

QUICK GUIDE for E-Vitals / DAVE® Death Certification

Medical Certification Requested & Medical Pending

Getting Help

For Technical Support with E-Vitals, Contact the Dept. of Health Help Desk: **(800) 280-1618**, select **1** Monday ~ Friday, 8am~5pm (select **4** for weekends and holidays)

Mailing Address

New Mexico Bureau of Vital Rerecords and Health Statistics P.O. BOX 26110 Santa Fe, NM 87502-6110

https://evitals.health.state.nm.us/DAVE

Logging on to E-Vitals/DAVE

1) Using a Web Browser, go to: https://evitals.health.state.nm.us/DAVE/logon.aspx

2) Log in using your User Name and Password.

Can't Log in? In the event that you either forget your password or, you typed your password in incorrectly more than 3 times, the system will lock you out, Use the **Self-reset Password** *Feature* in *DAVE* to reset your own password.

Medical Certification Requested & Medical Pending:

To check the cases in the **Medical Certification Requested** queues and **Medical Pending** queues:

Go to your **Queue**s and select **Registration Work Queue Summery** ~OR ~

Go to your Current Activities queue.



Medical Certification Requested Queue: The records in this gueue are records that has been referred to you for medical certification.

Current Activities	1) To work on records that I you, click on Medical Certif	have been referred to fication Requested.
Medical Certification Requested	2) Select the record to be w	orked on.
Search by Registration Work Queue Queue: Medical Certification Requested - Death Display 15 rows per page.	Search Type: Value: Filter: V	Search Show All Rows Clear Return
All Case Id File Number Registrant 2560318 Test Kelly Kelly 2560317	Date Nov Nov	e of Event † Data Provider -06-2014 ABC Funeral Home
number is used throughout E in case of interruption.	erore the decedent's name; this -Vitals to locate records. Write i	is the Case ID . This it down for reference
Decedent		
Vini your installation be responsible to complete Decedent's Legal Name Prefix First Middle If female, give last name prior to first marriage (M Gender Social Security Number Female [555-55-555] Other of Birth Years Jan-27-1937 Age Decedent's Birth Place City or Town State New Mexico Ever in US Armed Forces? Yes	Other Middle Last Other Middle Test Iaiden) Make sure the is the record y None Unknown Year Under 1 Day Days Hours Minutes SSN Verification S Country United States	suffix e record you selected you intend to certify.
3) Click on 4) Select M Pronouncement Date of Death Nov-06-2014 Constrained Date of D Time of Death 01 : 20 PM Time of D	Next. Manner of Death. Peath Modifier Clual Date of Death	5) Double check the Dates & Times. If no dates & times are entered, you'll need to enter them.
Date Pronounced Dead Nov-06-2014 Manner of Death Natural 6) Click Validate Page, this	Ime Pronounced Dead 01 20 PM Validate Pa will put record in the Medical I	ge Next cear Save Return Pending Queue.

7) Click on Next to get to the next page for data entry.

