



Oklahoma State Department of Health - Vital Records

Medical Certifier User Guide

Effective Date: March 1, 2024

Table of Contents

Part 1. LOGIN STEPS	3
Part 2. LOCATING THE RECORD.....	5
Part 3. DECEDENT TAB	7
Part 4. PRONOUNCEMENT	9
Part 5. PLACE OF DEATH.....	12
Part 6. CAUSE OF DEATH	14
Part 7. OTHER FACTORS.....	16
Part 8. CERTIFIER.....	18
Part 9. CERTIFY	20
Part 10. OTHER FUNCTIONS	22
Refer to Medical Examiner	23
Relinquish Case.....	26
Transfer Case	27

Part 1. LOGIN STEPS

- A username and temporary password have been sent to your email address. When you click on the link provided in the email, the login screen pictured below should appear. Enter your username and temporary password and click “Login.”



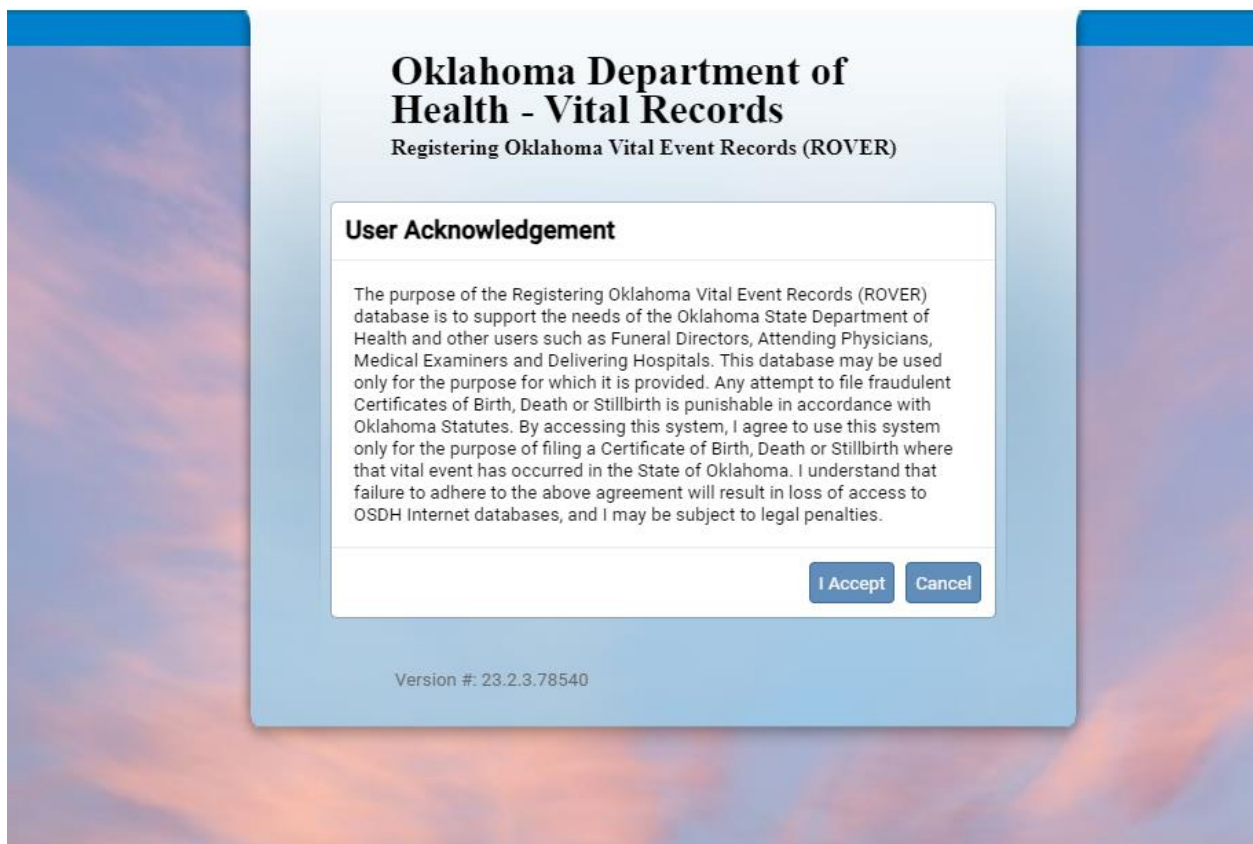
Oklahoma Department of Health - Vital Records
Registering Oklahoma Vital Event Records (ROVER)

Username: Password:

Version #: 23.2.3.78540 [Login](#)

[Forgot your password?](#) [New User Enrollment](#)

- You will then see the User Acknowledgement screen. Please read this section carefully and click “I Accept” to proceed.



