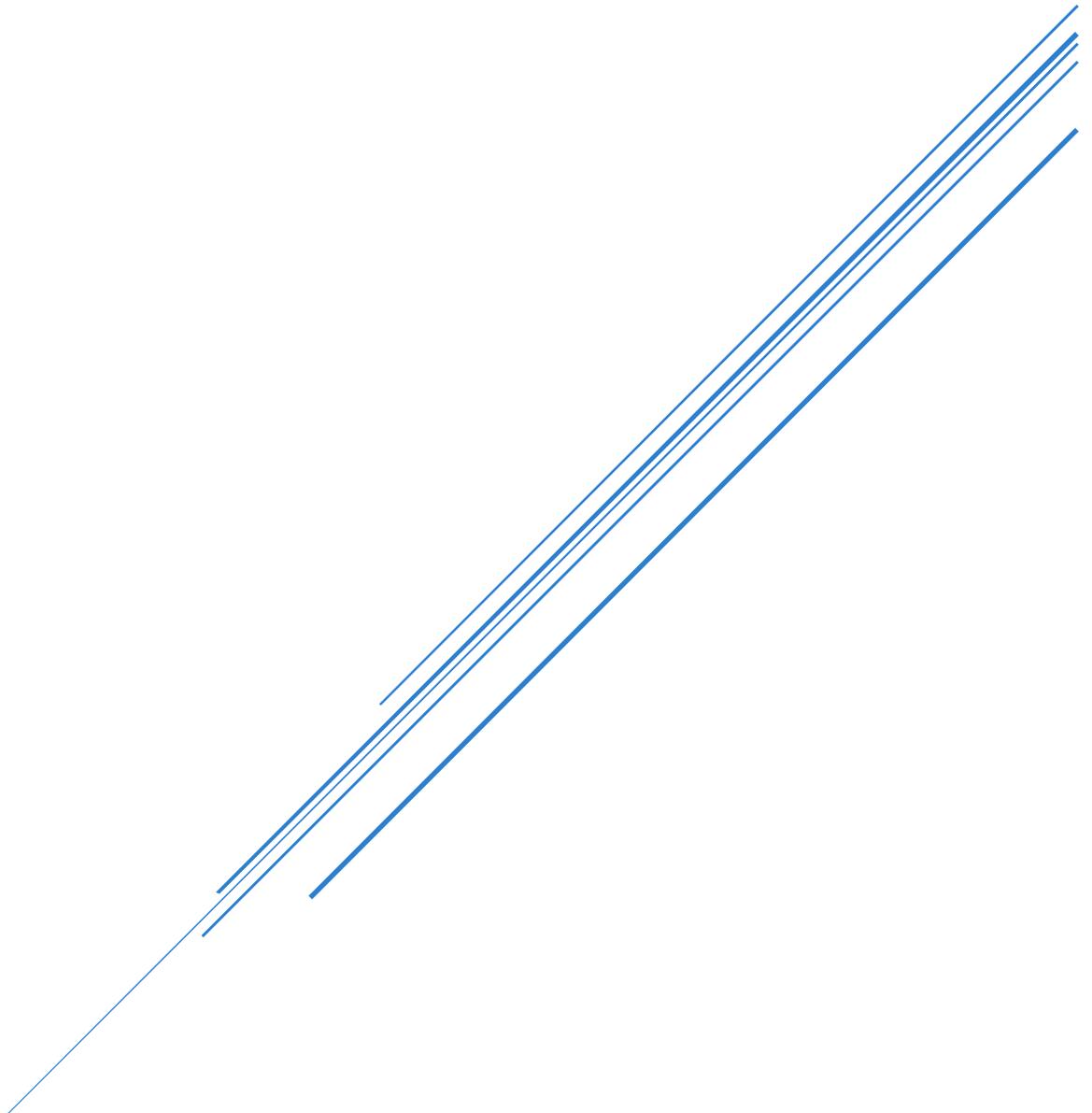


NV VRS PHYSICIAN'S MANUAL

Death Certifier Type 1



08/04/2024

PHYSICIANS

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Introduction

Who are we?

