

Creating a Statement of Death (SOD) Assigned to Funeral Home

Role(s): Funeral Home Director, Clerks

Objective

This job aid provides the necessary steps to creating and signing a Statement of Death (SOD) with burial permit, including:

- Create the SOD based on the Medical Certificate of Death (MCD).
- Enter decedent information.
- Enter informant information in lieu of parent information.
- Sign the SOD.
- Generate and print Burial Permit.

Scenario

A Statement of Death must be created for a decedent (mother) after surgical termination of pregnancy resulted in complications post-surgery. The manner of death has been determined through autopsy and is included in the MCD used to create the SOD. Informant information must be entered in lieu of parent information.

Precondition(s)


To follow this lesson to completion the user must be logged in to the EDRN system, and the case must have a certified MCD that is assigned to this funeral home. This case must have been found and opened by the user.

Procedural Steps: Creating a Statement of Death Assigned to a Funeral Home

The user will go through each section of the SOD (each tab) and ensure that mandatory information is filled in, with one exception: funeral homes cannot alter the death information that has been certified on the Medical Certificate of Death. The SOD is then signed so that the burial permit can be generated and printed.

Deceased Information Tab

Deceased Information

 **FD TRAINING**
 Funeral Director
 Training Funeral Home

Statement of Death - ANDREA LOUISE SPROSS

Deceased Information
Parent Information
Informant Information
Disposition Information
Death Information
Certification
Case Admin

Deceased Information

Deceased's Last Name AT DEATH *

SPROSS ✓

Deceased's Last Name AT BIRTH *

❗

You must enter information in this field.

Given Name(s) *

ANDREA LOUISE ✓

Date of Death *

11/30/2023 📅

Sex *

☐ Male
☒ Female
☐ Unknown

NOTE: MANDATORY FIELDS

Mandatory fields are displayed with an *asterisk next to their fieldname. All mandatory fields must be filled in prior to certification.

If a Tab name, such as "Death Information", displays in red text, mandatory field information is missing on that tab. Once the information has been entered, the Tab text will turn green.

Fields stating "Enter Unknown, if not known", are also mandatory, though not designated with the *mandatory asterisk.

1. **Deceased Last Name AT DEATH*:** Type the *last name*.
2. **Deceased Last Name AT BIRTH*:** Type the *last name at birth*.

3. **Given Name(s)*:** Type the *given names*.
4. **Date of Death*:** This field can not be changed by the Funeral Home
5. **Sex*:** Click the *Female radio* button.

Province of Residence

SASKATCHEWAN ✓

Health Card Number

230199720 ✓

Social Insurance Number *

Enter UNKNOWN if not known ⓘ

You must enter information in this field.

Date of Birth *

05/15/1971 ✓

Age

52 ✓

Unit

YEAR(S) ✓

6. **Province of Residence:** Click the drop-down arrow and select *Saskatchewan*.
7. **Health Card Number:** Type the *health card number* or *UNKNOWN*.

NOTE: "Health Care Number" only displayed if "SK" is entered for Residence". Otherwise, "Other Province" and "Other Province HSN" fields are displayed.

If SK resident's health care card is unknown, the value "UNKNOWN" can be entered into the "Health Card Number" mandatory field.

8. **Social Insurance Number*:** Type the *social insurance number*.
9. **Date of birth*:** click the *calendar button* and click on the *date of birth*.
10. **Age:** This field auto-calculates from the date of birth entered.

Place of Death

Place of Death

Location of Death *

OTHER ✓

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

REGINA ✓

11. **Location of Death*:** Click the drop-down arrow and select *location*.

NOTE: "Place of Death" fields are prepopulated from the MCD and cannot be changed by funeral homes.

Place of Birth

Place of Birth

Country *

You must enter information in this field.

Province

You must enter information in this field.

NOTE: "Place of Birth" fields are mandatory and must be completed before signing SOD.

12. **Country *:** Click the drop-down arrow and select **Canada** for this scenario.

NOTE: "Country" defaults to "Canada" but can be overwritten.

13. **Province*:** Click the drop-down arrow and select **Saskatchewan** for this scenario.

NOTE: "Province of Residence" defaults to "Saskatchewan" but can be overwritten.

Usual Residence

Usual Residence

Country *

Province *

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

Street address

Postal code

NOTE: "Usual Residence" fields are mandatory. Use "UNKNOWN" if required.

14. **Country*:** Click the drop-down arrow and select **Canada** for this scenario.