Oklahoma Department of Health - Vital Records
Registering Oklahoma Vital Event Records (ROVER)

User Acknowledgement

The purpose of the Registering Oklahoma Vital Event Records (ROVER) database is to support the needs of the Oklahoma State Department of Health and other users such as Funeral Directors, Attending Physicians, Medical Examiners and Delivering Hospitals. This database may be used only for the purpose for which it is provided. Any attempt to file fraudulent Certificates of Birth, Death or Stillbirth is punishable in accordance with Oklahoma Statutes. By accessing this system, I agree to use this system only for the purpose of filing a Certificate of Birth, Death or Stillbirth where that vital event has occurred in the State of Oklahoma. I understand that failure to adhere to the above agreement will result in loss of access to OSDH Internet databases, and I may be subject to legal penalties.

[I Accept](#) [Cancel](#)

Version #: 23.2.3.78540

- You should now see the Main page of ROVER. You’re logged in!

Part 2. LOCATING THE RECORD

- From the Main page, click on “Death Locate Case” to search for a specific record. You may also click on the “Registration Work Queue Summary” to view all of your pending records.

Oklahoma Department of Health - Vital Records
Registering Oklahoma Vital Event Records (ROVER)

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

Home

Fast Links

Messages

Death Locate Case

Death Start/Edit New Case

Queues

Registration Work Queue Summary

- In the queue, you’ll see both Birth and Death records under “Type” – You will only need to work on the death records. Additionally, the Cremation Clearance Required records are only for the Medical Examiner. Non-M.E. certifiers will be working in the Certification Required, Medical Certification Requested, and Medical Pending queues.

Registration Work Queue Summary

Queue Name	Type ^	Count	Age of Oldest in Days
Legal Pending	Birth	66	252
Medical Pending	Birth	4	252
Potential Incorrect Birth Linkage	Birth	1	212
Registration Approval Required - AOP	Birth	4	238
Certification Required	Death	4	351
Cremation Clearance Required	Death	2	435
Medical Certification Requested	Death	15	359
Medical Pending	Death	60	448
Total Queues : 8			

- Once you’ve either searched the decedent by name or found the record in the queue, you will click on the decedent’s name to enter the record.

Death Search Results

Case Id	Decedent's Name ^	Date of Death	Sex	Place of Death	Date of Birth	Preview
4722	DOE, JOHN	FEB-01-2024	MALE		JAN-01-1950	PREVIEW

Total Records : 1

New Search

Search by Registration Work Queue

Queue: Medical Pending - Death

Search Type:

Value:

Display 200 rows per page.

Filter:

Search Show All Rows Clear Return

All	Case Id	File Number	Registrant	Date of Event ^	Data Provider
<input type="checkbox"/>	4722		Doe, John	FEB-01-2024	Advantage Funeral & Cremation Service-South Chapel

Part 3. DECEDENT TAB

- On this page, you will not need to make any selections. The personal information is shown to you so that you can verify that this is the correct record you mean to be working on. Once you have done that, you may click the “Next” button at the bottom to proceed to the next step.

4722 :JOHN DOE FEB-01-2024

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification
Requested/FIPS Coding Required

Decedent

Will medical institution be responsible for final disposition? NO ▾

Decedent's Legal Name

Prefix First Middle Other Middle Last Suffix
 JOHN DOE
 No Middle Name ☐

Last Name Prior to First Marriage

Same as current legal last name ☒

Last

DOE

Aliases

[Add/Edit Alias Names](#)

Sex

MALE ▾

Social Security Number

999-99-9999

☐ None ☒ Unknown

Date of Birth

JAN-01-1950

MMM-dd-yyyy

Age

Years

74

Under 1 Year

Months

Days

Under 1 Day

Hours

Minutes

SSN Verification Status

Verify SSN

UNVERIFIED (0)

