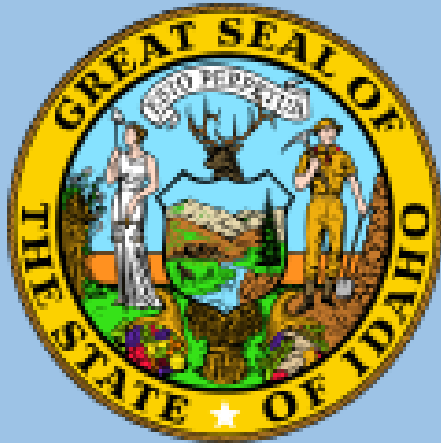


Electronic Death Registry System Coroner Role



Public Health serving with
Integrity
Dependability
Accountability
Humility and
Openness to Change and Innovation

Pam McCrary
Health Operations Field Coordinator
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
Division of Public Health
Idaho Department of Health and Welfare
January 30th, 2025



EDRS Help Page

Work Queue

Active Cases

Case Search

Help

Management ▾

Announcements

Demographics Validation

Office

Officials

Place Of Disposition

Facilities

Users

Welcome to the Idaho Electronic Death Registration System (EDRS) Help Page:

If you have technical questions about EDRS functionality, or questions about account registration/credentials, please reach out to our Vital Statistics Provider Outreach team between 7:30am and 5:00pm Mountain Time Monday through Friday except for legal holidays:

- Dan Irwin – 208-334-5986 dan.irwin@dhw.idaho.gov
- Pam McCrary – 208-334-5519 pam.mccrary@dhw.idaho.gov

If you are a staff member from a funeral establishment and have questions about certificate orders, please reach out to our Vital Statistics Priority Services team:

- Phone – 208-334-5980, Option 1, then Option 6
- Group Email – IVRPS@dhw.idaho.gov

If you are a medical certifier and have questions about how to phrase a Cause of Death statement OR wish to make a correction to a cause of death on a death certificate already completed, please reach out to our Vital Statistics Registration team:

- Patricia Smith – 208-334-5979 patricia.smith@dhw.idaho.gov
- Group Email – IVRREG@dhw.idaho.gov

If you have questions about making a correction to a completed death certificate EXCLUDING cause of death information, please reach out to our Vital Statistics Legal Amendments team:

- Phone – 208-334-5980, Option 1, then Option 4
- Group Email – IVRLA@dhw.idaho.gov

Additional Resources

Helpful Legal Links:

- Idaho State Statute regarding registration of deaths and stillbirths - <https://legislature.idaho.gov/statutesrules/idstat/Title39/T39CH2/SECT39-260/>
- Idaho State Statute regarding authorization for final disposition - <https://legislature.idaho.gov/statutesrules/idstat/Title39/T39CH2/SECT39-268/>
- Idaho State Statute regarding disinterment - <https://legislature.idaho.gov/statutesrules/idstat/Title39/T39CH2/SECT39-269/>
- Idaho Administrative code supporting Vital Statistics death registration - <https://adminrules.idaho.gov/rules/current/16/160208.pdf> (section 450 and section 851)
- Idaho Administration code supporting Vital Statistics disclosure of records - <https://adminrules.idaho.gov/rules/current/16/160501.pdf> (section 011)

Application Tutorials

[Create Case Tutorial](#)

[Medical Tab Tutorial](#)

[Certificate Request - Local issuance](#)

[Certificate Request - State Copies](#)

[Summary PoC](#)

Using the Case Search to search ALL cases

- Work Queue
- Active Cases
- Case Search**
- Help
- Management ▾
- Announcements
- Demographics Validation
- Office
- Officials
- Place Of Disposition
- Facilities
- Users

Case Search

Search Fields Show Active Cases Only Include Voiced Records

Decedent Last Name	Decedent First Name	Decedent Middle Name	SSN	Date of Birth	Date of Death	Sex	Place of Death County	State File Number
<input type="text" value="Enter name:"/>	<input type="text" value="Enter name:"/>	<input type="text" value="Enter name:"/>	<input type="text" value="xxxxxxxx"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/>
Funeral Home Case Number	Parent Last Name	Point of Contact	Funeral Home	Status	Method of Disposition			
<input type="text"/>	<input type="text" value="Enter name:"/>	<input type="text" value="Enter name:"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>			

