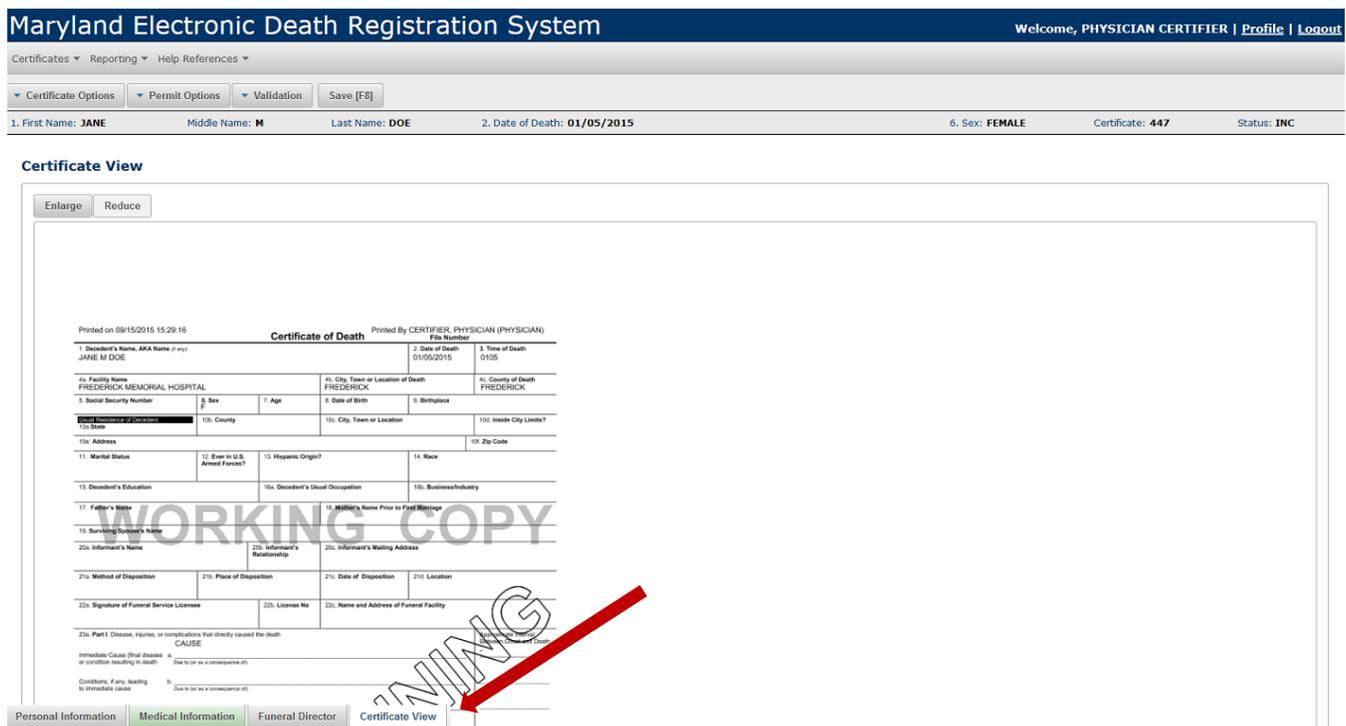
7. If necessary, click on the Validation tab and then “Validate MI” button again to be sure there are no additional errors.



8. When the information has been validated, a message indicating “Successfully Validated Medical Information” will appear. Click the Save[F8] tab to save the record.

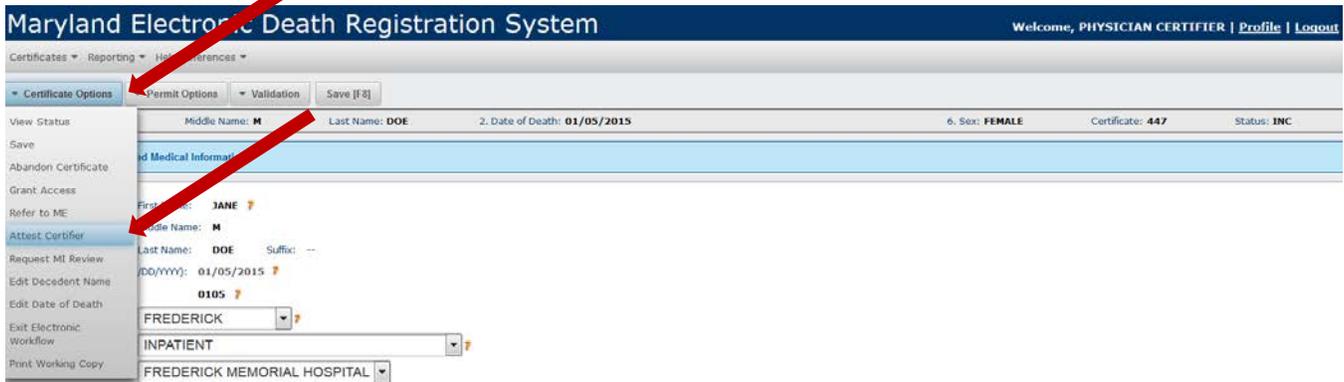


9. The certificate should be reviewed thoroughly for errors before it is attested. To review the certificate’s content, click on the Certificate View tab located at the bottom of the screen. This step can be completed at any time.