Decedent's Birth Place

City or Town

OKLAHOMA CITY

County

OKLAHOMA

State

OKLAHOMA

Country

UNITED STATES

Ever in US Armed Forces? NO ▾

Served in Combat? ▾

Decedent Driver's License Number

Decedent Driver's License Issuing State

✓ Validate Page

→ Next

🗑 Clear

💾 Save

↶ Return

Part 4. PRONOUNCEMENT

- The date of death field should already be populated with information from the funeral home, but you may correct it here if needed. Time of Death will also need to be entered, and be sure to select AM/PM/Military in the field following the time entry. The “Modifier” fields for both the date and time of death are not required. The date and time pronounced dead section is also not required. Your name and license information should be pre-populated. Please note that the “Date Signed” field is meant to be blank here. It will be automatically filled in once you have certified the record.

4722 :JOHN DOE FEB-01-2024

/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification
Requested/FIPS Coding Required

Pronouncement

Date of Death Date of Death Modifier

MMM-dd-yyyy

Time of Death : Time of Death Modifier

Date Pronounced Dead Time Pronounced Dead :

MMM-dd-yyyy

Pronouncer Name

License Number

First Middle Last Suffix

Title Other Specify

Date Signed

MMM-dd-yyyy

Validate Page Next Clear Save Return

- Also note the “Validate Page” button at the bottom of each tab. You can click this button to check if any required fields have not been completed yet. You want to make sure you get the green check mark on the left side of the page before proceeding to the next tab. A list of messages will appear at the bottom of the page, which provide details of any missing information.

Death Registration Menu		4722 :JOHN DOE FEB-01-2024	
Personal Information		/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/FIPS Coding Required	
Decedent		Pronouncement	
Medical Certification			
Pronouncement		Date of Death <input type="text" value="FEB-01-2024"/> <small>MMM-dd-yyyy</small> Date of Death Modifier <input type="text"/>	
Place of Death		Time of Death <input type="text" value="12"/> : <input type="text" value="00"/> <input type="text" value="PM"/> Time of Death Modifier <input type="text"/>	
Cause of Death			
Other Factors			
Injury		Date Pronounced Dead <input type="text"/> <small>MMM-dd-yyyy</small> Time Pronounced Dead <input type="text"/> : <input type="text"/> <input type="text"/>	
Certifier			
Other Links			
Comments		Pronouncer Name	
Print Forms		License Number <input type="text" value="MD202020202020"/>	
Refer to Medical Examiner		First <input type="text" value="MEDICAL"/> Middle <input type="text" value="CERTIFIER"/> Last <input type="text" value="ONE"/> Suffix <input type="text"/>	
Relinquish Case		Title <input type="text" value="DOCTOR OF MEDICINE"/> Other Specify <input type="text"/>	
Request Medical Certification		Date Signed <input type="text"/> <small>MMM-dd-yyyy</small>	
Transfer Case		<input type="button" value="Validate Page"/> <input type="button" value="Next"/> <input type="button" value="Clear"/> <input type="button" value="Save"/> <input type="button" value="Return"/>	

The red check marks indicate missing information on the tabs we have not gotten to yet. Once you see the green mark for the Pronouncement tab, you can click “Next” to proceed to the Place of Death Tab.

Part 5. PLACE OF DEATH

- Make the appropriate selection in the “Type of place of death” field. If Inpatient, ER/Outpatient, or DOA are selected, the facility you are associated with will auto-populate in the name and address fields for the facility. “Decedent’s home” selection will pull over the decedent’s address as reported by the funeral home. If the decedent passed somewhere other than the options given, you will select “Other (specify)”, and the following fields will open up for you to complete. Be sure to validate the page before proceeding.

