



Oklahoma State Department of Health - Vital Records

Medical Examiner User Guide

Effective Date: March 1, 2024

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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. STARTING A NEW CASE

- From the Main page, click on “Death Start/Edit New Case.”

- Fill in the decedent’s information on the following page and click “Search.” Throughout ROVER, fields outlined in red are required.

- If there are no cases that match the criteria you entered, you can go ahead and click the “Start New Case” button. If there is a possible duplicate record found in the system, ROVER will show you when you click “Search.” You will have the option to preview the record, or you can proceed with creating the case.
- Skip to page 5 if you have created a new record.

Part 3. LOCATING A 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 created a new case, searched for an existing case, 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 4. PRONOUNCEMENT

- To begin your portion of the record entry, click on “Pronouncement” in the Death Registration Menu on the left side of the page. Here, you will only need to enter the time of death and the time indicator (AM, PM, or Military). The “Modifier” fields for both the date and time of death are not required. The date and time pronounced dead fields are also not required. Your name and license information should be pre-populated. The “Date Signed” field is meant to be blank here – It will be automatically filled in once you have certified the record.

Death Registration Menu		4773 :JANE DOE FEB-22-2024	
Personal Information		/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/FIPS Coding Required	
<ul style="list-style-type: none"> Decedent Resident Address Family Members Decedent Attributes Informant Disposition 		Pronouncement Date of Death <input type="text" value="FEB-22-2024"/> <small>MMM-dd-yyyy</small> <input type="button" value="Calendar"/> Date of Death Modifier <input type="text"/> Time of Death <input type="text" value="08"/> : <input type="text" value="00"/> <input type="text" value="AM"/> Time of Death Modifier <input type="text"/>	
Medical Certification		Date Pronounced Dead <input type="text"/> <small>MMM-dd-yyyy</small> <input type="button" value="Calendar"/> Time Pronounced Dead <input type="text"/> : <input type="text"/> <input type="text"/>	
<ul style="list-style-type: none"> Pronouncement Place of Death Cause of Death Other Factors Injury Certifier 		Pronouncer Name <input type="text"/> <input type="button" value="Search"/> <input type="button" value="Add"/> License Number <input type="text" value="ME123456"/> First <input type="text" value="MEDICAL"/> Middle <input type="text" value="EXAMINER"/> Last <input type="text" value="ONE"/> Suffix <input type="text"/> Title <input type="text" value="MEDICAL EXAMINER"/> Other Specify <input type="text"/> Date Signed <input type="text"/> <small>MMM-dd-yyyy</small> <input type="button" value="Calendar"/>	
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"/>	
<ul style="list-style-type: none"> Comments ME Review Case Print Forms Refer to Medical Examiner Relinquish Case Transfer Case Validate Registration 			

- 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. This will also save the information you have entered so far (the Save button will also save your progress). 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. Once you get the green check mark, click Next to proceed to the next tab.

Part 5. PLACE OF DEATH

- Make the appropriate selection in the “Type of place of death” field. If Inpatient, ER/Outpatient, DOA, Hospice Facility, or Nursing Home are selected, you will then click the magnifying glass button to search for the facility. You can use the % symbol as a wildcard to either pull up the entire list of facilities or search with a partial name (ex. “Central%” will show you all facilities starting with the word “Central”).

The screenshot shows a web form titled "Place Of Death". The "Type of place of death" dropdown is set to "INPATIENT". Below it is a "Facility Name" input field with a magnifying glass icon. A modal window titled "Lookup Place Of Death Facility" is open, showing a search for "CENTRAL%". The search results table lists "CENTRAL HOSPITAL" at "200 MAIN" in "OKLAHOMA CITY" with a "SELECT" button. The modal also shows "Total Records : 1" and a "Cancel" button.

Place Of Death

Type of place of death: INPATIENT Other Specify:

Facility Name:

Address:

Lookup Place Of Death Facility

Facility Name: CENTRAL%

Facility Name	Address	City	
CENTRAL HOSPITAL	200 MAIN	OKLAHOMA CITY	<input type="button" value="SELECT"/>

Total Records : 1

- If “Decedent’s home” is selected, the address fields below will open up and allow you to enter the decedent’s address. 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. Medical Record Number can be left blank. Be sure to validate the page before proceeding.