Type of p	lace of death Dece	edent's Residence	 Other Specify 		
Facility N	lame		Double check	the Place o	f Death. If th
Address			complete place	e of death in	formation has
	Pre		been entered,	please ente	er it.
Street Nu 3125	umber Directional	Street Name or PO B	loon	•	
Citv	or Town	County	State	Country	Zip Code
Alb	uquerque	Bernalillo	New Mexico	United States	87102
Madical F	Depard Number				
Medical F	Record Number				\frown — —
				Validate Page	Next Clear Save
			8) Cli	ick on Nex t	t
_					
, – · ·					
າform	nation.				
0	of Dooth				
Jause					
INCODE D	Recommendations f	o Entry of Cause of D	eam	N	
Enter th	e chain of evente- di	seases or complicativ	ons- that directly caused the death	DO NO senter terminal	events such as cardiac a
Enter th respirat	te chain of events- di tory arrest or ventricu	seases or complication	ons- that directly caused the death. I showing the etiology. DO NOT ABBR	DO NON enter terminal REVIATE. DO NOT ENT	events such as cardiac a ER OLD AGE. Enter only
Enter th respirat cause of Sequer	ne chain of events- di tory arrest or ventricu on a line. Add additio	is eases or complication la fibrillation without a nal lines if necessary.	ons- that directly caused the death. I showing the etiology. DO NOT ABBP ause listed on line a Enter the UNP	DO NOT enter terminal REVIATE. DO NOT ENT	events such as cardiac a ER OLD AGE. Enter only ease or injury that initiate
Enter th respirat cause of Sequen events i	ne chain of events- di tory arrest or ventricu on a line. Add additio ntially list conditions, resulting in death) L/	iseases or complication lar fibrillation without s nal lines if necessary. if any, leading to the c	ons- that directly caused the death. showing the etiology. DO NOT ABBF ause listed on line a. Enter the UNE	DO NOVenter terminal REVIATE. DO NOT ENT DERLYING CAUSE (No	events such as cardiac a ER OLD AGE. Enter only ease or injury that initiate
Enter th respirat cause of Sequen events i Cause of	ne chain of events- di tory arrest or ventricu on a line. Add additio ntially list conditions, resulting in death) L/ of Death	iseases or complication lar fibrillation without a nal lines if necessary. If any, leading to the c	nos- that directly caused the death. showing the etiology. DO NOT ABBP ause listed on line a. Enter the UNE	DO NOR enter terminal REVIATE: DE NOT ENT DERLYING CAUSE N	events such as cardiac a ER OLD AGE. Enter only ease or injury that initiate Approximate Interv Onset to Death
Enter th respirat cause of Sequen events i Cause of PART I	e chain of events- di tory arrest or ventricu on a line. Add additio ntially list conditions, resulting in death) L/ of Death Myocardial Infarctio	shases or complication ital fibrillation without a nal lines if necessary. if any, leading to the c	nos- that directly caused the death. showing the etiology. DO NOT ABBP ause listed on line a. Enter the UNE	DO NO renter terminal REVIATE. DO NOT ENT DERLYING CAUSE Nis	events such as cardiac a ER OLD AGE. Enter only ease or injury that initiate Approximate Intervious Onset to Death
Enter th respirat cause of Sequen events i Cause of PART I Line a	e chain of events- di tory arrest or ventricu on a line. Add additio ttially list conditions, resulting in death) L/ of Death Myocardial Infarctio	shases or complication illar fibrillation without a nal lines if necessary. If any, leading to the c	nos- that directly caused the death. showing the etiology. DO NOT ABBP ause listed on line a. Enter the UNE	DO NO senter terminal REVIATE. DENOT ENT DERLYING CAUSE NS CORLYING CAUSE NS	events such as cardiac a ER OLD AGE. Enter only ease or injury that initiate Approximate Interv Onset to Death
Enter th respirat cause of Sequen events i Cause of PART I Line a	e chain of events- di tory arrest or ventricu na line. Add additio titially list conditions, resulting in death) L/ of Death Myocardial Infarcti Immediate Cause	s ases or complication laf fibrillation without in all lines if necessary. If any, leading to the c	showing the etiology. DO NOT ABBP ause listed on line a. Enter the UNE difficult on line a. Enter the UNE	DO NONANTER TERMINAL REVIATE. DE NOT ENT DERLYING CAUSE (14 DERLYING (14 DERLYIN	events such as cardiac a ER OLD AGE. Enter only ease or injury that initiate Approximate Interv Onset to Death