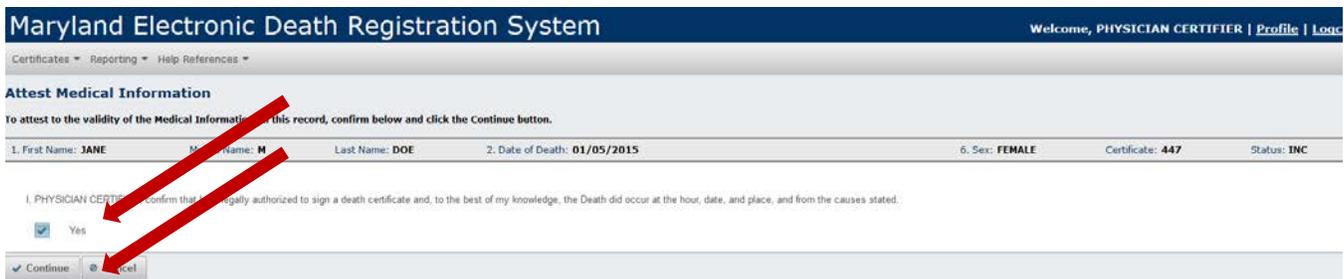


## Attesting of the Certificate

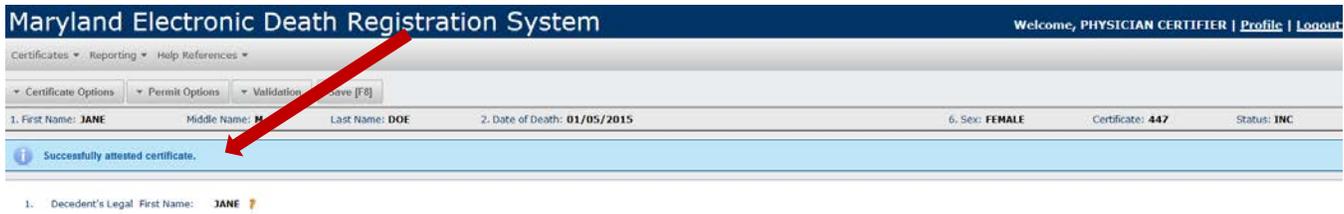
10. If the Medical Certifier (physician, certified nurse practitioner, physician assistant) has personally entered the Medical Information, he or she may immediately certify the information by clicking on the Certificate Options tab and then on “Attest Certifier.”



11. When the following page appears, the Medical Certifier should check “Yes” and then “Continue.”



A message will appear indicating that the certificate was successfully attested.



If the Medical Information was completed by a hospital/facility staff member who is NOT the Medical Certifier, the record should be saved, and the Medical Certifier must log onto the system **USING HIS OR HER OWN LOGON AND PASSWORD**, locate the record, and personally attest to the information on the certificate.

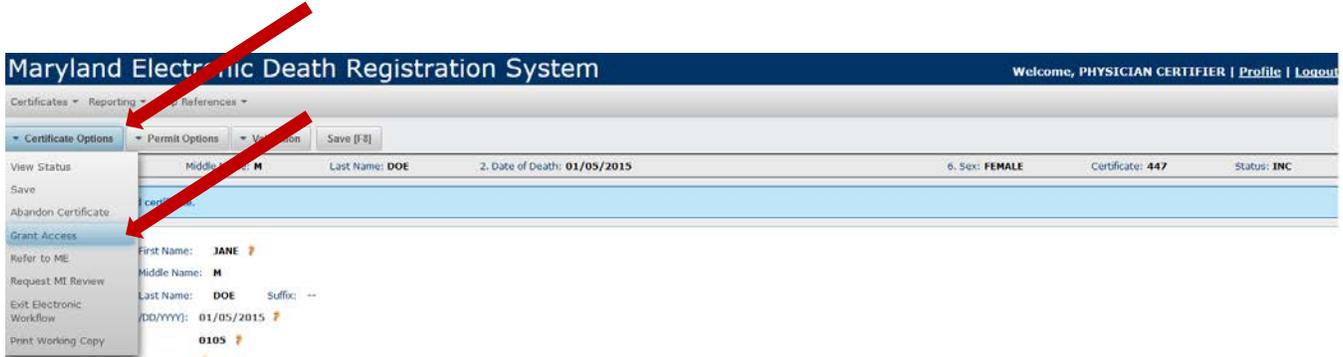
## Transferring the Certificate to the Funeral Home

