



HOW DO I REPORT INTERIM DISPOSITIONS IN EVERS? (Medical Facilities)

For death cases, if no funeral home is involved and a decision has not been made on the disposition, the medical facility must do one of the following:

1. If the case was already created in the system and was pronounced / certified by the doctor, it must be unpronounced / uncertified; the facility must take ownership of the disposition and complete the Personal Information section of the case indicating “**Interim Disposition**” as the method of disposition on the Disposition screen.
2. However, if the case was not created in the system then a new case must be created and completed for Interim Disposition.

The certificate should be completed within 72 hours to avoid late filing.

The below instructions are for completing the personal particulars, including decedent demographic information, on the death certificate. The instructions are similar to those for filing City Burial cases in *How do I report City Burials in EVERS*.

Please refer to *How do I report Deaths in EVERS* for completing the medical information.

Decedent Page: Select “Yes” in response to the question, “Will medical institution be responsible for final disposition?” on the Decedent page.

The screenshot displays the EVERS system interface for reporting interim dispositions in medical facilities. The page title is "New York City Department of Health and Mental Hygiene". The user is logged in as "Testing Name" and is on the "Decedent" page for case "12512925 :Little Mikey JUL-23-2012". The form includes a "Death Registration Menu" on the left with options like "Personal Information", "Medical Certification", and "Other Links". The main form area contains the following fields and options:

- Case ID: 12512925 ; Little Mikey JUL-23-2012
- Event Type: /New Event/New Event/New Event/Not Registered/Unsigned/Unpronounced
- Decedent Section:
 - Question: Will medical institution be responsible for final disposition? (Yes selected)
 - Infant Identifier: [Dropdown]
 - Decedent Name Presumed?: [Confirmed ID]
 - Decedent's Legal Name: Prefix, First (Little), Middle, Other Middle, Last (Mikey), Suffix
 - Aliases: Add/Edit Alias Names
 - Gender: Male
 - Social Security: [Field]
 - Date of Birth: [Field]
 - Decedent's Birth Place: City or Town, State
 - Ever in US Armed Forces?: [Field]

A Windows Internet Explorer dialog box is overlaid on the form, displaying the message: "The Case you have selected is an un-owned case. Press OK to become the owner of this case." with "OK" and "Cancel" buttons. A red callout box labeled "Click OK" points to the "OK" button. Another red callout box labeled "Select Yes" points to the "Yes" option in the "Will medical institution be responsible for final disposition?" question. The page footer contains buttons for "Validate Page", "Next", "Clear", "Save", and "Return".

Family Members Page: Enter Family Members' information. Select the Marital Status from dropdown. Click Validate Page and then Next.

Testing Name Welcome back: pgentlesMD [Logout](#)

[Main](#) [Life Events](#) [Queues](#) [Reports](#) [Forms](#) [Table Maintenance](#) [Help](#)

New York City Department of Health and Mental Hygiene

Death Registration Menu

- Personal Information
- ▶ Decedent
- ▶ Resident Address
- ▶ **Family Members**
- ▶ Informant
- ▶ Disposition
- ▶ Decedent Attributes
- Medical Certification
- ▶ Pronouncement
- ▶ Place of Death
- ▶ Cause of Death
- ▶ Other Factors
- ▶ Certifier
- Other Links
- Comments
- Print Forms
- Refer to Medical Examiner
- Relinquish Case
- Validate Registration

12512925 :Little Mikey JUL-23-2012
/Personal Invalid/Fact of Death Invalid/Medical Invalid/Not Registered/Unsigned/Unpronounced/Uncertified/NA/Fact of Death Pending/Personal Pending/Medical Pending/Cause of Death Pending

Family Members

Marital Status: Other Specify

Surviving Spouse's/Partner's Name

First Middle Last (if wife, name prior to first marriage) Suffix

Father's Name

First Middle Last Suffix

Mother's Maiden Name Prior to First Marriage

First Middle Last Suffix

Informant Page: If the individual authorizing disposition is the same as the informant, check the "Same As Informant" box. If the individual authorizing disposition is not the same as the informant, uncheck the Same As Informant box, and enter the required information. Click Validate Page and then Next.