Death Registration Menu		4722 :JOHN DOE FEB-01-2024	
Personal Information		/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested/FIPS Coding Required	
✓ Decedent		Place Of Death	
Medical Certification		Type of place of death <input type="text" value="DECEDENT'S HOME"/> Other Specify <input type="text"/>	
✓ Pronouncement		Facility Name <input type="text"/>	
✓ Place of Death		Address	
✗ Cause of Death		Street Number <input type="text" value="123"/> Pre Directional <input type="text"/> Street Name or PO Box, Rural Route, etc. <input type="text" value="STREET NAME"/> Street Designator <input type="text" value="ROAD"/> Post Directional <input type="text"/> Apt #, Suite #,etc <input type="text"/>	
✗ Other Factors		Zip Code <input type="text" value="73170"/> City or Town <input type="text" value="OKLAHOMA CITY"/> County <input type="text" value="OKLAHOMA"/> State <input type="text" value="OKLAHOMA"/> Country <input type="text" value="UNITED STATES"/>	
✓ Injury		Medical Record Number <input type="text"/>	
✗ Certifier			
Other Links		<input type="button" value="Validate Page"/> <input type="button" value="Next"/> <input type="button" value="Clear"/> <input type="button" value="Save"/> <input type="button" value="Return"/>	
Comments			
Print Forms			
Refer to Medical Examiner			
Relinquish Case			
Request Medical Certification			
Transfer Case			

Part 6. CAUSE OF DEATH

- The Cause of Death section consists of two parts. Part I is for reporting the sequence of events leading to the death, proceeding backwards from the final disease or condition resulting in the death. Enter the immediate cause of death on Part I, Line (a) and the underlying cause of death that led directly to the death on Lines (b), (c), and (d). A condition can be listed as “probable” if it has not been definitively diagnosed. Only one cause is to be entered on each line of Part I. DO NOT use parenthetical statements or abbreviations. Abbreviations can often mean two or more medical definitions/diagnoses. The space to the right of each line is for recording the length of time the decedent had each condition/cause. The terms “unknown” or “approximately” may be used in the interval fields. Other significant conditions that contributed to the death, but did not directly lead to the underlying cause, or clarifications as to the cause of death (i.e. second-hand smoke exposure) are reported in Part II. Please click the NCHS Recommendations for Entry of Cause of Death link at the top of the tab for more details.

4722 :JOHN DOE FEB-01-2024
/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification
Requested/FIPS Coding Required

Cause of Death

NCHS Recommendations for Entry of Cause of Death

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. DO NOT ENTER OLD AGE. Enter only one cause on a line. Add additional lines if necessary.

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

Cause of Death	Approximate Interval Onset to Death
Immediate Cause (Final disease or condition resulting in death) <div> <div>PART I</div> <div>Line a</div> <input type="text"/> <div>ABC ✓</div> </div>	<input type="text"/>
Due to or as a consequence of <div> <div>Line b</div> <input type="text"/> <div>ABC ✓</div> </div>	<input type="text"/>
Due to or as a consequence of <div> <div>Line c</div> <input type="text"/> <div>ABC ✓</div> </div>	<input type="text"/>
Due to or as a consequence of <div> <div>Line d</div> <input type="text"/> <div>ABC ✓</div> </div>	<input type="text"/>
<div> <div>PART II</div> <div>Other significant conditions</div> <input type="text"/> <div>ABC ✓</div> </div>	

Check Spelling
Validate Page
Next
Clear
Save
Return

Part 7. OTHER FACTORS

- Here, you will select whether or not an autopsy was performed. If you are not sure and have not been provided any results from an autopsy, you can safely select “No.” If the decedent is a female between the ages of 5 and 75, you will need to select the pregnancy status at the time of death. Select yes, no, probably, or unknown for the tobacco use question. Non-M.E. certifiers will always select “Natural” for the Manner of Death field. If the decedent was under 18 years old, the M.E. will have been notified, so you should select “Yes” for the “Was M.E. notified?” question. Otherwise, select “No.” The “Mass Casualty Event” fields should be left blank.