12. Transferring an electronic record can be done at various stages:

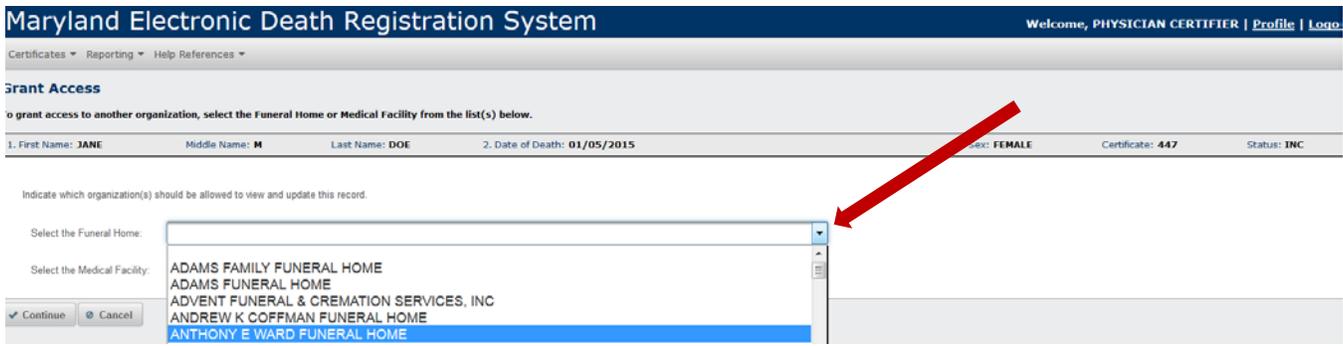
1. The Medical Certifier and/or staff may transfer a record to a funeral home any time after the record is first created.

2. It is not necessary to wait until the Medical Certifier has signed the record to make the transfer.
3. The Medical Certifier and the Funeral Director may work on the record concurrently.
4. The Medical Certifier and/or his or her staff may also transfer the record after it is signed by the Medical Certifier.

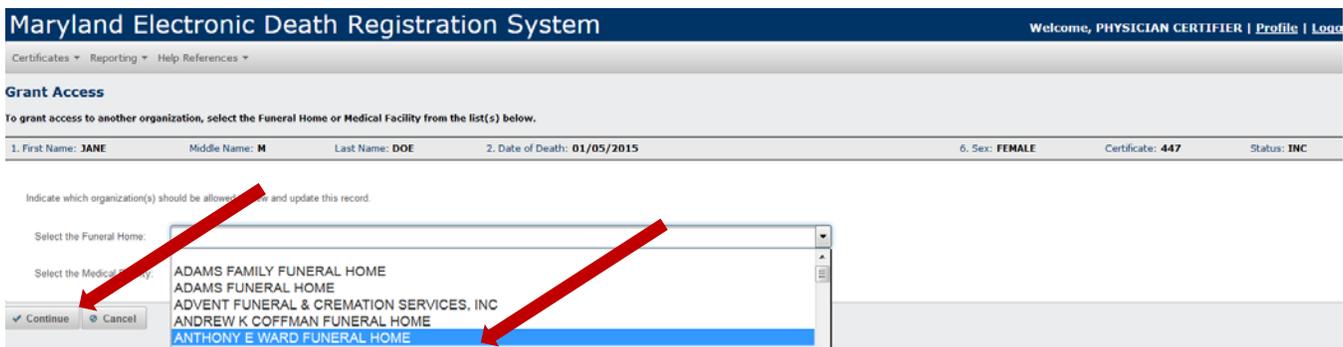
To transfer a record to a funeral home, select “Grant Access” from the Certificate Options tab.



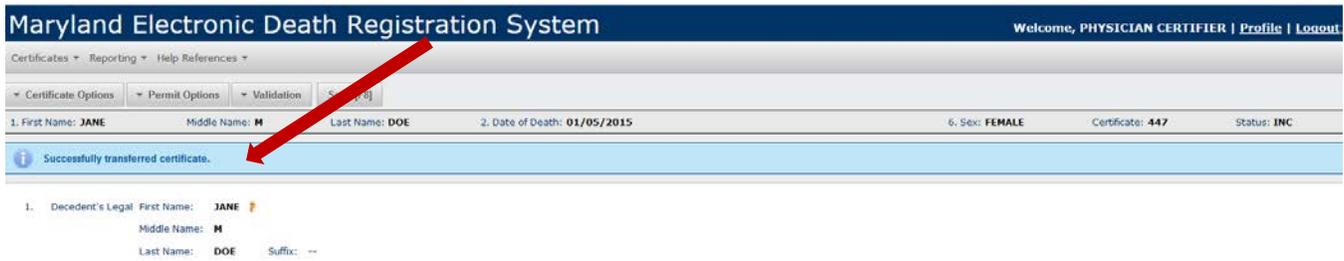
If the funeral home is registered with MD-EDRS, the name will appear on the drop-down menu. If the name of the funeral home does not appear, please contact the help desk at [EDRS.help@maryland.gov](mailto:EDRS.help@maryland.gov).



