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The Michigan Electronic Death Registration System (EDRS) is an application used to register deaths in the state of Michigan. EDRS provides online access allowing decedent fact-of-death and cause-of-death information to be registered electronically. EDRS allows funeral directors, physicians, and medical examiners to interact in a single platform. Once the personal and medical sections of the record are certified, the record goes to the local registrar for review. It's fast and easy.

EDRS has built in security with multifactor authentication and EDRS can be accessed anywhere you have an internet connected device.

Why is the death certificate important?

Families need the death certificate to settle the affairs of a loved one. A death certificate is needed for probating estates, insurance claims, Social Security, veterans' benefits, and retirement benefits.

Additionally, the death certificate is also an important source of statistical information that is used for public health, public policy, and medical research. Public health is improved by monitoring the leading causes of death. Identifying the leading causes of death allows public health officials and researchers to focus their efforts on the conditions most likely to cause premature death. The information you provide on death certificates is used by epidemiologists, scientists, and policy makers to develop strategies and implement programs to make Michigan safer and healthier for its citizens.





RESPONSIBILITY

In order for a record to be accepted for filing, certain items must be completed, including the cause of death and manner of death. The physician's signature on the record indicates that all medically related information provided is accurate and true, to the best of their knowledge. The physician and funeral director must work together to ensure a complete and accurate record is filed.

How do I enter cause of death?

The information entered in the cause of death section must be ordered etiologically. Only one cause is to be entered on each line of Part I of the death certificate. This section cannot be left blank.

Unknown, old age, cardiac arrest, respiratory arrest, or other natural causes are ill-defined and should be avoided.



Line a, immediate cause:

The direct or immediate cause of death is reported on Line a. This is the disease, injury, or complication that directly preceded death. It can be the sole entry in the cause of death statement if only one condition was present at death. There must always be an entry on Line a.

	(encos)o una manner cansa:								
	Medical Examiner On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		29. MEDICAL EXA CONTACTED	AMINER	30. PL	ACE OF DEATH	31. IF HOSPITAL		
	Signature and Title								
CERTIFICATION	27b. DATE SIGNED 27c. LI	- 32. MEDICAL EXA NUMBER	32. MEDICAL EXAMINER'S CASE NUMBER 33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERT						
CERTIF	34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN								
	35a. REGISTRAR'S SIGNATURE 35b. DATE					ATE FILED			
ĺ	36. PART I. ENTER the chain of events- diseases, injuries or complibrillation without showing the etiology. Enter only one cause	lications - that directly cause on line.	d the death. DO NOT enter ten	minal events suc	h as cardia	c arrest, respiratory arrest	or ventricular	Approximate Interval Between Onset and Death	
	If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I								
	or Part II of the cause of death section, as appropriate. b.								
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	(Final DUE TO (OR AS A CONSEQUENCE OF)							
	Sequentially list conditions, IF ANY, leading to the cause listed on line a. Enter the								
CAUSE OF DEATH	UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF)						
AUSE	PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I 37. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably								
	Yes								
	39. MANNER OF DEATH 40a. WAS AN					FINDINGS AVAILABLE ON OF CAUSE OF DEATH	Unknown if pregnant within		
ſ	41a. DATE OF INJURY	41a. DATE OF INJURY 41b. TIME OF INJ		URY 41c. DESCRIBE HOW INJURY OCCURRED					
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E E	41d. INJURY AT WORK 41e. PLACE OF IN	JURY 41f. II	FTRANSPORTATIO	N INJURY	41g.	LOCATION			
MEDICAL EXAMINER									

Lines b-d, due to (or as a consequence of):

The disease, injury, or complication, if any, which gave rise to the direct or immediate cause of death is reported on Lines b-d.

This condition must be considered to have been antecedent to the immediate cause, both with respect to time and etiological or pathological relationship. If it is believed to have prepared the way for the immediate cause, a condition can be considered as antecedent to the immediate cause even though a long interval of time has elapsed since its onset.

