



TEXAS
Health and Human
Services

Texas Department of State
Health Services

TxEVER

How-To Death Registration – Medical Amendment for ME and JP

Provider Readiness and Training

Medical Amendment (ME & JP)



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TxEVER medical amendment features:

- Medical Amendment Data Entry available after a record is fully registered at state and local levels;
- Comprehensive Cause of Death reporting; and
- Medical Certification with electronic signature.

Medical Amendment (ME & JP)



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The screenshot shows the web application interface for the Texas Department of State Health Services. The top navigation bar includes a "Skip to main content" link, "GLOBAL" and "DEATH" tabs, and a "LogOut" link. The main header features the Texas Health and Human Services logo, the text "Texas Department of State Health Services", and a "FUNCTION" dropdown menu. The dropdown menu is open, showing options: "Medical Data Entry", "Statistical Import Review", "Medical Amendment", "Switch Location", and "Exit Application". A "Show Dashboard" button is visible on the right. Three instructional callouts are overlaid on the interface:

- Step 1:** Select the Death Module Tab to start the Medical part of death registration.
- Step 2:** Click the dropdown arrow next to "FUNCTION" to be taken to the Medical Data Entry.
- Step 3:** Select "Medical Amendment" to locate a death record or to search, save, or reject a record from the work queue.

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Step 4: Search for a Death Record.

Step 5: Enter searchable data.

Step 6: Click "Search" and select a death record. Click "Select Record(s)" to be taken to the medical data entry for the selected record.

Medical Amendment

Death Search

Wild-Card Soundex

DECEDENT'S ACTUAL INFORMATION

EDR Number:

Date Of Death: * 00/00/2018
(ex. 00/00/2012 if month and day are not known, 02/00/2012 if day is not known.)

Decedent's First Name:

Decedent's Middle Name:

Decedent's Last Name:

Decedent's SSN:

DECEDENT'S PRESUMED INFORMATION

Medical Record Number:

RECORD INFORMATION

State File Number:

EDR Number	Date Of Death	Decedent's First Name	Decedent's Middle Name	Decedent's Last Name	Decedent's SSN	State File Number	Medical Record Number
0000000000000083	01/01/2018	PARIS		CLINTON	502-50-1234	0002282018	
0000000000000086	01/02/2018	DENZAL	NO	JORDAN	777-88-8999	0002272018	
0000000000000088	01/03/2018	FRED	LEBRON	STARBROUGH	438-15-5555	0002262018	
0000000000000090	01/05/2018	AMIEE		YEAST	436-66-2222	0002252018	
0000000000000063	01/24/2018	THE WICKED	WITCH	OF THE EAST	867-53-0911	0002062018	
0000000000000022	03/05/2018	SISYPHUS	THAT	GUY	554-25-0807	0001992018	

Page 1 of 1

Displaying Records 1 - 26 of 26

Search Select Record(s) Clear Close

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Skip to main content GLOBAL DEATH LogOut

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

MEDICAL AMENDMENT Unresolved Work Queue: CLINTON, PARIS, 01/01/2018 1

DECEDENT'S ACTUAL INFORMATION	
Date Of Death:	01/01/2018
Decedent's First Name:	PARIS
Decedent's Middle Name:	
Decedent's Last Name:	
Decedent's Suffix:	
Decedent's Sex:	
Decedent's Date Of Birth:	12/01/1975
Decedent's State/Country Of Birth:	TEXAS
Birth State File Number:	

RECORD INFORMATION	
State File Number:	0002282018
State File Date:	03/21/2018

PARENT'S INFORMATION	
Father/Parent 2 First Name:	FRANCE
Father/Parent 2 Last Name:	CLINTON
Mother/Parent 1 First Name:	NONE
Mother/Parent 1 Last Name:	NONE

DISPOSITION AND FACILITY	
Method Of Disposition:	BURIAL
Facility Name:	GOLDEN GATE FUNERAL HOME-DALLAS
Funeral Service Licensee:	ABERNATHY MILLSTONE

CERTIFIER	
Certifier Name:	SUSANA SANCHEZ

PLACE OF DEATH INFORMATION	
Place Of Death:	PARKLAND MEMORIAL HOSPITAL-POD-DALLAS
Place Of Death County:	DALLAS
Place Of Death Town:	DALLAS

DECEDENT'S PRESUMED INFORMATION	
Time Of Death:	12:00
Time Of Death Indicator:	PM

MANNER OF DEATH	
Manner Of Death:	NATURAL

Go

Step 7: After verifying that this is the record that needs to be amended, click "GO."