13. Select the funeral home and then click “Continue.”

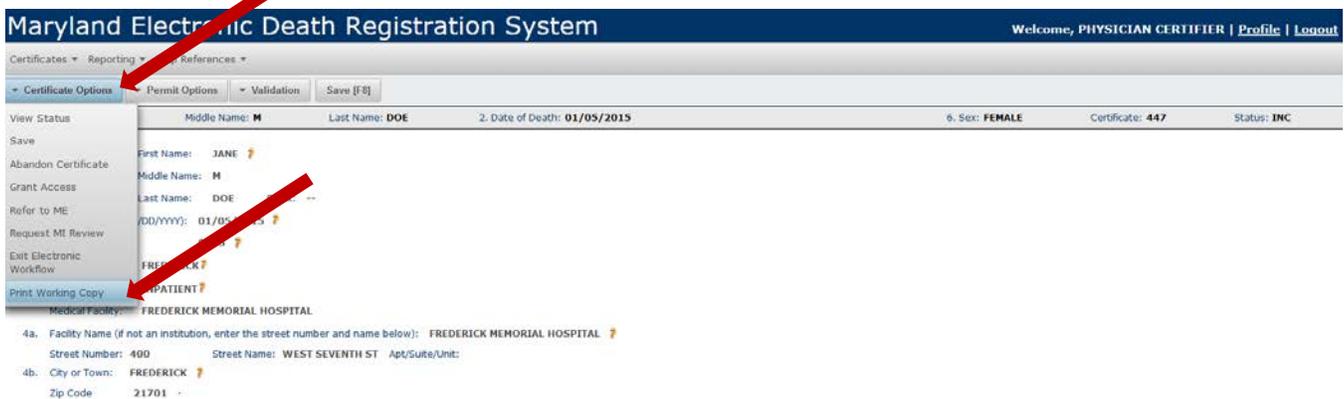


14. You should receive a message that the record has been successfully transferred. The funeral home will now be able to access and complete the record.



## Printing a Working Copy of the Certificate

15. A printed “Working Copy” of the record should accompany the remains when transported to the funeral home. To print a Working Copy of the record, click on the Certificate Options tab and select “Print Working Copy.”



The following Working Copy of the Certificate of Death will appear. It will include all of the information that has been added to the record at the time the copy is printed, and can be printed at any time.

**The Working Copy should accompany the remains when the deceased is transported to the funeral home.**

**\*\*NOTE:** Printing the Working Copy on legal sized paper (8 ½ x 14) will make the certificate easier to view, although letter sized paper (8 ½ x 11) may also be used. Remember to enable pop-ups on your web browser in order to view and print the Working Copy.

Printed on 09/15/2015 15:29:16

**Certificate of Death**

Printed By CERTIFIER, PHYSICIAN (PHYSICIAN)  
File Number

1. Decedent's Name, AKA Name (if any) JANE M DOE		2. Date of Death 01/05/2015	3. Time of Death 0105
4a. Facility Name FREDERICK MEMORIAL HOSPITAL		4b. City, Town or Location of Death FREDERICK	4c. County of Death FREDERICK
5. Social Security Number	6. Sex F	7. Age	8. Date of Birth
9. Birthplace			
10a. State	10b. County	10c. City, Town or Location	10d. Inside City Limits?
10e. Address			10f. Zip Code
11. Marital Status	12. Ever in U.S. Armed Forces?	13. Hispanic Origin?	14. Race
15. Decedent's Education		16a. Decedent's Usual Occupation	16b. Business/Industry
17. Father's Name		18. Mother's Name Prior to First Marriage	
19. Surviving Spouse's Name			
20a. Informant's Name		20b. Informant's Relationship	20c. Informant's Mailing Address
21a. Method of Disposition	21b. Place of Disposition	21c. Date of Disposition	21d. Location

WORKING COPY

**MD-EDRS Help Desk Information**

MD-EDRS technical support is available by email and phone:

- Email questions to [edrs.help@maryland.gov](mailto:edrs.help@maryland.gov). You will receive a response within one hour for messages received between 8 am and 4 pm, Monday - Friday. For emergencies on weekends and State Holidays, you will receive a response within four hours for email messages received between 7 am and 7 pm.
- You may also call 410-764-4671 Monday - Friday (except State holidays) between 8 am and 4 pm. Your call will be returned within one hour.