15. **Province*:** Click the drop-down arrow and select **Saskatchewan** for this scenario.

16. **City, town, village or other place:** Type the **city**.

17. **Street Address:** Type the **street address** or **UNKNOWN**.

18. **Postal Code:** Type the **postal code**.

Marital Status

Marital Status

Marital status

ⓘ

▼

You must enter information in this field.

Common Law Status

Common law status

▼

19. **Marital status***: Click the drop-down arrow and select correct **status**.

NOTE: When “Marital Status” is confirmed, spousal name fields display.

Common Law Status

20. **Common law status**: Click the drop-down arrow and select correct **status**.

NOTE: Additional spousal or common-law fields display depending on marital or common law status entered.

Occupation Information

Occupation Information

Occupation held during majority of life

Type of business or industry in which worked

21. **Occupation held during majority of life**: Type the **occupation**, if known.

22. **Type of business or industry in which worked**: Type the **industry**, if known.

Aboriginal Status,

Aboriginal Status

Status of the Deceased

▼

Continue >

23. **Aboriginal status**: Click the drop-down arrow and select the **status**.

NOTE: If status selected, additional fields pertaining to “Band” and “Registration Number” will display.

24. Click **Continue** button to advance to the **Parent Information** tab.

OR

Click **Parent Information** tab.


NOTE: The “Deceased Information” tab’s text color should be displayed in green to acknowledge that all mandatory fields have been completed in this section.

If a mandatory field has been missed, the tab’s text color and the corresponding mandatory field name will display in red. All mandatory fields must be completed to certify the SOD.

Parent Information Tab

Father

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Deceased Information
Parent Information
Informant Information
Disposition Information
Death Information
Certification
Case Admin

Father

Father's Last Name AT BIRTH

Enter UNKNOWN if not known

You must enter information in this field.

Father's Given Name(s)

Enter UNKNOWN if not known

You must enter information in this field.

Father's Place of Birth

Country

▼

Province

▼

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

NOTE: Father's name fields are mandatory though they do not have an asterisk. Enter "UNKNOWN" if required.

For this scenario, please leave blank to force use of "Informant Information" tab.

25. **Father's last name at birth:** Type *father's last name at birth* or **UNKNOWN**.

26. **Father's given name(s):** Type the *father's given names* or **UNKNOWN**.

Father's Place of Birth

27. **Country:** Click the drop-down arrow and select **country**.

28. **Province:** Click the drop-down arrow and select **province**. Leave blank for this scenario.

29. **City, town, village or other place:** Type **location**. Leave blank for this scenario.

Mother

Mother

Mother's Last Name AT BIRTH

Enter UNKNOWN if not known

①

You must enter information in this field.

Mother's Given Name(s)

Enter UNKNOWN if not known

①

You must enter information in this field.

Mother's Place of Birth

Country

▼

Province

▼

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

< Previous

Continue >

NOTE: *Mother's name fields are mandatory though they do not have an asterisk. Enter "UNKNOWN" if required.*

For this scenario, please leave blank to force use of "Informant Information" tab.

30. **Mother's last name at birth:** Type mother's last name at birth or **UNKNOWN**.

31. **Mother's given name(s):** Type the mother's given names or **UNKNOWN**.

Mother's Place of Birth

32. **Country:** Click the drop-down arrow and select **country**.

33. **Province:** Click the drop-down arrow and select **province**.

34. **City, town, village or other place:** Type **location**.

35. Click **Continue button** to advance to the **Informant Information** tab.

OR

Click **Informant Information** tab.

Informant Information Tab

Informant

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Deceased
Information

Parent
Information

Informant
Information

Disposition
Information

Death
Information

Certification

Case
Admin

Informant

Informant's Last Name *

CASSIDY

Given Name(s) *

MICHELLE

Relationship to the Deceased *

PERSON WITH KNOWLEDGE OF DECEASED

Date of signature *

12/31/2023

NOTE: The "Informant Information" is mandatory.

36. **Informant's Last Name*:** Type the informant's **last name**.
37. **Given Name(s)*:** Type the informant's **given name**.
38. **Relationship to the Deceased*:** Click the drop-down arrow and select the **Person with Knowledge of Deceased** for this scenario.
39. **Date of Signature*:** Click the **calendar** button and select the **date**.