	opinion, death occured at the time, date, and place, and due to the cause(s) and manner stated.		29. MEDICAL EX CONTACTED		30. PL	ACE OF DEATH	31. IF HOSPITAL		
	Signature and Title								
CATIO	27b. DATE SIGNED	32. MEDICAL EXAMINER'S CASE NUMBER 33. NAME OF ATTENDING PHYSICIAN IF OTHER TE					OTHER THAN CERTIFIER		
CERTIFICATION	34. NAME AND ADDR	34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN							
	35a. REGISTRAR'S SIGNATURE 35b. DATE FILED								
1		events- diseases, injuries or compli ne etiology. Enter only one cause o	cations - that directly cause n line.	d the death. DO NOT enter	terminal events suc	h as cardia	c arrest, respiratory arres	or ventricular	Approximate Interval Between Onset and Death
	If diabetes was an immediate, underlying or contributing a cause of death be sure to a record diabetes in either Part I								
	or Part II of the cause of death section, as appropriate.		DUE TO (OR AS	A CONSEQUENCE OF)					
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE OF)							
	Sequentially list conditions, IF ANY, leading to the cause listed on line a. Enter the								
CAUSE OF DEATH	UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		DUE TO (OR AS A CONSEQUENCE OF)						
NUSEO	PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I CONTRIBUTE TO DEATH?							38. IF FEMALE Not pregnant within past year	
ũ								Yes Probably No Unknown	Pregnant at time of death Not pregnant, but pregnant within 42 days of death
	39. MANNER OF DEATH 40a. WAS AN A			AUTOPSY PERFORMED? 40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEAT				FINDINGS AVAILABLE	Unknown if pregnant within
ſ	41a. DATE OF INJURY 41b. TIME OF INJ		JURY 41c. DESCRIBE HOW INJURY OCCURRED						
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Ž	41d. INJURY AT WORK 41e. PLACE OF INJURY 41f. IF			IF TRANSPORTATION INJURY 41g. LOCATION					
MEDICAL EXAMINER									
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Period of time between onset and death:

Enter best estimate of the period of time between the presumed onset and the date of death. General terms such as immediate, minutes, hours, days, chronic or acute are acceptable. If the interval is not known, an entry of unknown is acceptable. This field cannot be left blank.

	Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occured at the time, date, and place, and due to the cause(s) and manner stated.	29. MEDICAL EXAMINER CONTACTED 30. PLACE	E OF DEATH 31. IF HOSPITAL						
	Signature and Title								
CERTIFICATION	27b. DATE SIGNED 27c. LICENSE NUMBER	-32. MEDICAL EXAMINER'S CASE NUMBER 33.	NAME OF ATTENDING PHYSICIAN IF O	THER THAN CERTIFIER					
CERTIF	34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN								
	35a. REGISTRAR'S SIGNATURE								
1	36. PART I. ENTER the chain of events- diseases, injuries or complications - that directly causifullation without showing the etiology. Enter only one cause on line.	ed the death. DO NOT enter terminal events such as cardiac arres	est, respiratory arrest or ventricular	Approximate Interval Between Onset and Death					
	If diabetes was an immediate, underlying or contributing a. cause of death be sure to record diabetes in either Part I or Part II of the cause of	Between Onset and Death							
	or Part II of the eause of DUE TO (OR A death section, as appropriate.								
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	r condition							
	Sequentially list conditions, c. IF ANY, leading to the cause listed on line a. Enter the	DUL IN (M. AS A CONSEQUENCE OF)							
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			□ No □ Unknown	Not pregnant, but pregnant within 42 days of death					
	39. MANNER OF DEATH 40a. WAS AN		E AUTOPSY FINDINGS AVAILABLE O COMPLETION OF CAUSE OF DEATH?	within 42 days of death Unknown if pregnant within the past year Not pregnant, but pregnant 43 days to 1 year before death					
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NE K	41d. INJURY AT WORK 41e. PLACE OF INJURY 41f.	F TRANSPORTATION INJURY 41g. LOG	CATION						
MEDICAL EXAMINER									

Part II other significant conditions:

Any other important disease or condition that was present at the time of death which may have contributed to death but which was not related to the immediate cause of death listed on Lines a-d, should be recorded on this line.