Enter th respirat cause of Sequen events I Cause of PART I Line a	e chain of events- di tory arrest or ventricu na line. Add additio titially list conditions, resulting in death) L/ of Death Myocardial Infarcti Immediate Cause Coronary Artery Di	s ases or complication lar fibrillation without in all lines if necessary. If any, leading to the c on (Final disease or condisease	showing the etiology. DO NOT ABBP ause listed on line a. Enter the UNE diffion resulting in death)	DO NONanter terminal REVIATE. DE NOT ENT DERLYING CAUSE (14 C	events such as cardiac a ER OLD AGE. Enter only ease or injury that initiate Approximate Interv Onset to Death 20min
Enter th respirat cause of Sequen events i Cause of PART I Line a	e chain of events- di tory arrest or ventricu na line. Add additio titially list conditions, resulting in death) L/ of Death Myocardial Infarcti Immediate Cause Coronary Artery Di	s ases or complication last fibrillation without in all lines if necessary. If any, leading to the c on (Final disease or condisease sease	showing the etiology. DO NOT ABBP ause listed on line a. Enter the UNE difference of the unit of the unit of the UNE	DO NONanter terminal REVIATE. DE NOT ENT DERLYING CAUSE (Me DERLYING CAUSE (Me CAUSE (events such as cardiac a ER OLD AGE. Enter only ease or injury that initiate Approximate Interv Onset to Death 20min 5 yrs
Enter th respiral cause of Sequen events i Cause of PART I Line a	e chain of events- di tory arrest or ventricu na line. Add additio titially list conditions, resulting in death) L/ of Death Myocardial Infarcti Immediate Cause Coronary Artery Di Due to or as a cons	s ases or complication lar fibrillation without in all lines if necessary. If any, leading to the complete on (Final disease or condisease sequence of	showing the etiology. DO NOT ABBF ause listed on line a. Enter the UNE diffion resulting in death)	DO NOCHANTER TERMINAL REVIATE. DE NOT ENT DERLYING CAUSE LAS CAUSE	events such as cardiac a ER OLD AGE. Enter only ease or injury that initiate Approximate Interv Onset to Death 20min 5 yrs
Enter th respirat cause of Sequen events i Cause of PART I Line a	e chain of events- di tory arrest or ventricu na line. Add additio titially list conditions, resulting in death) L/ of Death Myocardial Infarcti Immediate Cause Coronary Artery Di Due to or as a cons Hypertension	s ases or complication lar fibrillation without nal lines if necessary. If any, leading to the c on (Final disease or cond sease sequence of	showing the etiology. DO NOT ABBF ause listed on line a. Enter the UNE diffion resulting in death)	DO NOLANTER TERMINAL REVIATE. DE NOT ENT DERLYING CAUSE LAS CAUSE	events such as cardiac a ER OLD AGE. Enter only ease or injury that initiate Approximate Interv Onset to Death 20min 5 yrs
Enter th respiral cause of Sequene events i Cause of PART I Line a	e chain of events- di tory arrest or ventricu na line. Add additio titially list conditions, resulting in death) L/ of Death Myocardial Infarctii Immediate Cause Coronary Artery Di Due to or as a cons Hypertension	s ases or complication lar fibrillation without in a lines if necessary. If any, leading to the c on (Final disease or cond sease sequence of	showing the etiology. DO NOT ABBF ause listed on line a. Enter the UNE diffion resulting in death)	DO NOCHANTER TERMINAL REVIATE. DE NOT ENT DERLYING CAUSE LAS CAUSE	events such as cardiac a ER OLD AGE. Enter only ease or injury that initiate Approximate Interv Onset to Death 20min 5 yrs 15 yrs
Enter th respiral cause of Sequene events i Cause of PART I Line a	e chain of events- di tory arrest or ventricu na line. Add additio titially list conditions, resulting in death) L/ of Death Myocardial Infarcti Myocardial Infarcti Coronary Artery Di Due to or as a cons Hypertension Due to or as a cons	s ases or complication last fibrillation without in a lines if necessary. If any, leading to the c on (Final disease or cond sease sequence of sequence of	Showing the detath. Showing the etiology. DO NOT ABBF ause listed on line a. Enter the UNE dition resulting in death)	DO NOCHANTER TERMINAL REVIATE. DE NOT ENT DERLYING CAUSE LAS CAUSE	events such as cardiac a ER OLD AGE. Enter only ease or injury that initiate Approximate Interva Onset to Death 20min 5 yrs 15 yrs
