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# Table of Contents

Accessing Open Cases .................................................................................................................. 5

Entering Case Information (TABS 6-9) ...................................................................................... 6-10

ROVER Warning Screen ............................................................................................................. 11

Signing/Certifying the Record .................................................................................................... 12-13

Quick Reference (Signing/Certifying Steps) ............................................................................... 14

Incomplete Causes of Death Chart ............................................................................................. 15
Accessing Open Cases

Once you have successfully entered ROVER, the main screen will display any open cases needing medical information certified. Select **Process** to enter the record.

TAB 1 of the record will display upon entry. TABS 1-5 (Personal Information) are completed by the Funeral Director and **TABS 6-9 (Medical Information)** are completed by a Physician or Medical Examiner. Select **TAB 10** to review notes from the Funeral Director/Funeral Home.
To begin completing the record, select TAB 10 to view the Date of Death, Time of Death, and Place of Death the Funeral Director obtained from the Informant about the Decedent.

TAB 10 Case Actions is the directional TAB of ROVER. This TAB will direct and record user actions for each record. View the Date, Time and Place of Death information in the Comments Among Users About Case box and make note of the information.

Once you have written down the information provided by the Funeral Home, you are ready to enter the Medical Information of the case.

Select TAB 6 to enter the Medical Information.
Entering Case Information (continued…)

Use the Tab Key on your keyboard as much as possible to navigate through the ROVER fields. Using the Tab Key will ensure you complete information in order and it allows information to populate into other fields of the record, saving both the amount of typing required and time.

6 Place/Time/Autopsy

Complete the information required in the open (white) fields.

If the decedent was pronounced dead in a hospital, indicate the decedent’s status at the hospital: In-patient, ER/Outpatient. Then select the Hospital name from the drop-down box.

If the death was pronounced at a licensed long-term care facility, select Nursing Home/Long Term Care. If the facility does NOT appear in the drop-down listing, the ROVER Helpline can assist you. Some facilities may have multiple names.

The Physician owns the information appearing in the Date of Death and Time of Death fields. The Date of Death automatically populates from the Personal Information Section but can be changed to reflect what is in the medical records of the Decedent.

Answer the questions in the Autopsy section.

Click the “Next” button to move on to TAB 7 Cause of Death.
7 Cause of Death

A properly completed cause-of-death section provides an etiologic explanation of the order, type, and association of events resulting in 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 line (a) and the underlying cause of death that led directly to the death on (b), (c), and (d).

The cause-of-death information should be the physician’s best medical OPINION. 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/diagnosis.

The space to the right of each line is for recording the interval. The terms “unknown” or “approximately” may be used. DO NOT LEAVE THESE ITEMS BLANK.

Other significant conditions that contributed to the death, but did not lead to the underlying cause, or clarifications as to the cause of death (i.e. second-hand smoke exposure) are reported in Part II.

Click the “Next” button to move on to TAB 8 Manner/Details/Injury.
8 Manner/Details/Injury

Any death not due to an external cause should be identified as **Natural**.

Any death due to external causes must be referred to the **Medical Examiner** to certify. (Accident, Homicide or Suicide).

If the decedent is female and between the ages of 5 and 75, the pregnancy question in box 37-38 **MUST** be answered.

Answer the question about tobacco use according to the physician’s best opinion. Other significant conditions that contributed to the death, but did not lead to the underlying cause, or clarifications as to the cause of death (i.e. second-hand smoke exposure) are reported in Part II – field 35 on Tab 7.

**Do not** complete any information in the injury area. These are fields completed by only the Medical Examiner, if applicable.

Click the “Next” button to move to TAB 9 Certifier.
9 Certifier

You will now select the correct designation using the drop down menu selections in item 46. (Physician in Attendance at Time of Death Only, Physician in Charge of Patient’s Care or OTHER)

“Attended” deaths don’t necessarily mean that a physician was physically standing in the room while the deceased took their last breath. Any physician who is currently prescribing medicine to the deceased is said to be “attending.” Really, a death certificate COULD be certified by any physician currently involved with a patient’s care, but this is where the CDC’s recommendation comes in – a primary care provider likely has a history with the patient and is able to provide more insight into the patient’s causes of death.

Your name should already appear in the fields below and your address should already appear in the fields to the right.

Make sure you see your information (practice address, contact information, license number).

If any changes or corrections are needed, please email AskROVER@health.ok.gov

CONGRATULATONS!

You have finished entering data in the Medical Information Section of the death certificate. Click on “Finish” at the bottom of the screen to proceed to the Certification process.
ROVER Warning Screen

ROVER is designed to prevent certification until all information has been entered.

If the Medical Information Section is **complete**, you will only see these items. These warning messages indicate the case lacks electronic signatures from both the Medical Certifier (you) and the Personal Information Certifier (the Funeral Director).

**Click on “Save (as Pending)” at the bottom of the screen to continue with signing the record.**

If the Medical Information Section is **incomplete**, you will see messages similar to the example below.

Clicking on the hyperlink heading of the warning messages in this section will take you directly to the TAB of the missing information.