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>	<input type="text"/>
Due to or as a consequence of <div> <div>Line b</div> <input type="text"/> </div>	<input type="text"/>
Due to or as a consequence of <div> <div>Line c</div> <input type="text"/> </div>	<input type="text"/>
Due to or as a consequence of <div> <div>Line d</div> <input type="text"/> </div>	<input type="text"/>
<div> <div>PART II</div> <div>Other significant conditions</div> <input type="text"/> </div>	

Check Spelling
Validate Page
Next
Clear
Save
Return

- For a pending COD, you can enter the word “PENDING” in Part I, Line a, and enter “PENDING” in the interval field as well. Validate the page to save the COD information, and click the Next button to proceed.

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. If the COD is pending, you will select PENDING for the Manner of Death field. The ME Case Number field is not required but can be completed for reference. The “Mass Casualty Event” fields should be left blank.

Death Registration Menu		4773 : JANE DOE FEB-22-2024	
Personal Information X Decedent X Resident Address X Family Members X Decedent Attributes X Informant X Disposition Medical Certification ✓ Pronouncement ✓ Place of Death ✓ Cause of Death ✓ Other Factors X Injury X Certifier Other Links Comments ME Review Case Print Forms Refer to Medical Examiner Relinquish Case Transfer Case Validate Registration		/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Cause of Death Pending/FIPS Coding Required Other Factors Autopsy Performed <input type="text" value="NO"/> Autopsy findings available to complete cause of death <input type="text"/> If Female age 5-75, specify pregnancy status <input type="text" value="NOT PREGNANT WITHIN PAST YEAR"/> Did tobacco use contribute to death <input type="text" value="NO"/> Manner of Death <input type="text" value="PENDING"/> Was M.E. Notified? <input type="text" value="YES"/> ME Case Number <input type="text"/> Is Death related to Mass Casualty Event? <input type="text"/> Mass Casualty Event <input type="text"/>	
		<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"/>	

Part 8. INJURY

- This tab is only required when the manner of death is listed as Pending or Cannot Be Determined. You will need to complete the Date and Time of injury (be sure to list the time indicator as well), and answer whether or not the injury occurred at the decedent's workplace. Several common injury location types are available in the Place of Injury drop-down menu. If "Other Specified Place" is selected, the following field will open up for you to enter further details. Enter a brief description of how the injury occurred in the field below the address section. If applicable, make the appropriate selection in the "If transportation injury, Specify" drop-down menu. Otherwise, you may leave it blank.

Death Registration Menu		4773 :JANE DOE FEB-22-2024	
Personal Information		/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Cause of Death Pending	
<ul style="list-style-type: none"> Decedent Resident Address Family Members Decedent Attributes Informant Disposition 		Injury ME Case Number Date of Injury <input type="text" value="FEB-22-2024"/> Date of Injury Modifier <input type="text"/> <small>MMM-dd-yyyy</small> Time of Injury <input type="text" value="08"/> : <input type="text" value="00"/> <input type="text" value="AM"/> Time of Injury Modifier <input type="text"/> Injury at Work <input type="text" value="NO"/> Place of Injury - at home, farm, street, factory, office, building, etc. <input type="text" value="GARAGE/WAREHOUSE"/> Other Specified Place <input type="text"/> Location of Injury 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"/> Zip Code <input type="text" value="73102"/> 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"/> Describe how injury occurred: <input type="text" value="FIRE"/> If transportation injury, Specify <input type="text"/> Other Specify <input type="text"/>	
Medical Certification			
<ul style="list-style-type: none"> Pronouncement Place of Death Cause of Death Other Factors Injury 			
Certifier			
Other Links			
<ul style="list-style-type: none"> Comments ME Review Case Print Forms Refer to Medical Examiner Relinquish Case Transfer Case Validate Registration 			

Part 9. CERTIFIER

- On this tab, you will only need to make one selection – next to “Certifier Type,” select Medical Examiner. Your name and 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