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		ne basis of examination, and/or investigation, in r e, and place, and due to the cause(s) and	29. MEDICAL EX		30. PL	ACE OF DEATH	31. IF HOSPITAL		
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CERTIF	34. NAME AND ADDRESS	OF CERTIFYING PHYSICIAN	·						
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	36. PART I. ENTER the chain of events- fibrillation without showing the etio If diabetes was an immediate,	diseases, injuries or complications - that directlogy. Enter only one cause on line.	ly caused the death. DO NOT enter	terminal events suc	h as cardia	c arrest, respiratory arre-	st or ventricular	Approximate Interval Between Onset and Death	
	underlying or contributing a. cause of death be sure to record diabetes in either Part I								
	or Part II of the cause of death section, as appropriate. b.	DUE TO ((OR AS A CONSEQUENCE OF)						
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE OF)						
	Sequentially list conditions, c. IF ANY, leading to the cause listed on line a. Enter the								
CAUSE OF DEATH	UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	DUE TO ((OR AS A CONSEQUENCE OF)	: AS A CONSEQUENCE OF)					
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	39. MANNER OF DEATH	40a. WAS	S AN AUTOPSY PERFO				FINDINGS AVAILABLE ON OF CAUSE OF DEATH?	Unknown if pregnant within the past year Not pregnant, but pregnant 43 days to 1 year before death	
	41a. DATE OF INJURY	F INJURY	JURY 41c. DESCRIBE HOW INJURY OCCURRED						
MEDICAL EXAMINER	41d. INJURY AT WORK	He. PLACE OF INJURY	41f. IF TRANSPORTATI	ON INJURY	41g.	LOCATION			
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Did tobacco use contribute to death?

Choose "Yes," if, in your opinion, any use of tobacco or tobacco exposure contributed to the death of the decedent.

What was pregnancy status at the time of death:

If the decedent is a female between the ages of 5 and 75, this required field is used to indicate if the decedent was pregnant at the time of death, prior to the death, or not at all.

	Wicdicai Examinei	the basis of examination, and/or investigation ste, and place, and due to the cause(s) and	29. MEDICAL CONTACT		30. PL	ACE OF DEATH	31. IF HOSPITAL		
	Signature and Title								
CERTIFICATION	27b. DATE SIGNED	27c. LICENSE NUMBER 32. MEDICAL EXAMINER'S CASE NUMBER 33. NAME OF ATTENDING PHYSICIAN IF O						FOTHER THAN CERTIFIER	
CERTIF	34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN								
	35a. REGISTRAR'S SIGNATURE 35b. DATE FILED								
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	If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I		Detween onset and Beam						
	or Part II of the cause of death section, as appropriate. b.								
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	·							
	Sequentially list conditions, IF ANY, leading to the cause listed on line a. Enter the	nentially list conditions, e. NNY, leading to the cause							
CAUSE OF DEATH	UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	ease or injury that d. sated the events resulting							
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3	given in Part I	ICANT CONDITIONS CONTINUE	ing to death out not result	ing in the under	iying cai	usc	37. DID TOBACCO USE CONTRIBUTE TO DEA		
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MEDICAL EXAMINER									
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Manner of Death:

The manner of death is the determination of how the injury or disease leads to death. There are five options for manner of death: natural, accident, suicide, homicide, and indeterminate. Deaths not due to external causes should be identified as natural. If the manner of death is not natural, the medical examiner must be contacted. Should the manner of death not be determined at the time the certificate is originally prepared, "pending" may be indicated, but only by the medical examiner.