Enter th respirat cause of Sequent events i Cause of PART I Line b Line b	e chain of events- di tory arrest or ventricu na line. Add additio titially list conditions, resulting in death) L/ of Death Myocardial Infarcti Immediate Cause Coronary Artery Di Due to or as a cons Hypertension Due to or as a cons	s ases or complication last fibrillation without in a lines if necessary. If any, leading to the c on (Final disease or cond sease sequence of sequence of	Showing the etiology. DO NOT ABBF ause listed on line a. Enter the UNE diffion resulting in death)	DO NOCHANTER TERMINAL REVIATE. DE NOT ENT DERL'YING CAUSE L'és	events such as cardiac a ER OLD AGE. Enter only ease or injury that initiate Approximate Interva Onset to Death 20min 5 yrs 15 yrs
Enter th respirat cause of Sequent events i Cause of PART I Line a Line b Line c	e chain of events- di tory arrest or ventricu na line. Add additio titially list conditions, resulting in death) L/ of Death Myocardial Infarctii Immediate Cause Coronary Artery Di Due to or as a conse Hypertension Due to or as a conse Due to or as a conse	s ases or complication last fibrillation without in a lines if necessary. If any, leading to the complete on (Final disease or condisease sequence of sequence of	showing the etiology. DO NOT ABBF ause listed on line a. Enter the UNE diffion resulting in death)	DO NOCHANTER TERMINAL REVIATE. DE NOT ENT DERL'YING CAUSE L'AS CAUSE L'AS CAU	events such as cardiac a ER OLD AGE. Enter only ease or injury that initiate Approximate Interv Onset to Death 20min 5 yrs 15 yrs
Enter th respirat cause of Sequen events i Cause of PART I Line a Line b Line c	e chain of events- di tory arrest or ventricu na line. Add additio titially list conditions, resulting in death) L/ of Death Myocardial Infarctii Immediate Cause Coronary Artery Di Due to or as a conse Hypertension Due to or as a conse Due to or as a conse Due to or as a conse Due to or as a conse	s ases or complication last fibrillation without in a lines if necessary. If any, leading to the complete on (Final disease or condisease sequence of sequence of	showing the etiology. DO NOT ABBF ause listed on line a. Enter the UNE diffion resulting in death)	DO NOCHANTER TERMINAL REVIATE. DE NOT ENT DERL'YING CAUSE L'AS CAUSE L'AS CAU	events such as cardiac a ER OLD AGE. Enter only ease or injury that initiate Approximate Interv. Onset to Death 20min 5 yrs 15 yrs
Enter th respirat cause of Sequen events i Cause of PART I Line b Line c Line d	e chain of events- di tory arrest or ventricu na line. Add additio titially list conditions, resulting in death) L/ of Death Myocardial Infarcti Immediate Cause Coronary Artery Di Due to or as a cons Hypertension Due to or as a cons Due to or as a cons Due to or as a cons	s ases or complication lef fibrillation without nat lines if necessary. If one leading to the or on (Final disease or condisease sequence of sequence of	difference of the death. In the second secon	DO NOCHANTER TERMINAL REVIATE. DE NOT ENT DERL'YING CAUSE LAS CAUSE LAS CAUS	events such as cardiac a ER OLD AGE. Enter only ease or injury that initiate Approximate Intervious Conset to Death 20min 5 yrs 15 yrs
Enter th respirat cause of Sequen events I Cause of PART I Line b Line c Line d	e chain of events- di tory arrest or ventricu na line. Add additio titially list conditions, resulting in death) L/ of Death Myocardial Infarcti Immediate Cause Coronary Artery Di Due to or as a cons Hypertension Due to or as a cons Due to or as a cons Due to or as a cons Due to or as a cons	s ases or complication last fibrillation without in a lines if necessary. If any, leading to the or on (Final disease or cond sease sequence of sequence of	difference of the death of the	DO NOCHANTER TERMINAL REVIATE. DE NOT ENT DERL'YING CAUSE L'AS CAUSE L'AS CAU	events such as cardiac a ER OLD AGE. Enter only ease or injury that initiate Approximate Intervious Conset to Death 20min 5 yrs 15 yrs
Enter th respirat cause of Sequen events i Cause of PART I Line b Line c Line d PART II Other e	e chain of events- di tory arrest or ventricu on a line. Add additions, resulting in death) Li of Death Myocardial Infarctir Immediate Cause Coronary Artery Di Due to or as a cons Due to or as a const Due to or as a const Du	s ases or complication of final lation without the final lation without in the series of the complete on (Final disease or condi- sequence of sequence of , click on	Check Spelli	DO NOLANTER TERMINAL REVIATE. DE NOT ENT DERL'YING CAUSE LAS CAUSE	events such as cardiac a ER OLD AGE. Enter only ease or injury that initiate Approximate Intervi Onset to Death 20min 5 yrs 15 yrs 15 yrs