Results

Case#	Status	Decedent's Name	Date of Death	Funeral Home	Method of Disposition	Non-Medical PoC	Medical PoC	County
No Records Found								

New & Active Cases

Active Cases

Filter By:

View

Office View

Funeral Home

Select

Method of Disposition

Select

Non-Medical PoC

Select

Non-Medical Status

Select

Medical PoC

A. JACK SECREST

Medical Status

Select

County of Death

Select

Cremation Authorization

Select

RESET

Results

Case #	Decedent's Name	Date of Death	Funeral Home	Non-Medical PoC	Non-Medical Status	Medical PoC	Medical Status	Method of Disposition	CCA	County
521	BRIANNA LEE MILLER	12/31/2024	CHENEY FUNERAL CHAPEL	PAM MCCRARY	DATA-ENTRY	A. JACK SECREST	REFERRED	CREMATION	U	ADA

Using the Work Queue

Open Tasks

My Tasks

Show 15 entries

Search:

Case #	Task	Decedent's Name	Comment	Status	Create Date	Due Date	Assigned		
521	CREMATION AUTH ASSIGNED	MILLER, BRIANNA	Assigned to Authorize Final Dispos...	NEW	01/07/2025	01/12/2025		edit task	close task

Showing 16 to 16 of 16 entries

Previous 1 2 Next

Edit Task

Create/Edit Task

Take Ownership of Task

Related Record

CASE

Record ID

521

Name associated to record

MILLER, BRIANNA

Open

Task Type

CREMATION AUTH ASSIGNED

Status

OPEN

Create Date

01/07/2025

Due Date

01/12/2025

Assigned Group*

InternalViewOnly

Reminder Date

01/11/2025

Comment

Assigned to Authorize Final Disposition POC: PAM MCCRARY

Cancel

Save

Task History

Date	Event	User
1/7/2025 3:53 PM	Task Status Changed to Open	PAM MCCRARY
1/7/2025 1:51 PM	Created New Task - Assigned Coroner Point of Contact	PAM MCCRARY

Referral Notification

RE: [EXTERNAL] Testing Environment - Case Referred to Coroner Case#8 [EXTERNAL EMAIL]

From: DoNotReply@dhw.idaho.gov <DoNotReply@dhw.idaho.gov>

Sent: Tuesday, September 26, 2023 8:41 AM

To: Coroner EDR <acco@adacounty.id.gov>

Subject: [EXTERNAL] Testing Environment - Case Referred to Coroner Case#8

This email was generated as a result of activity within the EDRS Testing Environment. No further action is required.

Case Referred to Coroner case# 8

Please access the Idaho Electronic Death Registration System to see additional details regarding this assignment. This case can be accessed using this link: vsedrsqual.dhw.state.id.us

Should you have any questions regarding this case, or the Idaho Electronic Death Registration System, please contact the Idaho Bureau of Vital Records and Health Statistics

Please do not respond/reply to this email as this is a system generated email from an unmonitored email account

Accepting a Referral

Home

Case # : 521

State # :

BRIANNA LEE MILLER
12/31/2024

Summary & PoC

Contact Information

Demographics 1

Demographics 2

Demographics 3

Demographics 4

Medical 1

Coroner

Comments

Attachments

History

Time of Death Information

Date and Time of Death

Date of Death Type: ACTUAL

Date of Death: 12/31/2024

Time of Death Type: ACTUAL

Time of Death: 23:55

Date and Time of Pronounced Death

Date Pronounced Dead*: 01/01/2025

Time Pronounced Death*: 00:50

Referred To Coroner

Approve

Reject

Cause of Death

Cause Of Death Is Pending

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 Time Interval Onset to Death:

A: BLUNT FORCE TRAUMA

Due To (or as a consequence of):

B: MOTOR VEHICLE ACCIDENT

Part II - Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I

If Female (Aged 10-54) Pregnant

Manner of Death: ACCIDENT

Did tobacco use contribute to death?: NO

Autopsy Information

Was an Autopsy performed: NO

Were Autopsy findings available to complete Cause of Death:

Certifying with Pending Cause of Death

IDAHO EDRS QUAL

Open case # Tuesday, Jan 07 2025 PAM MCCRARY

Home
Case #: 521
State #:
BRIANNA LEE MILLER
12/31/2024

Summary & PoC
Contact Information
Demographics 1
Demographics 2
Demographics 3
Demographics 4
Medical
Coroner
Comments
Attachments
History

Time of Death Information

Date and Time of Death	Date and Time of Pronounced Death
Date of Death Type: ACTUAL	Date Pronounced Dead*: 01/01/2025
Date of Death: 12/31/2024	Time Pronounced Death*: 00:50
Time of Death Type: ACTUAL	
Time of Death: 23:55	

Cause of Death

Cause Of Death Is Pending

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 Time Interval Onset to Death:

A: PENDING INVESTIGATION

Due To (or as a consequence of):

B:

Part II - Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I

If Female (Aged 10-54) Pregnant: <input type="text"/>	Manner of Death PENDING INVESTIGATION	Did tobacco use contribute to death? NO	Autopsy Information Was an Autopsy performed: NO Were Autopsy findings available to complete Cause of Death: <input type="text"/>
---	---	--	--

VIEWS – correction/exception

Views Check Results



Continue and Sign

Cancel

Issue:	Spelling
Field:	Injury Description
Term:	OVERCORRECTED
Suggestions:	over corrected

Views cleared to sign or Cancel to Amend

Views Check Results

Continue and Sign Cancel

Views had no issues with Medical Information

Important Notes on Supplementals

For the Supplemental tab to become available:

- The record must be certified by the Coroner with a pending COD

And

- The record has been certified and submitted by the Funeral Home

Rejected supplementals will appear as a task in the work queue

- Once corrected, the record must be re-certified

Supplemental – how to access

Home

Case # : [REDACTED]
State # : [REDACTED]

Summary & PoC

- Contact Information
- Demographics 1
- Demographics 2
- Demographics 3
- Demographics 4
- Medical
- Coroner
- Supplemental
- Comments
- Attachments
- Cert. Requests
- History

Case Owner: ROBERT CHAMBERLAIN - ALL VALLEY CREMATION AND BURIAL

Actions: Select

Case Status:

Non-Medical Print Support Documents

Status <input type="button" value="APPROVED"/>	Point of Contact ROBERT CHAMBERLAIN - ALL VALLEY CREMATION AND BURIAL	Signed Date 07/01/2024
	Validation User MIRANDA.HELM	Date Approved 07/01/2024

Medical

Status <input type="button" value="APPROVED"/>	Point of Contact BRETT HARDING - ADA COUNTY CORONER'S OFFICE	Signed Date 06/27/2024
	Validation User MIRANDA.HELM	Date Approved 07/01/2024

Authorization for Final Disposition – Coroner Cremation Authorization

Status <input type="button" value="COMPLETE"/>	Point of Contact BRETT HARDING - ADA COUNTY CORONER'S OFFICE	Signed Date 06/27/2024
--	--	----------------------------------

Supplemental

Status <input type="button" value="DATAENTRY"/>	Point of Contact BRETT HARDING - ADA COUNTY CORONER'S OFFICE <input type="button" value="Assign"/>	
	Validation User	Date Signed

Add medical info

Time of Death Information

Date and Time of Death

Date of Death Type

Date of Death

Time of Death Type

Time of Death

Date and Time of Pronounced Death

Date Pronounced Dead*

Time Pronounced Death*

Cause of Death

Part 1

Cause Of Death Is Pending

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 Time Interval
Onset to Death:

A:

Due To (or as a consequence of):

B: +

Part II - Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I

If Female (Aged 10-54) Pregnant

Manner of Death

Did tobacco use contribute to death?