We are the repository for all Nevada's Vital Records; this includes birth, death, and fetal-demise records from 1911 to present. We are responsible for the provisions set forth in the 440 sections of the Nevada Revised Statutes (NRS), and the Nevada Administrative Code (NAC), which oversee how Nevada's vital records information is collected, stored, transmitted, and distributed.

In 2024, we registered 32,701 births, 31,321 death, 254 fetal demises; sold 17,450 birth certificates, 202,869 death certificates; and processed over 5,000 amendments, corrections, or court ordered changes to records. This does not include records registered by Washoe or Clark counties.

Birth records are considered protected information for 125 years from their creation, death records for 50 years from their creation. This means our first birth records will become public information in 2036, while death records prior to 1961 are considered public information, we do still charge for certified copies of all records.

Help Desk

For Technical Assistance:

Contact OVRHelp@health.nv.gov.

This is for assistance with accessing the system such as password or two-factor authenticator issues. Also, for help with filling out records or questions or concerns.

For User Access:

Contact DPBHOVERS@health.nv.gov.

You will need to submit an NV NX Application for Access, which can be found on our Forms Page at dpbh.nv.gov

**Electronic Birth/Death Registry System (EVRS)
User Application Form**

Due to the sensitivity of the registry system, a photo ID showing the signature of the person providing the access will be required.

Please attach a copy of your ID with [EVRS](#) pages of your application and submit to the Office of Vital Records.
Email: dgbhovers@health.nv.gov

PLEASE PRINT CLEARLY or TYPE		* CANNOT process without REQUIRED information	
* Applicant's Name & Facility Information			
* Applicant's First Name	* Applicant's Middle Name	* Applicant's Last Name	
* Primary Facility Name (Not Address)	* Applicant's Telephone Number		
* Primary Facility Mailing Address (Street)	* Mailing City	State	Zip Code
List Additional Facilities needed (include Business Name AND Address) - If none, write "None"			
* E-mail Address (Required) Use The Email That is Checked Most Often A notification for a record requiring signature or repetition will be sent to your Office Manager/Assistant and you.			
* Work E-Mail (Required)	Personal E-Mail (Not Work E-Mail)		
(Required For Medical Certifiers & Hospitals ONLY) Administrative Assistant / Office Manager E-Mail Address			
* Role Funeral Arrangers and Facility Admins do not have the legal authority to sign birth or death certificates.			
* Please check only one box:			
<input type="radio"/> Physician (MD/DO)	<input type="radio"/> Coroner/Medical Examiners	<input type="radio"/> Facility Admin (medical)	
<input type="radio"/> APRN	<input type="radio"/> Funeral Director	<input checked="" type="radio"/> Facility Admin (funeral)	
<input type="radio"/> Midwife	<input type="radio"/> Funeral Arranger	<input type="radio"/> Hospice Admin	
State/County Employees Only: <input type="radio"/> State/County Registrar <input type="radio"/> Other (Specify Office/Program)			
* VALID Medical (MD/DO/APRN) or Funeral Director License Number: (NO NPI or Driver's License Number)			
FOR OFFICIAL USE ONLY		ID Verified	
Date Received	Date Verified	Completed By	

ALL IN GOOD HEALTH

Resources

Manuals and Sheets

The Center for Disease Control and the National Center for Health Statistics have several resources available to help medical certifiers fill out death certificates in a manner that provides the most benefit both to families and to state and federal agencies tracking death data for the public good. They can be found here, at [CDC.gov](https://www.cdc.gov)

The [Physician's Handbook](#) contains information on turning medical history into a CoD timeline, as well as several case studies that can be of great help.