Informant Address

Informant Address

Country

Province

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

Enter UNKNOWN if not known

Street address

Enter UNKNOWN if not known

Postal code

< Previous

Continue >

40. **Country:** Click the drop-down arrow and select **country** if known.
41. **Province:** Click the drop-down arrow and select **province** if known.
42. **City, town, village or other place:** Type **City** or **UNKNOWN**.
43. **Street Address:** Type the **street address** or **UNKNOWN**.
44. **Postal Code:** Type the **postal code** if known.
45. Click **Continue button** to advance to the **Disposition Information** tab.
OR
Click **Disposition Information** tab.

Disposition Information Tab

Disposition

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Deceased Information
Parent Information
Informant Information
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Certification
Case Admin

Disposition

Method of Disposition *

ⓘ
▼

You must enter information in this field.

Date of Disposition *

ⓘ
📅

☐ Unknown

You must enter information in this field.

Name of Location or Details *

ⓘ

You must enter information in this field.

Country *

ⓘ
▼

You must enter information in this field.

Province *

ⓘ
▼

You must enter information in this field.

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

ⓘ

You must enter information in this field.

Street address *

ⓘ

You must enter information in this field.

NOTE: All Disposition fields are mandatory.

46. **Method of Disposition*:** Click the drop-down arrow and select the **Method of Disposition**.
47. **Date of Disposition*:** Click the **calendar** button and select the **date**.
48. **Name of Location or Details*:** Type any **location details**.
49. **Country*:** Click the drop-down arrow and select **Canada**.
50. **Province*:** Click the drop-down arrow and select **Saskatchewan**.

NOTE: The next two fields are mandatory. Enter "UNKNOWN" if the information is not known.

51. **City, town, village or other place*:** Type **city** or **UNKNOWN**.

52. **Street Address:** Type the *street address* or **UNKNOWN**.

Funeral Home

Funeral Home

Individual Responsible for the Remains

Funeral Home Name

TRAINING FUNERAL HOME

Street Address

321 TRAINING STREET

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

REGINA

Province

SASKATCHEWAN

Country

CANADA

Postal Code

S4S 6T1

Notes

Notes

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

Sign Case

< Previous

Continue >

NOTE: "Funeral Home" data is prepopulated based on user logon and the facility they are assigned to.

53. Click **Sign Case**.

NOTE: If "Sign Case" is greyed out, mandatory information has been missed. Look for any tab with red text to determine where mandatory information is missing. Field names in red text will need to be entered. Complete and "Sign Case".

Once a case has been signed, it can be amended. At this stage, the "Sign Case" button is replaced with "Amend Case" button.

Individual Responsible for the Remains

Funeral Home Name
TRAINING FUNERAL HOME

Street Address

⚠ As FD TRAINING I confirm I am signing the Statement of Death of ANDREA LOUISE SPROSS.

Cancel I Confirm

54. Click **I Confirm**.

Funeral Home

Individual Responsible for

FD TRAINING

Funeral Home Name

⚠ Case signed.

Ok

55. If all mandatory information is filled correctly, the window will say **Case signed**. Press the **OK** button.

Burial Permit

Burial Permit



56. Click the **Burial Permit** button in the toolbar on the right side.

eHealth Saskatchewan

Vital Statistics Act, 2009
Burial Permit
Loi de 2009 sur les services de l'état civil
Permis d'inhumer

Permit No.
No. de Permis D000044466
V.S.14

This is to Certify
La présente atteste

That the death of
Que le décès de ANDREA LOUISE SPROSS

Who died at
Qui est décédé (e) à REGINA Sask. On Month Day Year
(Sask) du Mois 11 Jour 30 Année 2023 At the age of 52 YEARS

Permission for interment, cremation or other disposal is granted to:
L'autorisation d'inhumer, d'incliner la personne décédée, ou de procéder à d'autres démarches appropriées est accordée à:

Name
Nom FD TRAINING

Address
Adresse TRAINING FUNERAL HOME, 321 TRAINING STREET
REGINA, SASKATCHEWAN S4S 6T1

Date of disposition or burial
Date de disposition ou d'inhumation Month Day Year
Mois 01 Jour 09 Année 2024

Cemetery Name
Nom du cimetière LOCATION DETAILS

Signature of the Registrar
Signature du Registraire
J. Hinderbach

Date Issued
Date émis Month Day Year
Mois 01 Jour 11 Année 2024

57. A new window will appear, displaying the burial permit. Print or save the permit from browser menu.

NOTE: The steps to printing the permit will change depending on the browser used.

End of Procedure.