Autopsy Information

Was an Autopsy performed:

Were Autopsy findings available to complete Cause of Death:

Sign

Previous

Cancel

Save

Next

Injury information

Injury Information	
Date and Time of Injury	Place of Injury
Any injury information to report? YES	Place of Injury Type STREET/HIGHWAY
Injury Date Type ACTUAL	Place of Injury Location INTERSTATE 84
Date of Injury 12/31/2024	Injury at work NO
Injury Time Type ACTUAL	Address EISENMAN EXIT & I-84
Injury Time 23:55	Country UNITED STATES
	Zip 83706
	State IDAHO
	County ADA
	City BOISE
	Apt # <input type="checkbox"/> Use
Describe how injury occurred. If transportation injury, state the type(s) of vehicles involved:	
ON VEHICLE ROLL OVER - DRIVER OF SUV OVER CORRECTED	
Transportation Injury Only	What safety device(s) did decedent use/employ?
Was injury related to a transportation accident? YES	<input checked="" type="checkbox"/> Seat Belt
Decedent's role in transportation injury DRIVER/OPERATOR	<input type="checkbox"/> Child Safety Belt
	<input type="checkbox"/> Helmet
	<input checked="" type="checkbox"/> Air Bag
	<input type="checkbox"/> None
	<input type="checkbox"/> Unknown

Using the Comments Section

Case Comments [Create Comment](#)

Show entries Search:

Comment Type ↑↓	Comment	Comment Date ↑↓	User ↑↓
ReferToCor	REFER TO CORONER: ACCIDENT	1/7/2025	PAM.MCCRARY

Showing 1 to 1 of 1 entries [Previous](#) [1](#) [Next](#)

Adding Comments

Add Case Comment

Comment*

Comment Type*

OTHER

Save

Viewing Comments

Case Comments

Create Comment

Show 15 entries

Search:

Comment Type ↑↓	Comment	Comment Date ↑↓	User ↑↓
OTHER	ADD COMMENTS HERE THAT PERTAIN TO THE CASE - ANY INFORMATION THAT MAY BE IMPORTANT TO THE CASE OR SITUATION BUT NOT NECES...	1/7/2025	PAM.MCCRARY
ReferToCor	REFER TO CORONER: ACCIDENT	1/7/2025	PAM.MCCRARY

Showing 1 to 2 of 2 entries

Previous 1 Next

Using the History tab

Case History			
Type ↑↓	Description	Insert Date ↑↓	Insert UserID ↑↓
	Non-Medical Section signed.	1/7/2025 5:41:48 PM	PAM MCCRARY
	Modified Demographic 4 Data	1/7/2025 5:41:23 PM	PAM MCCRARY
	Medical Section signed.	1/7/2025 5:39:42 PM	PAM MCCRARY
	Notification Queued to send with subject: "Medical Certification complete for case 521"	1/7/2025 5:39:41 PM	PAM MCCRARY
	Case view check was performed.	1/7/2025 5:39:30 PM	PAM MCCRARY
	Modified Coroner Data	1/7/2025 5:38:55 PM	PAM MCCRARY
	Modified Medical Data	1/7/2025 5:38:42 PM	PAM MCCRARY
	Modified Medical Data	1/7/2025 5:37:39 PM	PAM MCCRARY
	Medical Unsign	1/7/2025 5:37:14 PM	PAM MCCRARY

Validation Section

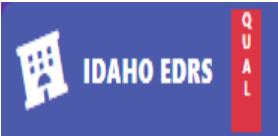
Validation Issues

Issue	Location	Severity
The decedent is 1+ years of age, Age Unit should be years	Demo1	ERROR
Coroner Information Not Signed	PoCSummary	ERROR
Decedent's Birth Country is required	Demo1	ERROR
Place of Death Zip Code is required	Demo1	ERROR
Place of Death Address is required	Demo1	ERROR
Decedent's in Armed Forces is required	Demo1	ERROR
Decedent's Residence Location Address is required	Demo2	ERROR
Decedent's Residence Location Country is required	Demo2	ERROR
Decedent's Residence Inside City Limits is required	Demo2	ERROR
Parent 1 Type is required	Demo2	ERROR
Parent 2 Type is required	Demo2	ERROR
Age and DoB/DoD Check Validation Successful	Medical	SUCCESS
Date of Injury Validation Successful	Coroner	SUCCESS
Coroner Information Validation Successful	Coroner	SUCCESS
Medical Information Validation Successful	Medical	SUCCESS
Medical Information Is Signed	PoCSummary	SUCCESS

Questions & Review Items

- Current online participation rate for Medical/Coroner: 91.4%
- Certificate order/Supplemental timeline –once approved, record is printed/mailed - Usually within 48-72 hours
- Outreach to hospice service providers
 - Communication methods – Ideas?
 - COD documentation distribution
- Questions?