Death Registration Menu		4722 :JOHN DOE FEB-01-2024	
Personal Information		/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Medical Certification Requested	
✓ Decedent		Other Factors	
Medical Certification		Autopsy Performed <input type="button" value="NO"/>	
✓ Pronouncement		Autopsy findings available to complete cause of death <input type="button" value=""/>	
✓ Place of Death		If Female age 5-75, specify pregnancy status <input type="button" value="NOT APPLICABLE"/>	
✓ Cause of Death		Did tobacco use contribute to death <input type="button" value="NO"/>	
✓ Other Factors		Manner of Death <input type="button" value="NATURAL"/>	
✗ Certifier		Was M.E. Notified? <input type="button" value="NO"/> ME Case Number <input type="button" value=""/>	
Other Links		Is Death related to Mass Casualty Event? <input type="button" value=""/> Mass Casualty Event <input type="button" value=""/>	
Comments			
Print Forms			
Refer to Medical Examiner			
Relinquish Case			
Request Medical Certification			
Transfer Case			

Part 8. CERTIFIER

- On this tab, you will only need to make one selection – next to “Certifier Type,” make the appropriate selection between Physician, Physician Assistant, and Nurse Practitioner. Your name and practicing address information should be automatically filled out below. Once that selection has been made, you will need to validate the page in order to proceed to the “Certify” tab. You’ll see it appear on the left side of the page.

Death Registration Menu		4722 :JOHN DOE FEB-01-2024	
Personal Information		/Personal Invalid/Medical Valid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Certification Requested/Certification Required	
Decedent		Certifier	
Medical Certification		Certifier Type <input type="text" value="PHYSICIAN"/>	
Pronouncement		Certifier Name <input type="text" value="MEDICAL"/> <input type="text" value="CERTIFIER"/> <input type="text" value="ONE"/>	
Place of Death		License Number <input type="text" value="MD2020202020"/>	
Cause of Death		First <input type="text" value="MEDICAL"/> Middle <input type="text" value="CERTIFIER"/> Last <input type="text" value="ONE"/> Suffix <input type="text"/>	
Other Factors		Title <input type="text" value="DOCTOR OF MEDICINE"/>	
Certifier		Certifier Address	
Certify		Edit Certifier Address <input type="checkbox"/>	
Other Links		Street Number <input type="text" value="4300"/> Pre Directional <input type="text" value="W"/> Street Name, Rural Route, etc. <input type="text" value="MEMORIAL"/> Street Designator <input type="text" value="ROAD"/> Post Directional <input type="text"/> Apt #, Suite #, etc. <input type="text"/>	
Comments		Zip Code <input type="text" value="73120"/> City or Town <input type="text" value="OKLAHOMA CITY"/> State <input type="text" value="OKLAHOMA"/> Country <input type="text" value="UNITED STATES"/>	
Print Forms		Date Signed <input type="text"/> <input type="text"/>	
Refer to Medical Examiner		Certifier is signing on Behalf of another <input type="checkbox"/>	
Relinquish Case			
Request Medical Certification			
Transfer Case			

Part 9. CERTIFY

- To certify the record, simply check the box next to statement and click the “Affirm” button. You should then get the “Authentication Successful” message. The record is now certified!

Death Registration Menu		4722 :JOHN DOE FEB-01-2024	
Personal Information		/Personal Invalid/Medical Valid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Certification Requested/Certification Required	
<div> <div>✓ Decedent</div> <div>Medical Certification</div> <div>✓ Pronouncement</div> <div>✓ Place of Death</div> <div>✓ Cause of Death</div> <div>✓ Other Factors</div> <div>✓ Certifier</div> <div>Certify</div> </div>		<div> <div>Affirmations</div> <div>Affirm the following:</div> <div> <input checked="" type="checkbox"/> certify that death occurred at the time, date and place indicated. </div> </div>	
<div>Other Links</div> <div> Comments Print Forms Refer to Medical Examiner Relinquish Case Request Medical Certification Transfer Case </div>		<div> <div>Affirm</div> <div>Clear</div> <div>Return</div> </div>	

Death Registration Menu		4722 :JOHN DOE FEB-01-2024	
Personal Information		/Personal Invalid/Medical Valid/Not Registered/Unsigned/Certified/NA/Personal Pending	
<div> <div>✓ Decedent</div> <div>Medical Certification</div> <div>✓ Pronouncement</div> <div>✓ Place of Death</div> <div>✓ Cause of Death</div> <div>✓ Other Factors</div> <div>✓ Certifier</div> <div>✓ Certify</div> </div>		<div> <div>Affirmations</div> <div>Authentication successful.</div> </div>	
<div>Other Links</div> <div> Comments Print Forms Refer to Medical Examiner Relinquish Case Transfer Case </div>		<div> <div>Clear</div> <div>Return</div> </div>	

