

Fetal Deaths, Authorized Person Cases, Disposition Permits, and Sub-Registrar Appointments

Melissa Boynton, MPH, Supervisor Electronic Data Solutions Theresa Roberts, Supervisor and Deputy State Registrar

Agenda

- Supplemental Certificate of Death
- Fetal Deaths
- Authorized Person cases/home funerals
- Sub-registrar Appointments
- Disposition permits
- Authorization forms



Supplemental Certificate of Death (SCOD)

Use the Tab Key to go from one field to the next



Maine Center for Disease Control and Prevention An Office of the Department of Health and Human Services Maine Center for Disease Control and Prevention (Maine CDC) 220 Capitol Street 11 State House Station Augusta, Maine 04333-0011 (207) 287-3771 Fax : (207) 287-1093 TTY Users: Dial 711 (Maine Relay)

Reset Form

Supplemental Certificate of Death (For use with Standard and Medical Examiner Death Certificates)

To:	From:
Decedent's Name:	Date of Death (mm/dd/yyyy): Town/City of Death:

The death certificate of the above named decedent contains information that needs to be corrected from the original death certificate registered with the Maine CDC Vital Records office. Please note that Medical Certifiers only need to correct/amend the information that was incorrect or missing on the original death certificate. Please sign, date and return this form to the address listed above.

Actual Date of Death (Spell month)		Actual Time of Death			Was Body Viewed After De	ath?	
		_AM	PM	Military	Yes Not Appl	icable	
		Place of I	Death (Check only one; see instru	ctions)			
If Death Occurred in a Hospital	IfD	eath Occurred Somewhere Other th	an a Hospital				
Inpatient Emergenc	y Room/Outpatient	Decedent's Home 📃 Retirer	ment Community 📃 Found		Hospice Facility	iursing Home/Lon	g Term Care Facility
Dead on Arrival		Assisted Living Facility 🔲 Other ((Specify)		U 1	Unknown	
Facility Name (If not institution, giv	e street and number, and apart	tment number)	City or Town, State, and 2	Zin Code		County of Death	
						,	
		Cause of	Death (See instructions and exar	nples)			
Part I. Enter the chain of eventsdi-							Approximate Interval
fibrillation without sh	owing the etiology. Do not ab	obreviate. Do not enter old age. Ent	er only one cause on a line. Add	additional lines if neo	essary.		Onset to Death
Immediate cause (Final							
disease or condition>	a						
resulting in death)	Due to (or as a consequence	e of)					
Sequentially list conditions, if any, leading to the cause	Due to (or as a consequence)	e of)				-	
listed on line a. Enter the	Due to (or as a consequence	201)					
Underlying cause last							
(disease or injury that	Due to (or as a consequence	e of)				-	
initiated the events resulting							
in death)	۵					-	
Part II. Enter other significant cond	itions contributing to death but	t not resulting in the underlying caus	se given in Part I.				
Was an Autopsy Performed?	Yes No	Were Autopsy Findings Ava	ailable to Complete the Cause of	Death? Yes	No		
If Female			Di	d Tobacco Use Contr	ibute to Death? Manner of	Death	

- Supplemental Certificates of Death (SCOD) are utilized when a Medical Certifier or the Medical Examiner needs to add or change information within the medical portion of the death certificate.
- SCODs are now performed electronically through DAVE (2011-Present).
- On paper records prior to DAVE, the record was marked with an asterisk (*) and marked "See Attached." The paper SCOD with the changes was attached behind the record making the death record 2 pages. Paper deaths with SCODs attached should be issued on safety paper this way.

Fetal Deaths

- A fetal death is the death of a fetus 20 weeks gestation or greater.
- Fetal deaths are *only* filed on a paper form furnished by the Department.
 - We are anticipating a new module within DAVE in 2024 for electronic filing.
- The Certificate of Fetal Death (VS-4) was updated effective January 1, 2021 to be more user friendly and to add additional questions for statistical purposes.
- Fetal deaths are processed by DRVS and a true copy attest is sent to the municipality of death only.
 - If you receive a certificate of fetal death from a funeral home, please forward to DRVS for registration.