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**Actual time of death indicator**

**Field Description:** Select the time indicator (e.g., AM, PM) for the time or presumed time of death. If not known, select Unknown after entering 0s for time.

**Did tobacco use contribute to death? (Y/N)**

**Field Description:** Indicate whether the use of tobacco contributed to the death.
When all Medical Information is entered and the only message you see is this you are ready to click on “Save (as Pending)” to continue with signing the record electronically.
Signing/Certifying the Record

You have the option to print a copy of the death certificate. If you click on “Print” and “Generate Document”, a file in Adobe PDF will appear in a new window. You may check the document for errors at this time. A draft generated at this point, will not show Certifier Information.

There is an opportunity to print a copy, which includes Certifier Information, later.

If you are satisfied with the information on the document, close the file and return to ROVER.

The Certify/Sign Now-Confirm screen will come up. Click on “Activate Signing”.

Select “Certify Now”
Enter the 4 digit **pin** you created when you set up your account.

**Certify/Sign Now - Confirm**

Please click Activate Signing to enter your 4-digit PIN then select Continue.

**Activate Signing**

Enter the 4 digit PIN you created when setting up your account and click Continue.
If you have forgotten your PIN, please contact the ROVER Help Desk at (405) 271-5380 for assistance.

![Activate Signing](image)

Click “Continue”

**Certify/Sign Now - Confirm**

Please click Activate Signing to enter your 4-digit PIN then select Continue.

**Activate Signing**

Enter the 4 digit PIN you created when setting up your account and click Continue.
If you have forgotten your PIN, please contact the ROVER Help Desk at (405) 271-5380 for assistance.

![Activate Signing](image)

The record is now successfully certified.
Signing/Certifying the Record (continued…)

The case is now successfully certified!

From this point you can print a copy that includes the Certifier Information (electronic signature, certifier address and certification date). The file can either be placed in the patient file or scanned into electronic medical records.

Click “Continue”

Select “Print” then “Generate Document” to create a PDF which will display in a new window.

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**Certify Death Case - Confirm**

- Case successfully certified.

**Record Summary**
- Registration status: Not submitted
- Personal information status: Case pending
- Medical information status: Certified
- Personal information finished: Y
- Medical information finished: Y
- Internal Case Number:

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**Successful Transaction**

Your transaction has been saved successfully.

**Print Confirmation**

Your actions have triggered the following documents to be printed. Please select all documents you wish to print:

- Print Draft
- Print

**Other Options**

Following options are available:

- Return to Record
- View Contact Information

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**Report - Confirm**

- Print Draft
- Generate Document

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Quick Reference: Steps for Signing/Certifying the Record

1. Login to ROVER
2. Click on Process to the right of the record
3. Click on TAB10(CaseActions) and retrieve Place of Death (POD), Date of Death (DOD) and Time of Death (TOD) information noted in the ‘Comments Among Users About Case’ field
4. Click on TAB6(Place/Time/Autopsy) and tab to the ‘Place of death’ field. Populate the information retrieved from Tab 10 in the respective fields.
5. Answer the ‘Was medical examiner contacted?’ and ‘Was an autopsy performed?’ fields.
6. Click ‘Next’ from the bottom of the screen. You will be taken to TAB7(CauseofDeath)
7. Complete cause of death field(s)
8. Click on ‘Next’ to be taken to TAB8(Manner/Details/Injury)
9. ‘Manner of death’ will always be ‘Natural’ for you the physician.
10. Make selection for drop down ‘If female select one from list’ field if deceased is female be- tween the age of five and 75
11. Answer the ‘Did tobacco use contribute to death’ question.
12. Click ‘Next’ to be taken to TAB9(Certifier)
13. Select “Physician in charge of the patient’s care” or “Physician in attendance at time of death only”
14. Click ‘Finish’
15. Click ‘Save (as Pending)’
16. Click ‘Certify Now’
17. Click ‘Activate Signing’
18. Enter PIN number
19. Click ‘Continue’

THE RECORD IS NOW CERTIFIED

If you need assistance, feel free to contact us by:

EMAIL: AskROVER@health.ok.gov OR PHONE: (405) 426-8686
**INCOMPLETE CAUSE OF DEATH GUIDELINES FOR MEDICAL CERTIFIERS – Revised 4-7-2016**