Testing Name Welcome back: pgentlesMD [Logout](#)

[Main](#) [Life Events](#) [Queues](#) [Reports](#) [Forms](#) [Table Maintenance](#) [Help](#)

New York City Department of Health and Mental Hygiene

Death Registration Menu

- Personal Information
- ▶ Decedent
- ▶ Resident Address
- ▶ Family Members
- ▶ **Informant**
- ▶ Disposition
- ▶ Decedent Attributes
- Medical Certification
- ▶ Pronouncement
- ▶ Place of Death
- ▶ Cause of Death
- ▶ Other Factors
- ▶ Certifier
- Other Links
- Comments
- Print Forms
- Refer to Medical Examiner
- Relinquish Case
- Validate Registration

12512925 :Little Mikey JUL-23-2012
/Personal Invalid/Fact of Death Invalid/Medical Invalid/Not Registered/Unsigned/Unpronounced/Uncertified/NA/Fact of Death Pending/Personal Pending/Medical Pending/Cause of Death Pending

Informant

Informant Name

First Middle Last Suffix

Relationship to Decedent: Other specify

Address

Street Number Pre Directional Street Name Street Designator Post Directional Apartment Number

City or Town State Country Zip Code

Individual Authorizing Disposition

Same As Informant

First Middle Last Suffix

Relationship to Decedent: Other specify

Disposition Page: Select interim disposition as method. The Date of Disposition should be the date of transport. The Place of Disposition and Funeral Home auto-populate after selecting interim disposition.

If the OCME is picking up the body, do the following.

For the place of disposition, click the pencil icon next to the place of disposition to clear the information. Click on the lookup icon and type OCME Morgue and select the **OCME Morgue**.

For the funeral director, enter Jason Graham.

For the funeral home, leave as is.

The screenshot shows the 'Disposition' page in the EDRS Pilot system. The page title is '744314 :Test JUL-08-2014'. The form includes the following sections:

- Disposition:** Method of disposition (Interim Disposition), Other Specify, Cremation Clearance (NA), Date of disposition (with a date picker icon).
- Place of disposition:** Place of Disposition (OCME Morgue), City or Town (Brooklyn), State (New York).
- Funeral Director:** License Number (Lookup), First (Jason), Middle, Last (Graham).
- Funeral Home:** Business Registration Number (Lookup), Office of Chief Medical Examiner, Street Number (520), Directional, Street Name (First), Street Designator (Avenue), Post Directional, Apartment Number, City or Town (New York), State (New York), Country (United States), Zip Code (10016).

Red callout boxes provide instructions:

- Enter the date of transport for the date of disposition.
- Select the OCME Morgue from the lookup if OCME is picking up the body.
- Enter Jason Graham for the funeral director.

Buttons at the bottom: Validate Page, Next, Clear, Save, Return.

Click Validate Page and then Next.

If the OCME is NOT picking up the body, and it will be stored at your or another facility for interim disposition, do the following.

For the place of disposition, click the pencil icon  next to **Place of disposition** to clear the information. Enter the facility name in the place of disposition field, then enter the city, state, and country.

For the funeral director, enter the clerk's first and last name.

For the funeral home, click the pencil icon next to **Funeral Home** to clear the information. Enter the facility name and address information. Make sure you have New York for the state and United States for the country.

Testing Hospital (Manhattan) Welcome back: pgentlesMD Logout

Main Life Events Queues Reports Forms Table Maintenance Help

The City of New York Department of Health and Mental Hygiene

Death Registration Menu

744314 :Test JUL-08-2014
/New Event/New Event/New Event/Not Registered/Unsigned/Unpronounced/Uncertified/NA

Disposition

Method of disposition Interim Disposition Other Specify
Cremation Clearance NA Date of disposition JUL-08-2014

Place of disposition

Place of Disposition My Hospital
City or Town Brooklyn State New York

Funeral Director

License Number Lookup Patricia Clerk
First Patricia Middle Clerk Last Suffix

Funeral Home

Business Registration Number Lookup My Hospital

Street Number Pre Directional Street Name Street Designator Post Directional Apartment Number
111 Brooklyn Avenue

City or Town State Country Zip Code
New York New York

Validate Page Next Clear Save Return

Enter the date of transport for the date of disposition.