10) Click on Validate Page to make sure the Cause of Death and/or Interval Onset will pass all validations. If the Cause of Death and/or Interval Onset don't pase, a different cause and/or interval may need to be entered.

11) Once the **Cause of Death** has passed the validation, click on **Next**.

12) Enter the Other Factors related to the cause of death.

Other Factors	
Autopsy Performed	No
Autopsy findings considered in determining cause of death	T
Location where autopsy was performed	
City or Town State	Country United States
Was recent surgical procedure performed?	Yes 💌
If yes, specify type of procedure	
Date of procedure	
If decedent was female, was decedent pregnant within the last year?	Not pregnant within 1 year of death
If pregnant at time or near the time of death, estimated length of pregnancy in weeks	
Did tobacco use contribute to death	Probably 💌
Did Alcohol contribute to death	No
Was OMI contacted? No OMI Case Number	
	Validate Page Next Clear Save Return
13) Click on Validate Page to ma validation.	ake sure the Other Factors data passes

If the **Other Factors** data doesn't pass, different factors may need to be entered.

14) Once the Other Factors data has passed validation, click on Next.

Certifier Certifier Type Certifying Pl License Number	nysician		
Certifier Name			
First	Middle Last		Suffix
Title Doctor of Medicine	Other Specify		
Certifier Address			
Edit Certifier Address 📃			
Street Number Pre Directiona	al Street Name, Rural Route, etc. St. Francis	Street Designator Drive	Post Apt#, Directional Suite #,etc.
City or Town	State	Country	Zip Code
Santa Fe	New Mexico	United States	87505
Date Signed			
			Validate Page Clear Save Return

15) After all the **Certifier** information has been entered, *click* on the **Validate Page** button.

★ If you are not a physician <u>stop here</u>. The record will appear in the Medical Certification queue.

16) Once the information entered has passed all validations, the **Certify** link will appear in the **Death Registration Menu**. Click on **Certify**



17) Check the box whe "By submitting this information..." statement.



18) Finally, click on Affirm.

Finished This death record is now medically Certified.

2560318 2014000060 .Kelly Kelly Test Nov 06 201	
2000010 2014000000 :Relly Relly Test 100-00-20	
/Personal Valid With Exceptions/Medical Valid/Registered/AffirmeV/C	ertified/IA
Affirmations	
Authentication successful.	
This message means	vou have completed
your information on thi	s record.
 To select another record click 	on Poturn or go to your
	on Return of go to your
Queues>Medical Certification	n Requested.
Queues>Medical Certification	n Requested.
Queues>Medical Certification	n Requested.
	n Requested.
Queues>Medical Certification	n Requested.
Main Life Events Queues Forms Help New M Registration Work Queues	n Requested.
Main Life Events Queues Forms Help New M Registration Work Queues Registration Work Queues	n Requested.

Medical Pending: The records in this queue are ones that your office is working on. These records have not been completed.

Registr Queue Medica Medica	Ation Work Qu Name	eue Summary	 To work referred to Select to 	k on record o you, click the record t	ls that ha on Medi to be wor	ve been cal Pending . ked on.
Search by Queue: [Display [Registration Work Medical Pending - Deat 15 rows per page.	Queue h 🗨	Search Type: Filter:	×	Value: Search	n Show All Rows Clear Return
						Det Devile
	ase to File Number F	Cast Frank Walter			Date of Event +	ABO Eveneral Vierne
2	560241	Suces Mister			Aug-03-2014	ABC Funeral Home
	2560240	and a minister			Aug 01 2014	ADC Euparal Hama
256031	7 ·Frank Wal	ter Test Nov-	06-2014	elerence in ca		
256031 /Person: Decede Will your Deceden	7 :Frank Wal al Valid With Except int institution be respond t's Legal Name	ter Test Nov-(ions/liledical Invalid	D6-2014 I/Not Registered/Affirme	ed/Uncertified/NA/Medi	cal Pending/Medic edent? No v	al Certification Requested
256031 /Person: Decede Will your Deceden Prefix	7 :Frank Wall al Valid With Except int institution be respond t's Legal Name First Frank	ter Test Nov-(ions/Medical Invalid possible for completi Middle Walter	D6-2014 UNOt Registered/Affirme ng and filing the death r Other Middle	elerence in ca ed/Uncertified/NA/Medi registration for the dec Last	cal Pending/Medic edent? No 💌	al Certification Requested
256031 /Person: Deceden Prefix Deceden If female. Gender Male Date of E Nov-07- Deceden City or T Albuqu	7 :Frank Wall al Valid With Except int institution be respond it's Legal Name First Frank it's Maiden Name , give last name prior view	ter Test Nov-(ions/Medical Invalid onsible for completi Middle Walter or to first marriage (Security Number 5-4321 Under Years Months 67 State New Mexico	D6-2014 //Not Registered/Affirment ng and filing the death of Other Middle Maiden) None Unknown 1 Year Under 1 Day Days Hours Minute Country United State	elerence in ca ed/Uncertified/NA/Medi registration for the dec Last Test Make s is the r	cal Pending/Medic edent? No - Suffi sure the reco record you in rification Status IFIED (0)	al Certification Requested