	(
	Medical Examiner - On the basis of examination, and/or investigation		ACE OF DEATH 31. IF HOSPITAL					
	opinion, death occured at the time, date, and place, and due to the cause(s) and manner stated.	CONTACTED						
	Signature and Title							
Į.	27b. DATE SIGNED 27c. LICENSE NU	MBER 32. MEDICAL EXAMINER'S CASE NUMBER	33. NAME OF ATTENDING PHYSICIAN IF OT	THER THAN CERTIFIER				
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1	36. PART I. ENTER the chain of events- diseases, injuries or complications - that d fibrillation without showing the etiology. Enter only one cause on line.	ectly caused the death. DO NOT enter terminal events such as cardia	ac arrest, respiratory arrest or ventricular	Approximate Interval				
	If diabetes was an immediate,			Between Onset and Death				
	underlying or contributing cause of death be sure to a.							
	record diabetes in either Part I or Part II of the cause of	O (OR AS A CONSEQUENCE OF)						
	death section, as appropriate. b.							
	IMMEDIATE CAUSE (Final disease or condition							
	resulting in death) DUE							
	Sequentially list conditions, IF ANY, leading to the cause listed on line a. Enter the							
Ħ	UNDERLYING CAUSE DUE	O (OR AS A CONSEQUENCE OF)	A CONSEQUENCE OF)					
EA	(disease or injury that d. initiated the events resulting							
AUSE OF DEATH	in death) LAST			1				
SE	PART II. OTHER SIGNIFICANT CONDITIONS contribut	ng to death but not resulting in the underlying cau	use 37. DID TOBACCO USE CONTRIBUTE TO DEATH?	38. IF FEMALE				
CAT	given in Part I		Yes Probably	Not pregnant within past year Pregnant at time of death				
			□ No □ Unknown	Not pregnant, but pregnant				
	39. MANNER OF DEATH 40a, V	AS AN AUTOPSY PERFORMED? 40b. W	VERE AUTOPSY FINDINGS AVAILABLE	within 42 days of death Unknown if pregnant within				
			R TO COMPLETION OF CAUSE OF DEATH?	the past year				
				Not pregnant, but pregnant 43 days to 1 year before death				
ſ	41a. DATE OF INJURY 41b. TIMI	OF INJURY 41c. DESCRIBE HO	OW INJURY OCCURRED					
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MEDICAL EXAMINER								
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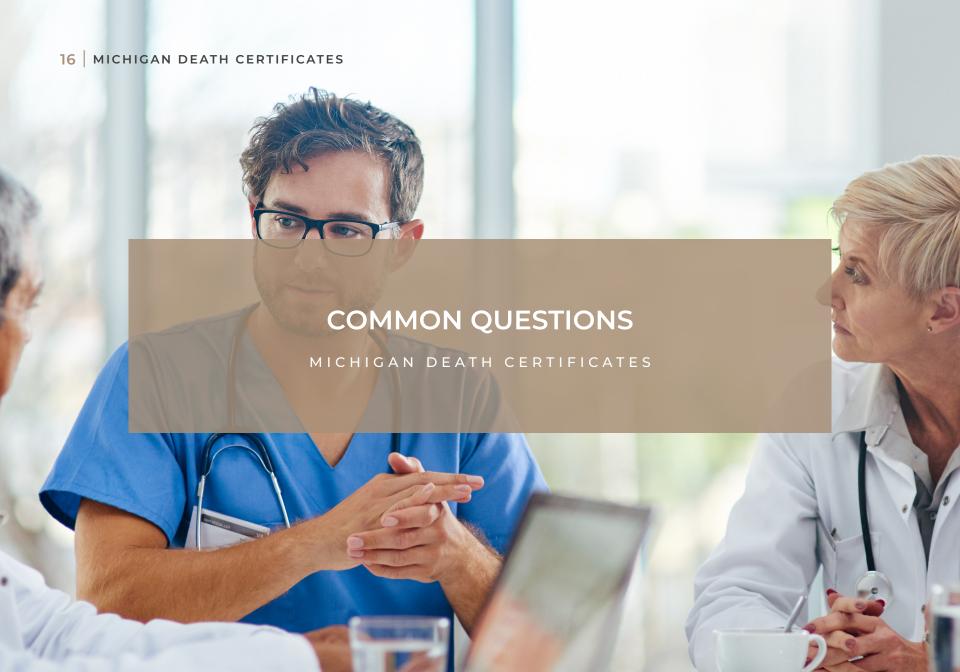


Things to do:

- Enter the underlying disease that caused death.
- Only list things that actually contributed to the death.
- Pay attention to "Due to" between lines in Box 36 Part I to form a logical sequence (a due to b due to c due to d).
- Enter the Manner of Death (Box 39).
- Be specific when there are multiple options or disease types; i.e. Alzheimer's Dementia vs. Lewy Body Dementia.

Things not to do:

- List nonspecific mechanisms like: shock, sepsis, cardiac arrest, and respiratory failure. Instead, list the actual disease that caused such a mechanism.
- List unrelated conditions and diseases in Box 36 Part I (it must form a logical sequence).
- Certify deaths from trauma (e.g. hip fractures) or toxicity (e.g. drug overdose) contact the Medical Examiner.
- List End-stage Renal Disease or Congestive Heart Failure without listing the disease that caused the organ to fail.
- Abbreviate or use acronyms when listing cause of death. Spell out the cause of death.





Who should sign the death certificate?

According to Michigan Law (MCL 333.2843), this responsibility is placed upon the attending physician.