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FUNCTIONS RECORD TOOLS HELP

MEDICAL AMENDMENT

Unresolved Work Queue: CLINTON, PARIS, 01/01/2018

DECEDENT'S ACTUAL INFORMATION	
Date Of Death:	01/01/2018
Decedent's First Name:	PARIS
Decedent's Middle Name:	
Decedent's Last Name:	CLINTON
Decedent's Suffix:	
Decedent's Sex:	
Decedent's Date Of Birth:	
Decedent's State/Country Of Birth:	
Birth State File Number:	

RECORD INFORMATION	
State File Number:	0002282018
State File Date:	03/21/2018

PARENT'S INFORMATION	
Father/Parent 2 First Name:	FRANCE
Father/Parent 2 Last Name:	CLINTON
Mother/Parent 1 First Name:	NONE
Mother/Parent 1 Last Name:	NONE

DISPOSITION AND FACILITY	
Method Of Disposition:	BURIAL
Facility Name:	GOLDEN GATE FUNERAL HOME-DALLAS
Funeral Service Licensee:	ABERNATHY MILLSTONE

CERTIFIER	
Certifier Name:	SUSANA SANCHEZ

PLACE OF DEATH INFORMATION	
Place Of Death:	PARKLAND MEMORIAL HOSPITAL-POD-DALLAS

MANNER OF DEATH	
Manner Of Death:	NATURAL

TIME OF DEATH INFORMATION	
Time Of Death:	12:00
Time Of Death Indicator:	PM

Medical Amendment

Are you sure you want to add a medical amendment to this record?

Go

Step 8: Click "Yes" to access the record.

Medical Amendment (ME & JP)



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PROCESS ▾

EDR:
0000000000000083

MEDICAL AMENDMENT

Unresolved Work Queue:

CLINTON, PARIS, 01/01/2018 ▾

Help tips

Unresolved	CAUSE OF DEATH - PART I
Demographic 1	Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: Approximate Interval: Onset to Death
Demographic 2	IMMEDIATE CAUSE (Final disease or condition resulting in death.) MONTHS
Demographic 3	a. CONGESTIVE HEART FAILURE ✎
Demographic 4	b. DUE TO (or as a consequence of.) ✎
Demographic 5	c. DUE TO (or as a consequence of.) ✎
Medical 1	d. DUE TO (or as a consequence of.) ✎
Medical 2	
Medical 3	CAUSE OF DEATH - PART II
Comments	Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: ✎
ACTIVITY:	
Field Name:	
Field Status:	
Action:	
Retrieving Record	
	AUTOPSY INFORMATION
	Was an Autopsy Performed: ✎
	NO Were Autopsy Findings Available to Complete Cause of Death: ✎
	MANNER OF DEATH ✎
	DID TOBACCO USE CONTRIBUTE TO DEATH ✎
	IF FEMALE (AGED 10-54) PREGNANT ✎
	Tobacco use contribute to death: ✎
	YES Pregnant: ✎
	NOT PREGNANT WITHIN THE PAST YEAR

Step 9: Go to the appropriate Medical Tab and click "✎" to edit or change the medical data.

Medical Amendment (ME & JP)



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EDR: 000000000000083

MEDICAL AMENDMENT

Unresolved Work Queue: CLINTON, PARIS, 01/01/2018

Please enter Approximate Interval: Onset To Death A.

Unresolved

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

ACTIVITY:
Approximate Interval: Onset To Death A: 5 MONTHS
Field Status: Resolved
Action: Updating Record

CAUSE OF DEATH - PART 1

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

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

a. CONGESTIVE HEART FAILURE

b. DUE TO (or as a consequence of.)

c. DUE TO (or as a consequence of.)

d. DUE TO (or as a consequence of.)

CAUSE OF DEATH - PART 1

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

IMMEDIATE CAUSE (Final disease or condition resulting in death.) 5 MONTHS x

a. CONGESTIVE HEART FAILURE

b. DUE TO (or as a consequence of.)

c. DUE TO (or as a consequence of.)

d. DUE TO (or as a consequence of.)

Comments
test

Confirm Changes

Step 10: Edit the field, then click "Confirm Changes" to save the amended data.

Medical Amendment (ME & JP)



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PROCESS



EDR: 000000000000083

MEDICAL AMENDMENT

Unresolved Work Queue: CLINTON, PARIS, 01/01/2018

Please enter Approximate Interval: Onset To Death A.

Unresolved	CAUSE OF DEATH - PART I
Demographic 1	Enter the chain of events, conditions or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter on a line: Approximate Interval: Onset to Death
Demographic 2	IMMEDIATE CAUSE (Final disease or condition) 5 MONTHS
Demographic 3	a. CONGESTIVE HEART FAILURE
Demographic 4	b. DUE TO (or as a consequence of.)
Demographic 5	c. DUE TO (or as a consequence of.)
Medical 1	d. DUE TO (or as a consequence of.)
Medical 2	
Medical 3	CAUSE OF DEATH - PART II
Comments	Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: RESPIRATORY ARREST
ACTIVITY:	AUTOPSY INFORMATION
Approximate Interval: Onset To Death A: 5 MONTHS	Was an Autopsy Performed: NO
Field Status: Resolved	Were Autopsy Findings Available to Complete Cause of Death:
Action: Updating Record	
	MANNER OF DEATH
	Manner Of Death: NATURAL
	DID TOBACCO USE CONTRIBUTE TO DEATH
	Tobacco use contribute to death: YES
	IF FEMALE (AGED 10-54) PREGNANT
	Pregnant: NOT PREGNANT WITHIN THE PAST YEAR

Step 11: Click "Submit to State Review" in the Process menu or click "✓."

