

Creating an SOD from a Paper MCD

Role(s): Funeral Home Director

Objective

This job aid provides the necessary steps to creating and signing a Statement of Death (SOD) from a paper Medical Certificate of Death (MCD), including:

- Creation of SOD based on paper MCD.
- Entering of general and death information.
- Certification of SOD.
- Printing of Burial Permit.

Scenario

A male decedent is declared deceased at scene with a cause of death listed as cardiac arrest. A Paper MCD is created for transport to funeral home. 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 have a paper copy of the MCD.

Procedural Steps: Creating a Statement of Death from a Paper Medical Certificate of Death

The SOD will be started from the +Death button on the EDRN toolbar. The funeral home will fill in the pertinent MCD information as part of the SOD creation, obtained from the paper MCD, making sure all mandatory fields have been entered.

The Death Information tab will be blank and not editable because a paper MCD was used to complete this SOD. The same is true for the Certification tab which normally holds the MCD certification information.

The funeral director will sign the SOD and generate a burial permit for printing.

NOTE: MANDATORY FIELDS

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

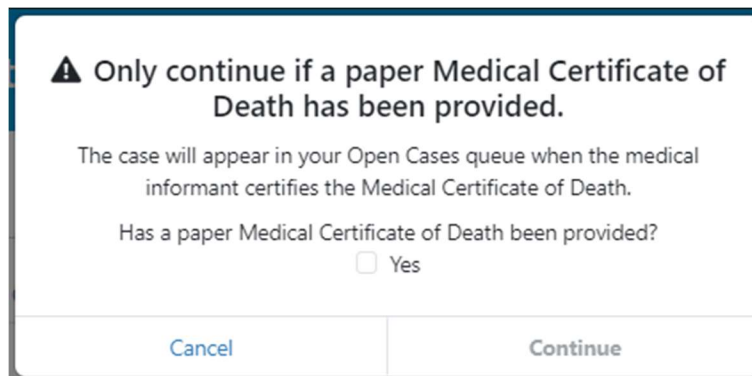
If a Tab name, such as "General Information" or "Death Information", displays in red text, mandatory field information is missing on that tab. Once the information has been entered, the Tab text will turn green.

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

Home Screen

Create a Statement of Death

1. Click the **+Death** button from the EDRN toolbar on the left-hand side of the screen.



⚠ Only continue if a paper Medical Certificate of Death has been provided.

The case will appear in your Open Cases queue when the medical informant certifies the Medical Certificate of Death.

Has a paper Medical Certificate of Death been provided?

☐ Yes


Cancel Continue

2. **Has a paper Medical Certificate of Death been provided?:** Click the **Yes** check box.
3. Click the **Continue** button.

Deceased Information Tab

Deceased Information

Statement of Death - JASON SMITH


FD TRAINING
 Funeral Director
 Training Funeral Home

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

Deceased Information

Deceased's Last Name AT DEATH *

SMITH

Deceased's Last Name AT BIRTH *

SMITH ✓

Given Name(s) *

JASON ✓

Date of Death *

01/01/2024 ✓

📅

Sex *

☒ Male

☐ Female

☐ Unknown

Province of Residence

▼

Health Card Number

Enter UNKNOWN if not known

Social Insurance Number *

Enter UNKNOWN if not known

Date of Birth *

MM/DD/YYYY

📅

Age Unit

▼

4. **Deceased Last Name AT DEATH*:** Type the *last name*.
5. **Deceased Last Name AT BIRTH*:** Type the *last name at birth*.
6. **Given Name(s)*:** Type the *given names*.
7. **Date of Death*:** Click the *calendar* button and click on the *date of death*.
8. **Sex*:** Click the *Male* radio button.
9. **Province of Residence:** Click the drop-down menu button and select the *province*.

10. **Health Card Number:** Type the *health card number* or **UNKNOWN**.

NOTE: The "Health Care Number" field is 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.

11. **Social Insurance Number*:** Type the *social insurance number* or **UNKNOWN**.

12. **Date of birth*:** Click the *calendar* button and click on the *date of birth*.

13. **Age:** This field auto-calculates from the entered date of birth.

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 ✓

14. **Location of Death*:** Click the drop-down menu button and select the *location of death*.

15. **City, town, village or other place*:** Type in the *place of death*.

16. Click **Save** icon from the left-hand toolbar.

Place of Birth

Place of Birth

Country *

CANADA ✓ ▾

Province *

SASKATCHEWAN ✓ ▾

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

SASKATOON ✓

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

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

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

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

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

19. **City, town, village or other place:** Type in the *birth location*.

Usual Residence

Usual Residence	
Country *	CANADA ✓
Province *	SASKATCHEWAN ✓
City, town, village or other place (if rural give section, township, range and meridian)	REGINA ✓
Street address	ADDRESS ✓
Postal code	

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

20. **Country*:** Click the drop-down arrow and select the *country* or **UNKNOWN**.

21. **Province*:** Click the drop-down arrow and select the *province* or **UNKNOWN**.

22. **City, town, village or other place*:** Type in the *city* or **UNKNOWN**.

23. **Street Address:** Type the *street address* if known.

24. **Postal Code:** Type in the *postal code* if known.

Marital Status

Marital Status	
Marital status	WIDOWED ✓
Surname of Spouse at Birth	
Surname of Spouse	
Given Name(s) of Spouse	

25. **Marital status:** Click the drop-down menu button and select the *marital status*.

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

26. **Surname of Spouse at Birth:** Type the *surname at birth*.