Office & Profile Management



Open case #



Create Case

Wednesday, Sep 27 2023

PAM MCCRARY



Work Queue

1

Active Cases

Case Search

Reports

Help

Management

Office

Manage Offices

	Name	Coordinator Name	Address	Phone	End Date	Funeral Home
Edit	ADA COUNTY CORONER'S OFFICE	Unknown	5550 MORRIS HILL ROAD	(208) 287-5556		<input type="checkbox"/>

Showing 1 to 1 of 1 entries

Previous 1 Next

Staffing Changes



- Work Queue
- Active Cases
- Case Search
- Reports
- Help
- Management
- Office

Edit Office

Office Name*

ADA COUNTY CORONER'S OFFICE

Coordinator Name*

Unknown

Phone*

(208) 287-5556

Extension

FaxNumber

2082875579

Email*

ACCO99@ADAWEB.NET

Communication Method

Address*

5550 MORRIS HILL ROAD

Zip*

83706

State

IDAHO

County

ADA

City

BOISE

Cancel

Save

Associated Officials/ Users

Add

Record	Name	Type	
U/O	PAM MCCRARY	DEPUTY CORONER	
U/O	TEST CORONER	CORONER	Remove

Add New or Delete Staff Members



Open case #



Create Case

Wednesday, Sep 27 2023

PAM MCCRARY

- Work Queue **1**
- Active Cases
- Case Search
- Reports
- Help
- Management**
- Office

Edit Office

Office Name*

ADA COUNTY CORONER'S OFFICE

Coordinator Name*

Unknown

Phone*

(208) 287-5556

Extension

FaxNumber

2082875579

Associated Officials/ Users

Record	Name	Type	
U/O	PAM MCCRARY	DEPUTY CORONER	
U/O	TEST CORONER	CORONER	

Profile



- Work Queue
- Active Cases
- Case Search
- Reports
- Help
- Management
- Office

Manage User - PAM MCCRARY

Username

PAM.MCCRARY2

System Role

ExternalUser

Actions

- Reset Password
- Set/Reset PIN
- Edit New Security Questions

Demographics

First Name*

PAM

Middle Name

Last Name*

MCCRARY

Phone*

(208) 334-5519

Extension

Email Address*

MCCRARYP@DHW.IDAHO.GOV

CC Email Address

MCCRARYP@DHW.IDAHO.GOV

Communication Method

EMAIL

Cancel

Save

Linked Officials

Full Name	Profession	County	License Number	License Expire	Validated
PAM MCCRARY	DEPUTY CORONER	ADA			Yes

Assigned Offices

Affiliate Name	Profession	State of Licensure	License Number	License Expire
ADA COUNTY CORONER'S OFFICE	DEPUTY CORONER			

Profile Management



Open case #



Create Case

Tuesday, Sep 26 2023

PAM MCCRARY



Work Queue

1

Active Cases

Case Search

Reports

Manage User - PAM MCCRARY

Actions ▾

Username

PAM.MCCRARY2

System Role

ExternalUser

Reset Password

Set/Reset PIN

Edit New Security Questions

Profile Management Options

Password Reset [x]

Your new Password must have

- At least one lower case letter
- At least one upper case letter
- At least one special character
- At least one number
- At least 8 characters length

Current Password*

Password

Confirm password

Reset

Pin Reset [x]

Current Pin

I do not remember current PIN

Pin

Confirm pin

Reset

Reset Security Questions [x]

Security Questions

First Security Question*	Answer*
<input type="text"/>	<input type="text"/>
Second Security Question*	Answer*
<input type="text"/>	<input type="text"/>
Third Security Question*	Answer*
<input type="text"/>	<input type="text"/>

Reset