Medical Amendment (ME & JP)



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Medical Certification

DECEDENT'S INFORMATION

First Name: PARIS
Middle Name:
Last Name: CLINTON
Suffix:

DEATH INFORMATION

Date of Death: 01/01/2018
Time of Death: 12:00 PM
Place of Death: PARKLAND MEMORIAL HOSPITAL-POD-DALLAS

PLEASE ENTER PIN Cancel Certification

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

Certifier Pin:

Forgot PIN Ok Cancel

Step 12: After Previewing the record, Click "Certification" to expand the section.

Step 13: Click the box to verify data review and to agree with the statement. Enter the PIN, then click "OK."

Medical Certification

DECEDENT'S INFORMATION

First Name: PARIS
Middle Name:
Last Name: CLINTON
Suffix:

Date of Death:
Time of Death:

Death Registration

Are you sure you are ready to certify and submit the medical amendment(s) for this record?

Yes No

PLEASE ENTER PIN Cancel Certification

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

Certifier Pin:

Forgot PIN Ok Cancel

Step 14: Click "Yes" to complete the Medical Certification.

Medical Amendment (ME & JP)



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The screenshot displays the 'Medical Certification' application window. The 'DECEDENT'S INFORMATION' section is filled with the following details: First Name: PARIS, Middle Name: (blank), Last Name: CLINTON, Suffix: (blank), Date of Death: (blank), Time of Death: (blank), and Place of Death: (blank). A 'Medical Amendment' dialog box is overlaid in the center, displaying the message 'Record submitted Successfully' and an 'OK' button. Below the dialog, the 'PLEASE ENTER PIN' section is visible, including a checked checkbox for the statement 'To the best of my knowledge, death occurred at the time, date, and place stated due to the cause(s) and manner stated.', a 'Certifier Pin' field with masked characters, and a 'Forgot PIN' button. At the bottom right of the main window, there are 'Cancel' and 'Certification' buttons. A red arrow points from the 'OK' button in the dialog box to the instruction box below.

Step 15: Click "OK" to complete the submission process.

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FUNCTIONS RECORD TOOLS HELP



MEDICAL AMENDMENT

Unresolved Work Queue:

CLINTON, PARIS, 01/01/2018 1

Hide More Info

Description	Set By	Set On	Comment
MEDICAL AMENDMENT IN PROGRESS	GARPENTIER	11/1/2018 1:42:00 PM	SET BY SYSTEM
MEDICAL AMENDMENT PENDING	GARPENTIER	11/1/2018 1:42:00 PM	SET BY SYSTEM
DO NOT ISSUE	GARPENTIER	11/1/2018 1:42:00 PM	SET BY SYSTEM

DECEDENT'S ACTUAL INFORMATION	
Date Of Death:	01/01/2018
Decedent's First Name:	PARIS
Decedent's Middle Name:	
Decedent's Last Name:	CLINTON
Decedent's Suffix:	
Decedent's Sex:	
Decedent's Date:	
Decedent's State/Country Of Birth:	TEXAS
Birth State File Number:	

RECORD INFORMATION	
State File Number:	0002282018
State File Date:	03/21/2018

After the Medical Certification is complete, the State will review the record.

PARENT'S INFORMATION	
Father/Parent 2 First Name:	FRANCE
Father/Parent 2 Last Name:	CLINTON
Mother/Parent 1 First Name:	NONE
Mother/Parent 1 Last Name:	NONE

PLACE OF DEATH INFORMATION	
Place Of Death:	PARKLAND MEMORIAL HOSPITAL-POD-DALLAS
Place Of Death County:	DALLAS
Place Of Death Town:	DALLAS

DISPOSITION AND FACILITY	
Method Of Disposition:	BURIAL
Facility Name:	GOLDEN GATE FUNERAL HOME-DALLAS
Funeral Service Licensee:	ABERNATHY MILLSTONE

DECEDENT'S PRESUMED INFORMATION	
Time Of Death:	12:00
Time Of Death Indicator:	PM

CERTIFIER	
Certifier Name:	SUSANA SANCHEZ

MANNER OF DEATH	
Manner Of Death:	NATURAL

Go

Thank You



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If you have any questions, please contact your TxEVER Field Services team at TxEVERinfo@dshs.texas.gov or (512) 776-3010.

Please continue to visit our website at <http://www.dshs.texas.gov/vs/field/The-TxEVER-Project/> for the latest updates.