27. **Surname of Spouse:** Type the *surname*.

28. **Given Name(s) of Spouse:** Type the *given name*.

Common Law Status



29. **Common law status:** Click the drop-down menu button and select correct *status*.

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

Occupation Information



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

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

Aboriginal Status



32. **Aboriginal status:** Click the drop-down menu button and select the *aboriginal status*.

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

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


OR

Click **Parent Information** tab.

NOTE: The "General 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 Standard MCD.

Parent Information Tab

 **FD TRAINING**
 Funeral Director
 Training Funeral Home

Statement of Death - JASON SMITH

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

Father

Father's Last Name AT BIRTH

SMITH ✓

Father's Given Name(s)

GERALD ✓

Father's Place of Birth

Country

▼

Province

▼

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

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

Father

34. **Father's last name at birth:** Type in the *father's last name at birth* or **UNKNOWN**.
35. **Father's given name(s):** Type the *father's given names* or **UNKNOWN**.

Father's Place of Birth

36. **Country:** Click the drop-down arrow and select the *country* if known
37. **Province:** Click the drop-down arrow and select the *province* if known.
38. **City, town, village or other place:** Type in the *city* if known.

Mother

Mother	
Mother's Last Name AT BIRTH	
BLU	✓
Mother's Given Name(s)	
BETTY	✓
Mother's Place of Birth	
Country	
	▼
Province	
	▼
City, town, village or other place (if rural give section, township, range and meridian)	
<div>< Previous</div> <div>Continue ></div>	

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

39. **Mother's last name at birth:** Type in the ***mother's last name at birth*** or **UNKNOWN**.
40. **Mother's given name(s):** Type the ***mother's given names*** or **UNKNOWN**.


Mother's Place of Birth

41. **Country:** Click the drop-down arrow and select the ***country*** if known.
42. **Province:** Click the drop-down arrow and select the ***province*** if known.
43. **City, town, village or other place:** Type in the ***city*** if known.
44. Click **Continue** button to advance to the ***Informant Information*** tab.
OR
Click ***Informant Information*** tab.

Informant Information Tab

Informant

Statement of Death - JASON SMITH


FD TRAINING
 Funeral Director
 Training Funeral Home

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

Informant

Informant's Last Name *

GREEN
✓

Given Name(s) *


JOSEPH
✓

Relationship to the Deceased *

PERSON WITH KNOWLEDGE OF DECEASED
✓ ▼

Date of signature *

01/01/2024
✓



NOTE: "Informant Information" is mandatory.

45. **Informant's Last Name*:** Type the informant's *last name*.
46. **Given Name(s)*:** Type the informant's *given name*.
47. **Relationship to the Deceased*:** Click the drop-down arrow and select the *relationship*.
48. **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 >

49. **Country:** Click the drop-down arrow and select the *country*.
50. **Province:** Click the drop-down arrow and select the *province*.
51. **City, town, village or other place:** Type in the *city* or *UNKNOWN*.
52. **Street Address:** Type the *street address* or *UNKNOWN*.
53. **Postal Code:** Type the *postal code* if known.
54. Click **Continue** button to advance to the *Disposition Information* tab.
OR
Click *Disposition Information* tab.

Disposition Information Tab

Disposition

Statement of Death - JASON SMITH


FD TRAINING
 Funeral Director
 Training Funeral Home

Deceased Information
Parent Information
Informant Information
Disposition Information
Death Information
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: *Disposition fields are mandatory.*

55. **Method of Disposition*:** Click the drop-down arrow button and select the **Method of Disposition**.
56. **Date of Disposition*:** Click the **calendar** button and select the **date**.
57. **Name of Location or Details*:** type any **location details**.
58. **Country*:** Click the drop-down arrow and select **Canada** for this scenario.
59. **Province*:** Click the drop-down arrow and select **Saskatchewan** for this scenario.

NOTE: *"UNKNOWN" can be entered into the next two fields if not known.*

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

61. **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.

62. Click **Sign Case**.

NOTE: If "Sign Case" is greyed out, mandatory information has been missed. Look for tab with red text to determine where mandatory information is missing from. Complete entry of information and then "Sign Case".

Street Address

321 TRAINING STREET


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

REGINA

⚠ As FD TRAINING I confirm I am signing the Statement of Death of JASON SMITH.

Cancel

I Confirm

 Case signed.

Ok


63. Click **I Confirm. OK.**

NOTE: The Death Information tab is blank because a paper MCD was used to complete this SOD signing. The same is true of the Certification tab which normally holds the Medical Certificate of Death certification information.

NOTE: The Case Admin tab records pertinent SOD information, such as the "Record status", a unique "Case number", the "Date of signature" and who signed the SOD.

The MCD information remains blank because a paper MCD was used to complete the SOD.

Statement of Death - JASON SMITH

 **FD TRAINING**
Funeral Director
Training Funeral HomeDeceased
InformationParent
InformationInformant
InformationDisposition
InformationDeath
Information

Certification

Case
Admin

Case Admin

Case number

EDR106

Record status

SIGNED

Amend Case

Assigned To Facility

Funeral home

TRAINING FUNERAL HOME



Assigned By

Funeral Home assigned by

FD TRAINING

TRAINING FUNERAL HOME

Date assigned

01/10/2024

Medical Certificate of Death

Name of Medical Informant

Date of signature

Statement of Death

Name of Funeral Director

Date of signature

FD TRAINING

04/15/2024

End of Procedure.