3) Click on **Validate Page**. This will allow you to see the information that still needs to be entered and/or that has not passed validation.

Death Registration Menu
Personal Information
Decedent
Medical Certification
Pronouncement
Place of Death
Cause of Death
Other Factors
Certifier
Other Links
Comments
Print Forms
Relinquish Case
Transfer Case
Validate Registration
Switch User

If there are any errors they will show up beneath the Validate Page button, under Validation Results. Also, **Red**, **Green** and **Yellow** arrows will show on the **Menu Bar** on the left. For help, see Validation Process in the handbook. You will need to go back and correct or override the **Yellow** (soft) errors and correct the **Red** (hard) errors before the death can be **Certified**.

Complete those pages that have a **Yellow** and **Red** arrow. For instructions on how to complete those pages refer to the **Medical Certification Requested Queue** section in this *Quick Guide*.

It is a good idea to double check those pages with a **Green** arrow before certifying the record.

★ To select another record click on **Return**



Page **8** of 11

Certification Requested: The records in this queue have all of the required information entered and have passed all validations. But, these records have not yet been certified. 1) To work on the records that are requiring certification, click on Certification Required.

2) Select the record to be worked on.

Search	by Registration Work Queue	/			
Queue:	Certification Required - Death	Search Type:	•	Value:	
Display	15 rows per page.	Filte			
				Search	Show All Rows Clear Return
All	Case Id File Number Registrat			Date of Event †	Data Provider
	2560317 Test, Frank,Walter			Nov-06-2014	ABC Funeral Home
	45				Total records : 1

Because the information entered has passed all validations, the **Certify** link will appear in the **Death Registration Menu.** You may want to take one last look at the information previously entered before certifying the record. 3) Click on the **Certify** link.

Death Registration Menu	2560317 :Frank Walter Test Nov-06-2014					
Personal Information	Decedent					
Deceden	Decedent					
Medical Vertification	Will your institution be responsible for completing and filing					
Pronouncement Place of Death	Decedent's Legal Name					
Cause of Death	Prefix First Middle Other					
Other Factors	Frank Walter					
Certifier	Decedent's Maiden Name					
OtherLinke	If female, nive last name prior to first marriage (Maiden)					
Comments	internare, give last flame prior to instituariage (warden)					
Print Forms	Orandez Oraniel Oraneth Mumber					
Relinquish Case	Gender Social Security Number					
Transfer Case						
Validate Registration	Date of Birth Years Months Days Ho					
Switch Oser						
Check the box	by "By submitting this information"					
firmations						
ffirm the following:						
whose name will appear on this certific	m under the penaity of perjury that I am the authorized certifier ate.					
	(Affirm) Clear Retur					
D Finally, Click	ck on Attirm.					

Page **9** of 11

Finished This death record is no	w medically Certified .
2560318 2014000060 :Kelly Kelly Test Nov-06-2014 /Personal Valid With Exceptions/Medical Valid/Registered/Affirme@certifie Affirmations This message means you have of	completed your information on this record.
Authentication successful.	Clear Return
 ★ To select another record, click ~Or~ Go to your Queues>Certificat 	on Return tion Requested
Main Life Events Queues Forms Help New Registration Work Queue Summary Registration Work Queue Summary	Registration Work Queue Summary Queue Name Certification Required Medical Pending

NOTES:			