

Amending a Certified Interim Medical Certificate of Death (MCD)

Role(s): Coroner – Provincial, Full Time, and Community

Objective

This job aid provides the necessary steps to amend an Interim MCD to a Standard MCD, including:

- Changing a submitted Interim MCD to a Standard MCD.
- Reviewing and completing mandatory fields of a Standard MCD based on autopsy findings.
- Recertification of the newly updated Standard MCD.

Scenario

An autopsy has been completed for a decedent, determining that decedent died of natural causes, cardiac arrest. The certified Interim MCD needs to be amended from “Interim” to “Standard” and recertified.

NOTE:	CORONER RIGHTS BY ROLE:
	<i>The Provincial Coroner can see, assign, certify, and amend any coroner case.</i>
	<i>Full Time Coroners (FTC) can see all cases in their region and work on cases assigned to them.</i>
	<i>Community Coroners can only see and work on cases assigned to them (including starting and certifying cases).</i>
	<i>*All coroners can assign an MCD to a Medical Informant (MI). MIs cannot assign an MCD to a coroner.</i>

Precondition

The user must be logged in to EDRN and the Interim MCD must be open to perform the functionality discussed in this job aid. (See: *Searching for a Case* job aid for procedural details on how to open a case.)

NOTE:	<i>A certified Interim MCD displays on the Submitted Cases tab of the assigned user’s Dashboard for a period of three months.</i>
	<i>At every three-month timeframe, the EDRN system notifies the assigned coroner that a certified Interim MCD exists that has not yet been recertified as a Standard MCD.</i>
	<i>To find the Interim MCD after the three-month period, the Search function must be used, searching by case number or decedent name. See “Searching for a Case” job aid for these steps.</i>

Procedural Steps: Amending an Interim MCD to a Standard MCD

The user has already searched for and opened the certified Interim MCD. To edit the case, the user will “Amend Case” from the Case Admin tab. Once the MCD is editable, the type of MCD is changed to “Standard”, prompting the system to display all mandatory fields that must be updated prior to recertification.

NOTE: MANDATORY FIELDS

Mandatory fields are displayed with an *asterisk next to their fieldname. Fields stating “Enter Unknown, if not known”, are also mandatory, though not designated with the * asterisk.

All mandatory fields must be filled in prior to certification.

If a Tab name, such as “General Information” or “Death Information”, displays in red text, mandatory field information is missing on that tab. This field will also display red text. Once the information has been entered, the Tab text will turn green.

Case Admin Tab

Case Admin

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South Coroner's Office

Medical Certificate of Death - GERALD W THOMAS

General InformationDeath InformationCertificationCase Admin

Case Admin

Case number	Record status	MCD certification status	
EDR127	SUBMITTED	CERTIFIED	Amend Case

Assigned To Facility

Medical facility

Funeral home

Assigned To Users

Hospital clerk

Medical informant

Coroner

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1. Click **Case Admin** tab.
2. Click the **Amend Case** button.
3. Click the **General Information** Tab.

General Information Tab

Type of Medical Certificate of Death

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General Information

Death Information

Certification

Case Admin

Type of Medical Certificate of Death

Is this a Standard or Interim Medical Certificate of Death? *

☐ Standard

☐ Interim (only to be used when not all mandatory information is known)

You must enter information in this field.

General Information

Is the identity of the decedent known? *

☒ Yes

☐ No

Surname *

THOMAS ✓

Given Names *

GERALD W ✓

4. Click the **Standard** radio button.

NOTE: Changing the type of certificate from "Interim" to "Standard" activates the mandatory fields within the case that must be filled in prior to certification.


5. Check that all mandatory fields on this tab are completed.
6. Click the **Death Information** Tab.

Death Information Tab

Cause of Death

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General Information
Death Information
Certification
Case Admin


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Cause of Death

Immediate cause of death.

Part 1 a	Interval	Unit
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>

Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last.

Part 1 b	Interval	Unit
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>

Part 1 c *	Interval	Unit
<input style="background-color: #e6f2ff;" type="text" value="HEART FAILURE"/>	<input type="text"/>	<input type="text" value="v"/>

Other significant conditions contributing to the death but not causally related to the immediate cause a) above.