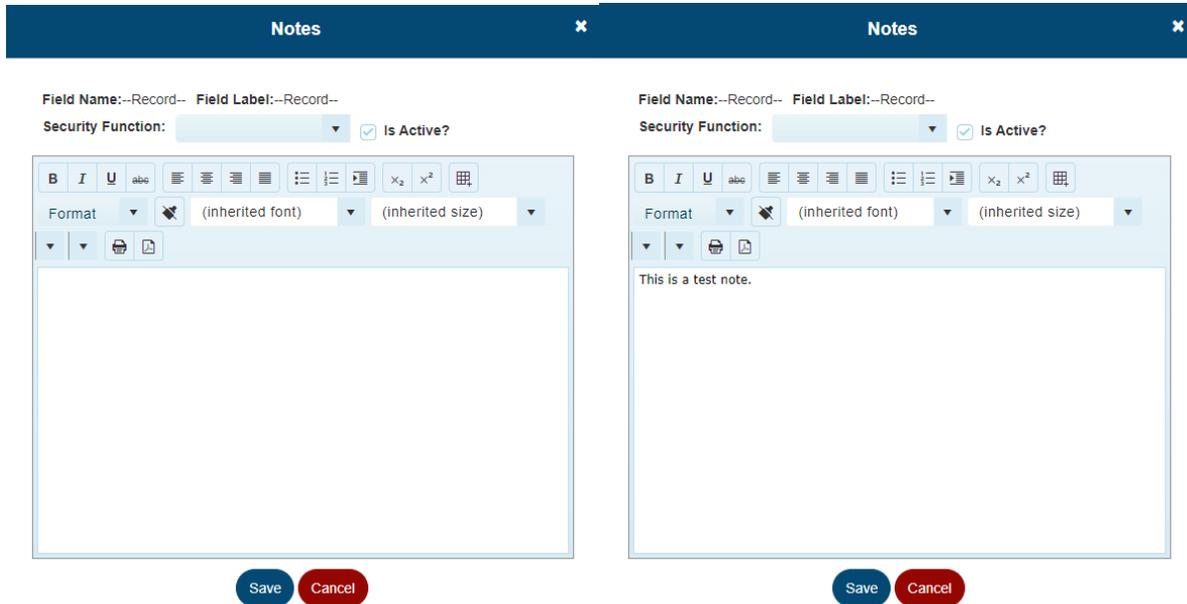
As a quick reference, there is the CDC "Blue Form" or [Natural Cause of Death Sheet](#). This provides a field-by-field example of how to fill out a death certificate, including which causes may require an additional etiology, or etiologies that may necessitate a coroner review.

Notes & Uploading

Adding A Note

From the record you wish to add a note to go: **Actions > Show > Notes**. All notes will be displayed. To add a new note, select "New."

Type in your note and click "Save." You can select a subject from the Security Function dropdown, but it will not affect who can see it, or how it is routed.



You can see if a note or a document has been added to the record in upper right-hand corner of the screen, next to the Alert Count.



Adding a File

There are two types of files you can upload to a record: a file and, an image.

Work Queues - MC

- **Location Medical in Progress:** Records awaiting the Burial Permit approval
- **Personal Medical in Progress:** All the Records for you regardless of facility
- **Physician – Fetal Death:** All Fetal Death Records where you are assigned
- **Physician Ready to Sign:** All records that are ready for you to sign
- **Physician Reject/Re-assign:** All reject records that need to be corrected



Work Queues

Location Medical in Progress	0
Personal Medical in Progress	1
Physician - Fetal Death	0
Physician Ready to Sign	0
Physician Reject/Re-assign	0

New Communicable Disease Info

The Communicable Disease field in the Cause of Death tab has been blanked out. It is a required field and Medical Certifiers will be required to select "Yes," "No," or "Unknown" In order to successfully save the record.

Searches

No favorite searches.

Messages

From	Subject	Message	Received	Event	Local File Number
------	---------	---------	----------	-------	-------------------

No messages to show.

Certifier

Determining Who Completes the Death Record

The law specifically separates this duty between physicians and coroners. The determination is made by whether the death was attended or not.

Death Attended

- The deceased had been examined or treated, was prescribed medications or provided care by the Physician/APRN within 180 days preceding death: OR
- Was pronounced dead by a Registered Nurse or Physician Assistant pursuant to NRS 440.415; OR
- Was diagnosed by a Physician/APRN as having an anticipated life expectancy of not more than 6 months. (NAC 440.170)

Death Not Attended

- If the deceased had been under Physician's/APRN's care but the cause of death was unrelated to the physician's or APRN's diagnosis and treatment, then the county coroner or Medical Examiner must be called in (NAC 440.180)
- The decedent passed away at home without hospice care.