Use the pencil icon to clear auto-populated information.

Click Validate Page and then Next.

Decedent Attributes Page: Complete decedent attributes, click Validate Page, and then Next.

Testing Name Welcome back: pgentlesMD [Logout](#)

[Main](#) [Life Events](#) [Queues](#) [Reports](#) [Forms](#) [Table Maintenance](#) [Help](#)

New York City Department of Health and Mental Hygiene

Death Registration Menu

Personal Information

- ▶ Decedent
- ▶ Resident Address
- ▶ Family Members
- ▶ Informant
- ▶ Disposition
- ▶ **Decedent Attributes**
- ▶ Medical Certification

Medical Certification

- ▶ Pronouncement
- ▶ Place of Death
- ▶ Cause of Death
- ▶ Other Factors
- ▶ Certifier

Other Links

- Comments
- Print Forms
- Refer to Medical Examiner
- Relinquish Case
- Validate Registration

12512925 :Little Mikey JUL-23-2012

/Personal Invalid/Fact of Death Invalid/Medical Invalid/Not Registered/Unsigned/Unpronounced/Uncertified/NA/Fact of Death Pending/Personal Pending/Medical Pending/Cause of Death Pending

Decedent Attributes

Decedent's occupation Decedent's industry

Decedent's education

Ancestry
(Check one box and Specify)

Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc)
 Other Specify:

Non Hispanic (Italian, African, American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc)
 Other Specify:

Unknown

Race
Race as defined by the U.S. Census (check one or more to indicate what the decedent considered himself or herself to be)

<input type="checkbox"/> White	<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Asian (specify)
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Pacific Islander (specify)
<input type="checkbox"/> American Indian or Alaska Native (specify tribe)	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Unknown

Please Note: To locate ancestry for Non Hispanic on the Decedent Attributes page, you must use the lookup.

Testing Name: Welcome back: pgentiesMD Logout

Main Life Events Queues Reports Forms Table Maintenance Help

New York City Department of Health and Mental Hygiene

Death Registration Menu

12512925 :Little Mikey JUL-23-2012

/Personal Invalid/Fact of Death Invalid/Medical Invalid/Not Registered/Unsigned/Unpronounced/Uncertified/NAFact of Death Pending/Personal Pending/Medical Pending/Cause of Death Pending

Decedent Attributes

Decedent's occupation: Teacher Decedent's industry: Education

Decedent's education: Master's Degree

Ancestry

(Check one box and Specify)

Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc) Other Specify:

Non Hispanic (Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc) Other Specify: American

Unknown

Race

Click here

Enter Description, and then click Search.

Click Select

Medical Certification: Complete the medical certification portion of the certificate. Once the case is pronounced and certified by the physician, it is transmitted to the Burial Desk for approval.

Message: An approval message is sent when the case is registered.

Calvary Hospital Welcome back: MayaMD Logout

Main Life Events Queues Forms Help

The City of New York Department of Health and Mental Hygiene

Messages

Send Message Remove from List

From	Message Text	Date Sent	
Gwcj Xhukonp	Case 526238 - Approved Campbell Benz	4/30/2013 3:00:00 PM	<input type="checkbox"/>
Gwcj Xhukonp	Case 743454 - Approved Mary Smith	4/29/2013 10:38:34 AM	<input type="checkbox"/>
Lomi Zsrnwlm	The amendment for: Case Id: 743328 ; Lana Smile, Date of Death: MAR-06-2013 has been Approved.Approved by user.	4/11/2013 4:43:16 PM	<input type="checkbox"/>

Burial Permit: To print the burial permit, click on the decedent's name in messages to access the case.

[Main](#)
[Life Events](#)
[Queues](#)
[Forms](#)
[Help](#)

The City of New York Department of Health and Mental Hygiene

Death Registration Menu
427785 :Little Mickey APR-17-2013

/Personal Valid With Exceptions/Fact of Death Valid/Medical Valid With Exceptions/Registered/Signed/Pronounced/Certified/NA/ICD Coding Required/GIS Coding Required/Burial Permit Ready to Print

Decedent

Will medical institution be responsible for final disposition?

Infant Identifier

Decedent Name Presumed?