	Certificate of I	etal Death				
1. Name of Fetus (first, middle, last)		2. Sex	3. Date of Delivery	(mm/dd/aaaai)	4. Time of Delivery	
1. Name of Felds (Just, middle, idst)		2. JEA	5. Date of Delivery	(mm/aa/yyyy)	-	
			C. F. TANK	f not institution, give s	(24hr)	
5. Place Where Delivery Occurred (check one)			 Facility Name (4) 	j not institution, give s	treet ana numoer)	
□ Home Delivery: Planned to deliver at home? □ Yes □ No						
Hospital Freestanding Birth	Center		7. Facility ID -NPI	Number		
Clinic/Doctor's Office Other (Specify)						
8. City/Town of Delivery	9. ZIP Code		10. County of Deliv	very		
11. Mother/Parent Current Legal Name (first, middle, last)						
12. Mother/Parent Name Prior to First Maniage	13. Date of Birth	(mm/dd/yyyy)		14. Birthplace (State,	Territory, or Foreign Country)	
15. Street and Number	16. City/Town of	Residence	I			
17. Residence of Mother/Parent State or Foreign Country	18. County of Res	idence			19. Residence Zip	
20. Father/Parent Current Legal Name (first, middle, last)	(mm/dd/yyyy)		22. Birthplace (State	, Territory, or Foreign Country)		
	ITIONS CONTRIB					
23. INITIATING CAUSE/CONDITION		23a. OTHER SI	IGNIFICANT CAUSE	ES OR CONDITIONS		
(AMONG THE CHOICES BELOW, PLEASE SELECT THE <u>ONE</u> WHICH MOS BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE		(SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH)				
Maternal Conditions/Diseases (Specify)		Maternal Conditions/Diseases (Specify)				
Complications of Placenta, Cord, or Membranes		Complications	of Placenta, Cord, or M	Membranes		
□ Rupture of membranes prior to onset of labor		🗆 Rոյ	pture of membranes pr	ior to onset of labor		
 Abruptio placenta 			 Abruptio placenta 			
Placental insufficiency		🗆 Pla	cental insufficiency			
Prolapsed cord		🗆 Pro	lapsed cord			
Chorioannionitis		Che	orioannionitis			
Other (Specify)	Other (Specify)					
Other Obstetrical or Pregnancy Complications (Specify)	Other Obstetrical or Pregnancy Complications (Specify)					
			-			
Fetal Anomaly (Specify)		Fetal Anomaly	(Specify)			

Department of Health and Human Services

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Authorized Person Cases

An authorized person is someone who is acting in lieu of a funeral director and is handling final disposition on their own, which may be burial, cremation, or transportation out of state.

An authorized person can be a member of the immediate family of the deceased, the domestic partner of the deceased, or a person authorized in writing by a member of the immediate family of the deceased.

Do not panic

There are a few simple steps that need to take place to complete the death certificate and issue the disposition permit.

- 1. The Medical Certifier or Medical Examiner starts a case in DAVE, enters the medical information, and certifies the death case.
- 2. The Authorized Person will need to fill out items 1-30 on the paper death certificate (VS-3) and will sign on line 30.
- 3. The completed VS-3 may be scanned and attached to the case, emailed to Melissa Boynton, or faxed to the office. If you have a case or have attached the completed VS-3, please call Melissa Boynton at 287-5451 or email <u>Melissa.Boynton@maine.gov</u>.
- 4. The case is completed by the Department, registered, and assigned a State File Number (SFN).
- 5. A Disposition Permit may now be issued to the authorized person.

10. Surviving SponsePartner Name (Give name prior to first marriage) 11. Parent Name Prior to Furt Marriage (First, middle, last, suffix) 12. Parent Name Prior to Furt Marriage (First, middle, last, suffix) 13a. Informant Name (First, middle, last, suffix) 13b. Relationship to Decedent 13c. Mailing Address (Street and number, spartment number, city, state, zip code) 14. Method of Disposition 15. Duration Charter (Street and number, spartment number, city, state, zip code) 16. Place of Disposition (Name of cemetery, crematory, or other place) 17. Deposition Location (City, town, and state or foreign country) 18. Was Body Embolance? 19. Finearal Extablishment License Number 21. Name and Complete Address of Funeral Eachity/Authorized Person 13. Decedent's Education (Check the box that best describes the lighter degree or level of school completed at the time of death) 18. Obsected to 'S barrier's Degree (e.g., MA, MS) 19. Decedent's Education (Check the box that best describes the highter degree or level of school completed at the time of death) 18. Obsected to 'S barrier's Degree (e.g., MA, MS) Doctorate (e.g., PAD, EdD) 19. The merier License Number Prefersional Degree (e.g., MA, DD, DD, DVM, LLB, JD) 10. Abschrier's Degree (e.g., MA, MS) Doctorate (e.g., PAD, EdD) 19. She cheat of Hispanic Orign' (Check					1	Jeparun	ent of f	icanii a	ina ria	man S	ervices		5	State File No.	118 -		
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White Chinese Other Asian (Specify) Other Pacific Islander(Specify) Black or African American Filipino											-	lispanic/Latin	o (e.g. Span	iard, Salvadora	n, Columbian)		
American Indian or Alaska Native (Name of the enrolled or principal tribe) Japanese Native Hawaiian Other (Specify) Korean Guamanian or Chamorro		□ White		to indicate	what the decede	🗆 Ch	nese			an (Specify	i)		I	Other Pacifi	ic Islander(Spe	cify)	
	American Indian or Alaska Native (Name of the enrolled or principal tribe)				e) 🗆 Jap 🗆 Ko	□ Japanese □ Native Hawaiian			10170	Other (Specify)							
Asian Indian Vietnamese Samoan 30. Signature of Funeral Practitioner or Authorized Person		🗆 Asian Indi				🗆 Vie	tnamese		Samoan								

Department of Health and Human Comission

What if they want to bury on their property, is that legal?