Personal Information

×

 Decedent

×

 Resident Address

×

 Family Members

×

 Decedent Attributes

×

 Informant

×

 Disposition

Medical Certification

✓

 Pronouncement

✓

 Place of Death

✓

 Cause of Death

✓

 Other Factors

✓

 Injury

✓

 Certifier

Certify

Other Links

Comments

ME Review Case

Print Forms

Refer to Medical Examiner

Relinquish Case

Transfer Case

Validate Registration

4773 :JANE DOE FEB-22-2024

/Personal Invalid/Medical Valid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Certification Required/Cause of Death Pending

Certifier

Certifier Type

MEDICAL EXAMINER

Certifier Name

License Number

ME123456

First

MEDICAL

Middle

EXAMINER

Last

ONE

Suffix

Title

MEDICAL EXAMINER

Certifier Address

Edit Certifier Address

Street Number

921

Pre Directional

NE

Street Name, Rural Route, etc.

23RD

Street Designator

STREET

Post Directional

E

Apt #, Suite #, etc.

M

Zip Code

73105

City or Town

OKLAHOMA CITY

State

OKLAHOMA

Country

UNITED STATES

Date Signed

MMM-dd-yyyy

Certifier is signing on Behalf of another

Validate Page

Clear

Save

Return

Part 10. CERTIFY

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

Death Registration Menu	4773 : JANE DOE FEB-22-2024
Personal Information	/Personal Invalid/Medical Valid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Certification Required/Cause of Death Pending
<ul style="list-style-type: none"> ✗ Decedent ✗ Resident Address ✗ Family Members ✗ Decedent Attributes ✗ Informant ✗ Disposition 	Affirmations Affirm the following: <input checked="" type="checkbox"/> I certify that death occurred at the time, date and place indicated.
Medical Certification	
<ul style="list-style-type: none"> ✓ Pronouncement ✓ Place of Death ✓ Cause of Death ✓ Other Factors ✓ Injury ✓ Certifier 	
Certify	<div>Affirm Clear Return</div>

Death Registration Menu	4773 : JANE DOE FEB-22-2024
Personal Information	/Personal Invalid/Medical Valid/Not Registered/Unsigned/Certified/NA/Personal Pending/Cause of Death Pending
<ul style="list-style-type: none"> ✗ Decedent ✗ Resident Address ✗ Family Members ✗ Decedent Attributes ✗ Informant ✗ Disposition 	Affirmations Authentication successful.
Medical Certification	
<ul style="list-style-type: none"> ✓ Pronouncement ✓ Place of Death ✓ Cause of Death ✓ Other Factors ✓ Injury ✓ Certifier 	
Certify	<div>Clear Return</div>

Part 11. ASSIGNING THE FUNERAL HOME

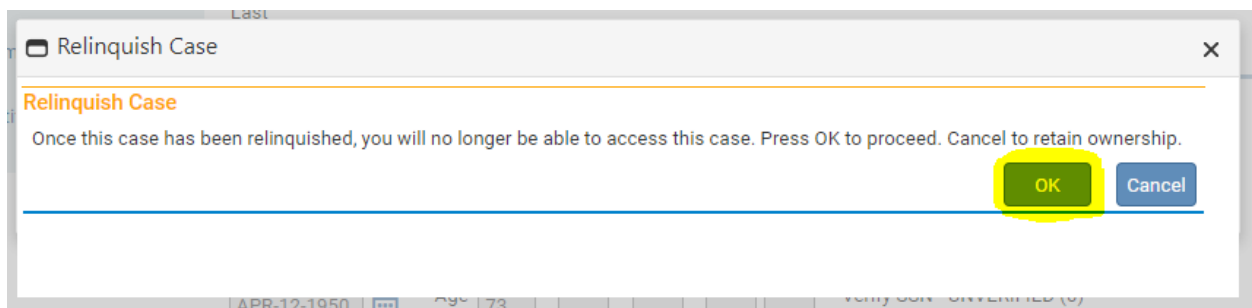
- This function is not ready for testing at this time.

Part 12. OTHER FUNCTIONS

- **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 interface 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 content area has a light blue background and contains a list of options: "Medical Certification", "Pronouncement", "Place of Death", "Cause of Death", "Other Factors", "Injury", "Certifier", "Other Links", "Comments", "Print Forms", "Refer to Medical Examiner", "Relinquish Case" (highlighted in yellow), "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 has a light gray background. Below the title bar, there is a red label "Relinquish Case". The main text of the dialog box reads: "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 in yellow) 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.

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

%

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