Decedent's Legal Name

First Middle Other Middle Last Suffix

Aliases

Add/Edit Alias Names

Social Security Number
 None Unknown

Age
 Years
 Months
 Days
 Hours
 Minutes
 Under 1 Year
 Under 1 Day
 Verify SSN
 SSN Verification Status

Decedent's Birth Place

City or Town State Country

Ever in US Armed Forces?

Click on
Print Forms

Done Local intranet 100%

[Main](#)
[Life Events](#)
[Queues](#)
[Forms](#)
[Help](#)

The City of New York Department of Health and Mental Hygiene

Death Registration Menu
427785 :Little Mickey APR-17-2013

/Personal Valid With Exceptions/Fact of Death Valid/Medical Valid With Exceptions/Registered/Signed/Pronounced/Certified/NA/ICD Coding Required/GIS Coding Required/Burial Permit Ready to Print

Print Forms

[Burial Permit](#)

[Work Copy](#)

Click here to print the
Burial Permit

[Return](#)

Please Note: The burial permit cannot be reprinted. Before you close the PDF, make sure you have successfully printed the burial permit.

BurialPermit[1].pdf (SECURED) - Adobe Reader
 File Edit View Document Tools Window Help

1 / 1 69.7% Find

NEW YORK CITY THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE OFFICE OF VITAL RECORDS
 JANUARY 20, 2010 11:08 AM PERMIT TO DISPOSE OF OR TRANSPORT HUMAN REMAINS

156-10-000014
 CERTIFICATE NUMBER

EVENT: (CHECK ONLY ONE) DEATH SPONTANEOUS TERMINATION INDUCED TERMINATION

NAME	First, Middle, Last Justin Test	AGE 0 19 <small>Months Years</small>	SEX Male	DATE OF EVENT	MONTH 01	DAY 20	YEAR 2010
PLACE OF EVENT	NEW YORK CITY Borough Bronx	NAME OF HOSPITAL OR INSTITUTION OR STREET ADDRESS Test Hospital					
CERTIFIER	NAME OF PHYSICIAN OR MEDICAL EXAMINER'S NUMBER Patricia Doctor	METHOD OF DISPOSAL	<input checked="" type="checkbox"/> INTERMENT <input type="checkbox"/> CREMATION <input type="checkbox"/> OTHER		CREMATION APPROVED BY: MEM.I M.E. CASE #		
PLACE OF DISPOSITION	NAME OF CEMETERY OR CREMATORY (OR DESTINATION) City Cemetery at Hart Island	CITY OR COUNTY AND STATE Bronx, NY		DATE OF DISPOSITION	MONTH **	DAY **	YEAR ****

THE CERTIFICATE OF DEATH HAVING BEEN FILED AS REQUIRED BY THE HEALTH CODE, AND ALL LAWS AND REGULATIONS GOVERNING THE PREPARATION AND DISPOSAL OF HUMAN REMAINS HAVING BEEN COMPLIED WITH, PERMISSION IS HEREBY REQUESTED TO DISPOSE OF THE REMAINS AS IDENTIFIED ABOVE.

FUNERAL ESTABLISHMENT	NAME OF ESTABLISHMENT Office Of Chief Medical Examiner	ADDRESS 520 First Avenue	CITY AND STATE New York, New York	N.Y. STATE REG. #
APPLICANT	NAME OF N.Y. STATE LICENSED FUNERAL DIRECTOR (PRINT) Clerk	SIGNATURE <i>Clerk</i>	N.Y. STATE LIC. #	

PERMISSION IS HEREBY GRANTED TO DISPOSE OF THE REMAINS AS REQUESTED ABOVE.

NOTICE: This permit is not valid without the seal of the Department of Health and Mental Hygiene; or if it has been corrected, interlined or altered in any manner.

VR 21 (REV. 7/09) FEE PAID \$ Not Applicable DATE XX / XX / XXXX
 MM DD YYYY

 *Patricia Desk*
 City Registrar
 By Patricia Desk
 Electronic Registration

For questions regarding EVERS, please contact:

Constituent Services Unit
 New York City Department of Health and Mental Hygiene
 (646) 632-6705
evers@health.nyc.gov

Have you seen our website yet? Go ahead, take a look now! <http://www.nyc.gov/evers>