Yes, home burials on private property are perfectly legal, as long as the property owner follows the proper procedures outlined in 13 MSR § 1142.

- <u>https://legislature.maine.gov/statut</u> <u>es/13/title13sec1142.html</u>
- <u>https://www.maine.gov/dhhs/mecd</u> <u>c/environmental-</u> <u>health/plumb/burial/index.htm#Bu</u> <u>rialGrounds</u>

Burying grounds are regulated by the Subsurface Wastewater Unit of the Department of Environmental Health

≼§1141

Title 13: CORPORATIONS Part 2: CORPORATIONS WITHOUT CAPITAL Chapter 83: CEMETERY CORPORATIONS Subchapter 2: BURYING GROUNDS Article 3: EXEMPTION FROM ATTACHMENT

§1143

§1142. Family burying grounds

When a person appropriates for a family burying ground a piece of land containing not more than 1/4 of an acre, causes a description of it to be recorded in the registry of deeds of the same county or by the clerk of the town where it is situated and substantially marks the bounds of the burying ground or encloses it with a fence, it is exempt from attachment and execution. No subsequent conveyance of it is valid while any person is interred in the burying ground; but it must remain to the person who appropriated, recorded and marked that burying ground and to that person's heirs as a burial place forever. If property surrounding a burying ground appropriated pursuant to this section is conveyed, the property is conveyed by the person who appropriated the property or by an heir of that person and the conveyance causes the burying ground to be inaccessible from any public way, the conveyance is made subject to an easement for the benefit of the spouse, ancestors and descendants of any person interred in the burying ground. The easement may be used only by persons to walk in a direct route from the public way nearest the burying ground to the burying ground at reasonable hours. [PL 1991, c. 412, §1 (AMD).]

SECTION HISTORY

PL 1991, c. 412, §1 (AMD).

Sub-Registrars

The Department or a municipal clerk may appoint one or more suitable and proper persons in a municipality as sub-registrars, who are authorized to issue permits (Permits for Disposition of Human Remains, VS-35) for transportation and final disposition of dead human bodies.

There are two types of Sub-Registrars:

- The annual appointment of a person residing or employed within the municipality, or
- The annual appointment of a person who completes the application to become a State sub-registrar and who pays the \$100.00 fee.

Both types of appointments entitle the appointed sub-registrar to issue a disposition permit upon a completed and signed death certificate and medical examiner's release (if applicable). The municipality that appoints the sub-registrar collects the \$20.00 fee if the place of death or establishment is located within their municipality (item #11b on the permit).

Sub-registrars may be appointed by both a municipality and the Department. A full listing of Department-appointed sub-registrars may be found in DAVE under Forms>Print Forms

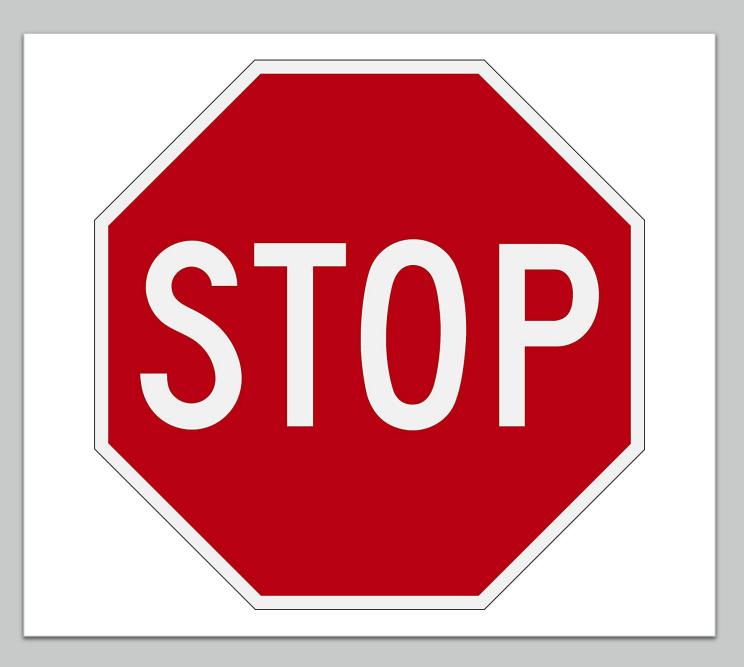
Sub-registrars must be appointed in writing, sworn in, and the annual appointment must be recorded in the office of the Department or the municipal clerk who appointed them. In the event a municipal clerk's term has ended prior to the expiration date of the sub-registrar's annual appointment, the sub-registrar must be reappointed. Municipal clerks may rescind a sub-registrar appointment at any time for any reason, although it is the responsibility of a municipal clerk to notify a sub-registrar in writing when the appointment has ended or been rescinded.