Part 10. OTHER FUNCTIONS

- **Refer to Medical Examiner** – If the decedent’s age or cause of death indicates that the Medical Examiner should be notified first, you can refer the record to the M.E. so that they can access it in their queue. In the record, click “Refer to Medical Examiner” on the left side of the page. Then use the “...” button to pull up the county list. Select or type in the county of death. Then click the magnifying glass button to select the M.E. facility. Enter the % symbol into the field and click “Search.” This acts as a wildcard and will show you the available facility for the county you selected. You will then use the magnifying glass button to select the Medical Examiner. Again, use the % symbol to view the list of options at the facility you selected. Any selection here will work if you do not know the specific staff member who will be reviewing the record. Then you will select one or more reasons for referring the record to the M.E. in the “Requested Reason” drop-down menu. Once you’re ready, click “Save” and the record will be removed from your queue and available for the M.E. to review.

The screenshot shows a web application menu titled "Death Registration Menu". It has a blue header bar with the title. Below the header, there are several sections: "Personal Information" (a light blue bar), "Decedent" (text in orange), "Medical Certification" (a light blue bar), and "Other Links" (a light blue bar). Under "Medical Certification", there are links for "Pronouncement", "Place of Death", "Cause of Death", "Other Factors", "Injury", and "Certifier". Under "Other Links", there are links for "Comments", "Print Forms", "Refer to Medical Examiner" (highlighted in yellow), "Relinquish Case", "Request Medical Certification", and "Transfer Case".

The screenshot shows a "Place Search" dialog box. It has a title bar with a close button (X). Inside, there is a "County Name" label followed by a text input field containing "OKLAHOMA". To the right of the input field are "Search" and "Reset" buttons. Below the input field is a dropdown menu showing "Oklahoma" and a "select" button. At the bottom right, there are "Clear" and "Cancel" buttons.

Lookup Office

×

Facility Name

Search

Facility Name	Address	City	
CENTRAL MEDICAL EXAMINER OFFICE	921 NE 23RD E STREET	OKLAHOMA CITY	SELECT

Total Records : 1

Cancel

Lookup Medical Examiner Name

×

Last Name

First Name

Search

License Number	Last Name	Suffix	First Name	Middle Name	Street Number	Street Name	
	EXAM		MED	M			SELECT
987	EXAMINER		MEDICAL				SELECT
8888	EXAMINERTWO		MEDICAL				SELECT
ME123456	ONE		MEDICAL	EXAMINER			SELECT
ME-1234	RODGERS	FIRST	ELIZABETH	MALINDA			SELECT
ME5456565	THREE		MEDICAL	EXAMINER			SELECT
MD1234567	THREE		EXAMINER				SELECT

Total Records : 7

Cancel

Refer To Medical Examiner

County ▸ OKLAHOMA ...

Office ▸ CENTRAL MEDICAL EXAMINER 🔍 🏠

Medical Examiner ▸ MEDICAL ONE 🔍 🏠

Message

PLEASE REVIEW CASE ID: 4725 - JOHN DOE, DATE OF DEATH: FEB-02-2024 REFERRED BY MERCY HOSPITAL OKLAHOMA CITY. TIME OF DEATH

Requested Reason

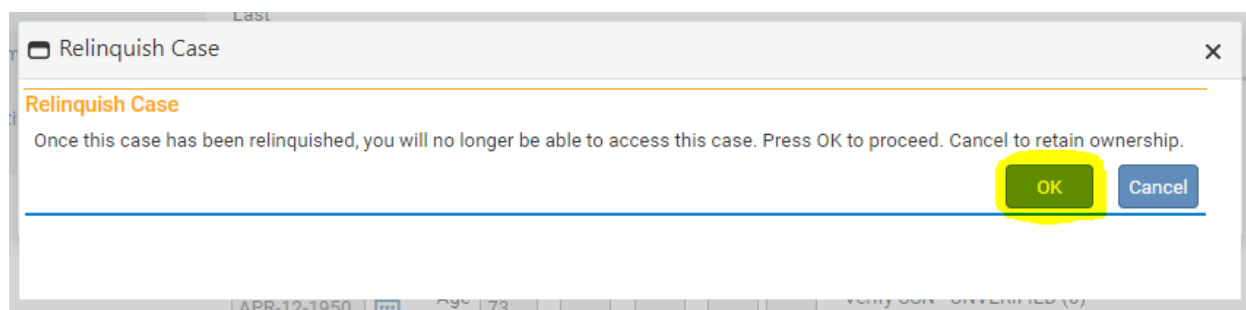
Reason 1	COD IS TRAUMA RELATED (A ▼)	
Reason 2	▼	
Reason 3	▼	
Reason 4	▼	