Part 2 d	Interval	Unit
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>

Part 2 e	Interval	Unit
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>

Part 2 f	Interval	Unit
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>

Autopsy being held? *

☒ Yes
☐ No

7. **Antecedent causes, if any, giving rise to the immediate cause (a) above:**

- a. **Part 1c:*** Type *cause of death*.
- b. **Interval:** Type or select *interval value*.
- c. **Unit:** Click *drop-down arrow* to select *unit*.

NOTE: Part 1c is a mandatory field for a Standard MCD.

Autopsy being held? *

☐ Yes

☐ No

You must enter information in this field.

May further information relating to the cause of death be available later? *

☐ Yes

☐ No


You must enter information in this field.

Manner of Death *

You must enter information in this field.

Place of Injury

Date of Injury



How did injury occur?

Did death occur either during pregnancy or within 90 days following termination of pregnancy?

☐ Yes

☐ No

You must enter information in this field.

Was there a surgical operation within 28 days of death? *

☐ Yes

☐ No

You must enter information in this field.

8. **Autopsy being held*:** Click **Yes** radio button.


NOTE: The next two questions will display when you choose "Yes" to an autopsy being held.

9. **Does the cause of death take into account the autopsy findings?*** Click **Yes** radio button for this scenario.
10. **May further information relating to the cause of death be available later?*** Click **No** radio button for this scenario.
11. **Manner of Death*:** Click the drop-down menu and select **manner of death**.
12. **Place of Injury:** Enter **place of injury** if relevant.
13. **Date of Injury:** Enter **date of injury** if relevant.
14. **How did Injury occur?** Enter **how injury occurred** if relevant.
15. **Was there surgical operation within 28 days of death*:** Click **No** radio button for this scenario.

NOTE: The "Date of Surgical Operation" and "Operative Findings" questions will display if you choose "Yes" to a surgical operation within the past 28 days.

16. Click **Continue** to advance to the Certification tab.
OR
Click **Certification tab**.

Certification Tab


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General Information
Death Information
Certification
Case Admin

Medical Certification

Certifier Type *

Coroner ✓ ▾

I hereby affirm that the information being submitted is accurate and correct to the best of my knowledge.

Certify Amendment

NOTE: As in the example above, if "Certify Amendment" is greyed out, mandatory information has been missed. The "General Information" or "Death Information" tab's text color and corresponding mandatory field name(s) within the tab will display in red text pointing to the missing mandatory information. Complete the mandatory fields of information to certify.

17. **Certifier type *:** Click *drop-down arrow* to select **Coroner** for this scenario.
18. **I hereby affirm that the information being submitted is accurate and correct to the best of my knowledge.:** Click **Certify Amendment** button.
19. Click **I Confirm**.

NOTE: The certification process is a digital signature for this document.

20. **Case Amended:** Click **Ok**. The Certification tab has been updated with the Medical Certification of Death information. (See below).

NOTE: The "Certifier Type*" and "Date of signature" have been updated on the "Certification" tab.

This MCD will display on the "Submitted Cases" tab of the user's Dashboard.

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Medical Certificate of Death - GERALD W THOMAS

[General Information](#) [Death Information](#) [Certification](#) [Case Admin](#)

Medical Certification

Name of physician, prescribed practitioner, or coroner

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Street Address

2010 12TH AVE

City, town, village or other place (if rural give section, township, range and meridian)

REGINA

Province

SASKATCHEWAN

Postal code

S4P 0M3

Certifier Type *

Coroner

Date of signature

03/19/2024

NOTE: The "Case Admin" tab has been updated to reflect the re-submitted and re-certified MCD. The Case number remains the same, a unique number specific to this MCD. The "MCD certification status" now displays "Amended". This MCD will display on the "Submitted Cases" tab of the user's Dashboard.

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[General Information](#) [Death Information](#) [Certification](#) [Case Admin](#)

Case Admin

Case number	Record status	MCD certification status	
EDR127	SUBMITTED	AMENDED	Amend Case

End of Procedure.