Entering Cause of Death

Decedent Tab

When you open the record for the first time you will see the Decedent Tab. This tab contains the overall status of the record as well as the name, date of birth, date of death, and the Social Security number of the decedent. Please be aware that Nevada law makes the Medical Certifier responsible for the accuracy of this information after they have signed. Any changes to these fields after you sign will require you to make them.

Death: 3191 Image count: 0 Notes count: 0 Alerts: 0 Save

Decedent Dec History Certifier Cause of Death Injury Information Reject Signatures Flags FIPS

System

State File Number	Case File Number	
<input type="text"/>	4417118	
Overall Record Status	Record Status for Personal Info	Record Status for Medical Info
Pending	Signed	Pending

Deceased

1. First Name	Middle Name	Last Name
Barry	M	DEEP
Suffix		
<input type="text"/>		
* 2. Date of Death	Is this an approximate date?	
10/27/2025	No	

Decedent Info

Date of Birth	Gender
12/24/1979	Male

Per NRS 440.380 the Social Security Number is the responsibility of the Medical Certifier.

Social Security Number
896-32-1457

Certifier Tab

The Certifier Tab contains your information, including your license number and email address.

If the record is not yours, but the facility is correct, you can delete your name and select a new certifier from the dropdown menu by typing the last name first. Once you have the name you want to change it to go to **File > Save Without Edits** to save your selection.

Death: 3191 Image count: 0 Notes count: 0 Alerts: 0 Save

[Decedent](#) [Dec History](#) **[Certifier](#)** [Cause of Death](#) [Injury Information](#) [Reject](#) [Signatures](#) [Flags](#) [FIPS](#)

Assigned To

Certifier Associated Facility
Carson Tahoe Regional Medical Ce ▾

21a. / 22a. Certifier Type Physician ▾ **23a. Name** Grissom, Daran ▾

E-Mail Certifier
[E-Mail Certifier](#)

Certifier

Title	Degree	23b. License Number
	APRN	TEST23456

Address
1470 Medical Parkway, Ste 160

State	City	Zip Code
NV	Carson City ▾	89703

Email Address
d.grissom@health.nv.gov

Administrative Assistant EMail
test@ntst.com

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You will also need to verify the time of death. Attending Physician fields for use in Coroner cases. However, if a primary care physician is not the medical certifier they can be added here, if they so request.

Attending Physician, if other than Certifier		
Full Name	Title	Attending ID
<input type="text"/>	<input type="text"/>	<input type="text"/>

21. Certifier		
Military Time of Death	Is this TIME approximate?	21c. Time of Death
<input type="text" value="16:00"/>	<input type="text" value="No"/>	<input type="text" value="04:00 PM"/>

Cause of Death

Pending Investigation: This is only to be marked Yes if you are a coroner.

Death due to communicable disease?: If either Part 1 or Part 2 contains a communicable disease this must be marked yes. To see a list of what Nevada has determined to be a "communicable disease" see [Nevada Administrative Code 441A.040](#).

Pandemic Related Death: This should only be marked Yes if the cause of death in Part 1 contains a diagnosis of COVID-19.

CoD Part 1: Cause of Death should be listed with the most immediate cause in box a. and continuing in decreasing order from acute to chronic conditions. Intervals are not required but do help establish a timeline. Only one cause may be listed in each box, and all causes must be completely spelled out with no acronyms or abbreviations.

Death: 3191 Image count: 0 Notes count: 0 Alerts: 0 Save

Decedent Dec History Certifier **Cause of Death** Injury Information Reject Signatures Flags FIPS

Pending Investigation? Death due to communicable disease? Pandemic Related Death?