 Clear  Save  Return

- **Relinquish Case** – If you are not the correct certifier for a record that is in your queue, you can relinquish it to send it back to the funeral home. In the record, click “Relinquish Case” on the left side of the page, and then click “OK.”



The screenshot shows a web application menu titled "Death Registration Menu". It has a blue header bar with the title. Below the header is a light blue bar labeled "Personal Information". Underneath is a red label "Decedent". The main menu area is divided into two sections: "Medical Certification" and "Other Links". The "Medical Certification" section includes links for "Pronouncement", "Place of Death", "Cause of Death", "Other Factors", "Injury", and "Certifier". The "Other Links" section includes links for "Comments", "Print Forms", "Refer to Medical Examiner", "Relinquish Case" (which is highlighted with a yellow background), "Request Medical Certification", and "Transfer Case".



The screenshot shows a dialog box titled "Relinquish Case" with a close button (X) in the top right corner. The dialog box contains the text "Relinquish Case" in orange, followed by a warning message: "Once this case has been relinquished, you will no longer be able to access this case. Press OK to proceed. Cancel to retain ownership." At the bottom right of the dialog box, there are two buttons: "OK" (highlighted with a yellow background) and "Cancel".

- **Transfer Case** – If you are not the correct certifier for the record and you know the correct certifier's facility, you can transfer it to that facility directly. In the record, click "Transfer Case" on the left side of the page. Check the box next to "Transfer Medical Ownership To:" and use the magnifying glass button to bring up the facility search. You can use the % symbol as a wildcard to bring up the entire list, or you can type in part of the name of the facility followed by the % symbol to narrow the search. Click "select" next to the correct one. When you're ready, click "Save" at the bottom of the page to transfer the record.

Lookup office to transfer medical ownership to

Facility Name

%

Search

Facility Name	Address	City	
CENTRAL HOSPITAL	200 MAIN	OKLAHOMA CITY	SELECT
CENTRAL MEDICAL EXAMINER OFFICE	921 23RD STREET	OKLAHOMA CITY	SELECT
COMANCHE HOSPITAL	73 STREET	CACHE	SELECT
EASTERN MEDICAL EXAMINER OFFICE	1627 SOUTHWEST BOULEVARD	TULSA	SELECT
MERCY HOSPITAL OKLAHOMA CITY	4300 MEMORIAL ROAD	OKLAHOMA CITY	SELECT
OKLAHOMA TESTING HOSPITAL	8976 EASY	TULSA	SELECT

Total Records : 6

Cancel

Death Registration Menu

Personal Information

Decedent

Medical Certification

Pronouncement

Place of Death

Cause of Death

Other Factors

Injury

Certifier

Other Links

Comments

Print Forms

Refer to Medical Examiner

Relinquish Case

Request Medical Certification

Transfer Case

Lookup office to transfer medical ownership to

Facility Name

CENTRAL%

Search

Facility Name	Address	City	
CENTRAL HOSPITAL	200 MAIN	OKLAHOMA CITY	SELECT
CENTRAL MEDICAL EXAMINER OFFICE	921 23RD STREET	OKLAHOMA CITY	SELECT

Total Records : 2



Cancel

Transfer Case

☐ Transfer Personal Ownership To:




ADVANTAGE FUNERAL & CREM/  

☒ Transfer Medical Ownership To:

CENTRAL HOSPITAL  

Message

THE FOLLOWING CASE HAS BEEN TRANSFERRED TO YOUR FACILITY: CASE ID 4725 – JOHN DOE, DATE OF DEATH: FEB-02-2024 REFERRED BY MERCY HOSPITAL OKLAHOMA CITY

 Clear
  Save
  Return