The following medical “CONDITIONS” require entry of additional medical information to determine the underlying cause or event of death to facilitate filing the Death Certificate**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
<th>Condition</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abscess</td>
<td>Cellulitis</td>
<td>Gastrointestinal Hemorrhage</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Abdominal Hemorrhage</td>
<td>Cerebral Edema</td>
<td>Heart Failure</td>
<td>*Pneumonia</td>
</tr>
<tr>
<td>Adhesions</td>
<td>Cerebrovascular Accident</td>
<td>Hemorrhage</td>
<td>*(Unless TYPE is specified)</td>
</tr>
<tr>
<td>Adult Respiratory Distress</td>
<td>Cerebellar tonsillar Herniation</td>
<td>Hemothorax</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>Syndrome (ARDS)</td>
<td>Cirrhosis</td>
<td>Hepatic Failure</td>
<td>Pulmonary Arrest</td>
</tr>
<tr>
<td>Acute Myocardial Infarction</td>
<td>Coagulopathy</td>
<td>Hepatorenal Syndrome</td>
<td>Pulmonary Edema</td>
</tr>
<tr>
<td>Altered Mental Status</td>
<td>*Compression fracture</td>
<td>Hyperglycemia</td>
<td>Pulmonary Embolism</td>
</tr>
<tr>
<td>Anemia</td>
<td><strong>These Do Not Get Referred to</strong></td>
<td>Hyperkalemia</td>
<td>Pulmonary Insufficiency</td>
</tr>
<tr>
<td>Anoxia</td>
<td>Congestive Heart Failure</td>
<td>Hypovolemic Shock</td>
<td>Renal Failure</td>
</tr>
<tr>
<td>Anoxic Encephalopathy</td>
<td>Convulsions</td>
<td>Hyponatremia</td>
<td>Respiratory Arrest</td>
</tr>
<tr>
<td>Arrhythmia</td>
<td>Decubitus or Decubiti</td>
<td>Hypotension</td>
<td>Seizures</td>
</tr>
<tr>
<td>Ascites</td>
<td>Dehydration</td>
<td>Immunosuppression</td>
<td>Sepsis</td>
</tr>
<tr>
<td>Aspiration</td>
<td>*Dementia</td>
<td>Increased Intracranial Pressure</td>
<td>Septic Shock</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>*(Unless TYPE is specified)</td>
<td>Intracranial Hemorrhage</td>
<td>Starvation</td>
</tr>
<tr>
<td>Bacteremia</td>
<td>Diarrhea</td>
<td>Malnutrition</td>
<td>*Subdural Hematoma</td>
</tr>
<tr>
<td>Bedridden</td>
<td>Disseminated intravascular</td>
<td>Metabolic Encephalopathy</td>
<td>*(This may need ME review)</td>
</tr>
<tr>
<td>Biliary Obstruction</td>
<td>Coagulopathy</td>
<td>Multi-Organ Failure</td>
<td>Sudden Death</td>
</tr>
<tr>
<td>Bowel Obstruction</td>
<td>Dysrhythmia</td>
<td>Multi-system Organ Failure</td>
<td>Thrombocytopenia</td>
</tr>
<tr>
<td>Brain Injury</td>
<td>End Stage Liver Failure</td>
<td>Myocardial Infarction</td>
<td>Urinary Tract Infection</td>
</tr>
<tr>
<td>Brain Stem Herniation</td>
<td>End Stage Renal Failure</td>
<td>Natural Causes</td>
<td>Ventricular Fibrillation</td>
</tr>
<tr>
<td>Carcinomatosis</td>
<td>Epidural Hematoma</td>
<td>Necrotizing Soft Tissue</td>
<td>Ventricular Tachycardia</td>
</tr>
<tr>
<td>Carcinomatosis</td>
<td>Exsanguination</td>
<td>Infection</td>
<td>Volume Depletion</td>
</tr>
<tr>
<td>Cardiac Arrest</td>
<td>Failure to Thrive</td>
<td>Old Age</td>
<td></td>
</tr>
<tr>
<td>Cardiac Dysrhythmia</td>
<td>Fracture</td>
<td>Pancytopenia</td>
<td></td>
</tr>
<tr>
<td>Cardiomyopathy</td>
<td>Gangrene</td>
<td>Paralysis</td>
<td></td>
</tr>
<tr>
<td>Cardiopulmonary Arrest</td>
<td><strong>These Do Not Get Referred to</strong></td>
<td>Perforated Gallbladder</td>
<td></td>
</tr>
</tbody>
</table>

If the certifier is unable to determine the etiology of a process such as those shown above, the process may be qualified as “presumed”/“probable”/or “suspected”. Only NATURAL DEATHS can be certified by physicians not directly involved with the State Medical Examiner and his or her staff.

Certifiers sometimes use medical terms which mean the same thing as the conditions stated in the table above. If these “CONDITION” only certificates code to the same ICD-10 category, they are subject to review and will not be issued until the “UNDERLYING CAUSE OF DEATH” is properly reported. Multiple “Conditions” only listed Death Certificate are also subject to review as needed.

**If the possibility or complication in the following list is identified, then the State Medical Examiner MUST be contacted:**

<table>
<thead>
<tr>
<th>Condition</th>
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<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asphyxia</td>
<td>Hematoma</td>
<td>Hyperthermia</td>
<td>Subdural Hematoma</td>
</tr>
<tr>
<td>Bolus</td>
<td>Exsanguination</td>
<td>Hypothermia</td>
<td>Thermal Burns and/or</td>
</tr>
<tr>
<td>Choking</td>
<td>Fall</td>
<td>Seizures</td>
<td>Chemical Burns.</td>
</tr>
<tr>
<td>Drug or Alcohol Overdose</td>
<td>Fracture (non-compression)</td>
<td>Subarachnoid Hemorrhage</td>
<td></td>
</tr>
<tr>
<td>Drug or Alcohol Accidental Poisoning</td>
<td>Hip Fracture</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have questions regarding issues identified on this information, please contact the Oklahoma State Department of Health, Vital Records staff at (405) 271-5108.