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death)

Approx. Interval - Onset to Death

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of

Approx. Interval - Onset to Death

c. Due to or as a Consequence of

Approx. Interval - Onset to Death

d. Due to or as a Consequence of

Approx. Interval - Onset to Death

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CoD Part 2: This space is to list any factors which may have contributed to cause of death but were not directly part of the etiology. You can list multiple conditions here, separated by a comma.

Autopsy: This should be marked no except for Coroner cases.

Did Tobacco Use Contribute to Death?: This can be marked Yes, No, Unknown, or Possible based on medical history.

Was Coroner Contacted? This is marked yes if the coroner's office was contacted to review or take the case. If yes, then **Coroner Contacted Reason** will have to be selected. This will most likely be "Review Only" unless the coroner takes the case.

Manner of Death: This field will default to Natural Causes. If you believe the manner to be anything other than natural causes, please consider a coroner review.

Cause of Death (Part 2)

Other significant conditions contributing to death.

Autopsy?	Were Autopsy Findings Used?	Did Tobacco Use Contribute to Death?
<input type="text" value="No"/>	<input type="text" value="Not Applicable"/>	<input type="text" value="Unknown"/>

If Female between ages of 10 and 55

Was Coroner Contacted?	Coroner Contacted Reason
<input type="text" value="No"/>	<input type="text" value="NOT APPLICABLE"/>

Views 2

Manner of Death

28a. Manner of Death

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Injury Information

The Injury Information tab is only to be filled out if the Manner of Death on the Cause of Death tab is other than Natural Causes.

Reject

Rejection for revision or clarification is an important part of the registration process. It ensures that the final certificate is not only useful to the family as a legal document, but that the information is also formatted in such a way that the National Center for Health Statistics (NCHS) can use it as a data source. If a record is rejected to you, it will show in your rejection queue. Please look at the comments on the Rejection tab and make any modification necessary to the record. After you have done that, you will need to complete the Physician signature section on the Signature Tab and save the record again.

You may also utilize the rejection tab to reject records that have been assigned to you from a funeral home. If the physician is at your facility you may change it from the Certifier tab as outlined above, but if you are unsure of who the case belongs to, you may reject it back by selecting "Physician to Funeral Home" in the **Rejected From To** dropdown menu, writing a comment in the **Short Comments** section, selecting a reason from the **Rejected Reason** dropdown and hitting the "Commit Rejection" button.

The screenshot shows the 'Reject' tab of a web application. At the top, there is a header with 'Death: 3191' and several status indicators: 'Image count: 0', 'Notes count: 0', and 'Alerts: 0'. A 'Save' button is visible on the right. Below the header is a navigation bar with tabs: 'Decedent', 'Dec History', 'Certifier', 'Cause of Death', 'Injury Information', 'Reject' (selected), 'Signatures', 'Flags', and 'FIPS'. The main content area is titled 'Reject' and contains the following fields and buttons:

- Clear Reject** and **Commit Reject** buttons.
- Rejected?** dropdown menu with 'Yes' selected.
- Rejected By** text field containing 'Grissom, Daran'.
- Rejected Date** date picker showing '11/05/2025'.
- Rejected From To** dropdown menu with 'Physician to Funeral Home' selected.
- Short Comments - Additional Available in Notes** text area.
- Do Not Send Notification of Reject** checkbox.
- Rejected Reason** dropdown menu with 'Wrong Physician' selected.

Signature

The Signature tab contains two lines, both of which must be completed in order to finish the cause of death section of the certificate.

Death: 3191 Image count: 0 Notes count: 0 Alerts: 0 Save

Decedent Dec History Certifier Cause of Death Injury Information Reject **Signatures** Flags FIPS

Physician Signing Certificate

Medical Info Complete?	Complete Date	Completed by
Yes	11/07/2025	Grissom, Daran
Physician Signed?	Date Signed	Physician
Yes	11/07/2025	Grissom, Daran

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When you select Yes and press tab from the **Medical Info Complete?** section, the system will run the Views2 service. Views2 is a medical spell check service offered by the National Center for Health Statistics (NCHS) that helps conform causes of death to International Classification of Diseases

It will ask you to confirm date and time of death. After that, we recommend you hit the green save button in the upper-righthand corner.