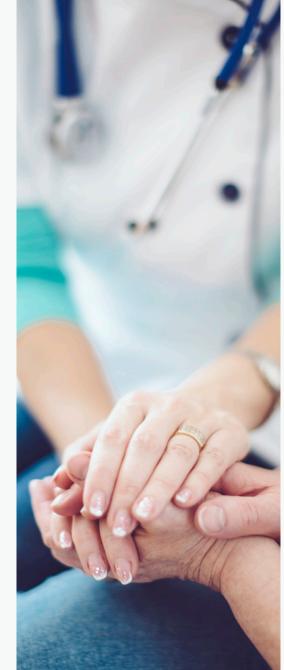
If you answer "Yes" to the following questions, you are the best person to complete the medical certification of death:

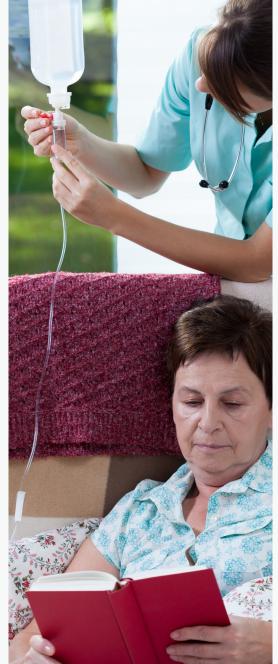
- Was this your patient?
- 2. Were you the attending physician?
- 3. Were you prescribing medication for an ongoing illness or condition?
- 4. Were you covering for a colleague?

The personal physician of the decedent is most knowledgeable of the health and the history of the decedent and is the certifier of choice. When not available, however, any physician who attended to the patient around the time of death may certify as the attendant.

What if the patient dies at home?

Once the medical examiner, as the local authority, has investigated the case and has determined there were no circumstances that would place the case under his/her jurisdiction, then it falls to the attending/ certifying physician to certify cause of death. Terms such as possible, probable, etc., can be used if the certifier is not comfortable with an absolute.







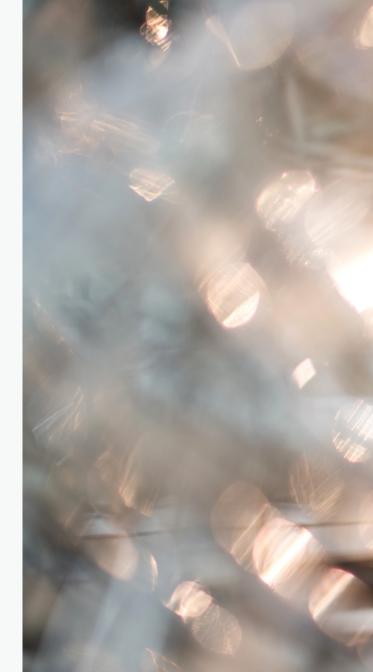


What if I'm not sure about final cause of death?

Cause of death should be recorded based on your best medical opinion. Again, terms such as probable, possible, etc., can be used when the certifier is not comfortable with an exact diagnosis. All significant conditions can then be listed, as necessary. It is important to note that unknown is not an acceptable entry for cause of death and only the medical examiner's office can certify to a pending cause of death.

How long do I have to complete the cause of death?

According to Michigan Law (MCL 333.2843) 1a: "If the death occurred outside an institution, the medical certification portion of the death record shall be completed and certified not later than 48 hours after death by the attending physician..." 1b: "A physician described in subdivision (a), who neglects or refuses to certify a death record properly presented to him or her for certification by a funeral director or who refuses or neglects to furnish information in his or her possession, is guilty of a misdemeanor punishable by imprisonment for not more than 60 days, or a fine of not less than \$25.00 nor more than \$100.00, or both." Deaths that occur under certain circumstances may have different requirements.









What must be reported to the medical examiner?

MCL 52.202 outlines those circumstances of death that fall under the jurisdiction of the medical examiner, and must be reported to him/her:

- Criminal violence, suicide, homicide
- Accident (including falls) regardless of interval from injury to death
- Poison or overdose
- In police custody, in prison, or in a penal institution
- Suddenly, when in apparent good health
- Abortion, whether self-induced or otherwise
- Unattended by a physician
- Any suspicious or unusual circumstances
- By disease constituting a threat to public health
- Disease, injury, or toxic agent resulting from employment

Stop to consider non-natural causes* for any of the following:

- Failure to thrive
- Aspiration pneumonia

Sepsis

Malnutrition

Seizures

- Dehydration
- -plegia of any kind
- Hypothermia
- Brain/Intracranial bleeds
- Hyperthermia

^{*} Include the cause of any of these, as appropriate.





For more information or practice on how to complete the cause of death, please visit www.MichiganEDRS.org to take the online course.

For Vital Records questions, please call (517) 335-6506 or email MDHHS-EDRS-HELP@Michigan.gov