A permit may be issued by a sub-registrar only when the municipal office is closed, or the municipal clerk or deputy clerk is not available. Sub-registrars must scan and attach the completed disposition permit, after endorsement, to the death case in the Electronic Death Registration System (EDRS)

State of Maine Department of Health and Human Services **Permit for Disposition of Human Remains**

]	Distributio	on of Copies:	Place of Final I	Disposition		Permit Issued				
			Place of Death		Issuin	<u>g Clerk – Re</u> t	<u> Clerk – Retain Until Endorsement Received</u>			
1. FULL NA	ME OF DE	CEASED (First, Midd	le, Last, Jr., etc.)			2. DATE O	F DEATH (M	lo., Day, Yr.)		
3. SEX	4. AGE	5. WAS DECEDE	Yes	6. PLACE OF DEATH (C	City or Town)			(State)		
		EVER IN U.S. AI	RMED TO T							
		FORCES?	No							
7a. NAME A	ND ADDRI	ESS OF FACILITY (OR AUTHORIZED PER	SON		7b. FUNERA	L			
						ESTABLI	SHMENT			
						LICENSE	NUMBER			
8. PERMISS	ION REQU	JESTED FOR: (Check	x All That Apply)	Temporary Storage	Buria	l 🗌 C	remation	Entombment		
			Removal From State	Burial at Sea	Use by M	ledical Science	· · · · · · · · · · · · · · · · · · ·	Disinterment		
9.		Completed	Report of	Medical Examiner		Application or		ity/Physician letter for		
AUTHORIZ		Death	Death	Release for Cremat		Court Order for		sition of fetal remains		
FOR		Certificate	(Funeral	Removal from Stat	2 · · · · · · · · · · · · · · · · · · ·	Disinterment		han 20 weeks gestation or		
PERM			Directors Only)	Burial At Sea, Use Medical Science	by			ict of induced abortion of estation		
			• /							
PERMI	ISSION I	S HEREBY GRA	NTED TO REMOV	VE AND DISPOSE O	F THE HUM	IAN REMA	INS IDENT	FIFIED ABOVE		
10. SIGNATURE OF CLERK OR (see #11)				10b. CITY OR TOW	VN		10c. DATE S	IGNED (Mo., Day, Yr.)		
_										
				11b SUDDECISTD	AD OF (List M	micinality	11. DATES	IGNED (Mo., Day, Yr.)		
11. SIGNATURE OF SUBREGISTRAR			11b. SUBREGISTR appointed by):	AR OF (LISI MI	inicipality	IIC. DAIL S	IGNED (MO., Day, YI.)			
				appointed by).						
→										

Subregistrars *can not* issue a disposition permit for the disinterment of a body!



Disposition Types and ME Releases

A "method of disposition" must be checked on the death certificate. This will determine if a medical examiner's release form (VS-37) is needed to accompany the completed death certificate or report of death prior to issuing a disposition permit.

- Methods of disposition that **do not require** a medical release are **temporary storage and burial**.
- Methods of disposition that **require** a medical examiner's release include **cremation, burial at sea, use by medical science, organic natural reduction*, and removal from state**. A copy of the signed medical examiner's release must be retained permanently by the municipal clerk who issues the disposition permit. If the death is electronic (2011 to present), the medical examiner's release form may be scanned and attached to the death case in the Electronic Death Registration System (EDRS).
- Funeral Directors may request and file the medical examiner's release electronically. If they do not, and opt to do a paper copy, a red "M.E. Release Required" status will show in the status bar. This *does not* impact your ability to issue certified copies. See screenshot below:



/Personal Valid/Medical Valid/Registered/Signed/Certified/NA/M.E. Release Required/ICD Coding Required

Natural Organic Reduction

- With the passing of HP 341/LD 536, Maine became the 12th state to legalize Natural Organic Reduction, also known as human composting, the accelerated process in which human remains are reduced to soil.
- While we won't see Natural Organic Reduction as a method of disposition until a facility is built for this purpose, it is important to note that this is a method of disposition that will require a Medical Examiner's Release prior to issuing a disposition permit.
- Statutory language is not yet available on the Maine Legislature website, however the law can be viewed online: <u>An Act to Provide Natural Organic Reduction Facilities for</u> <u>Maine Residents for the Conversion of Human Remains to</u> <u>Soil</u>
- An update to the death section of the clerk's handbook regarding Organic Natural Reduction is forthcoming

Disposition Permits

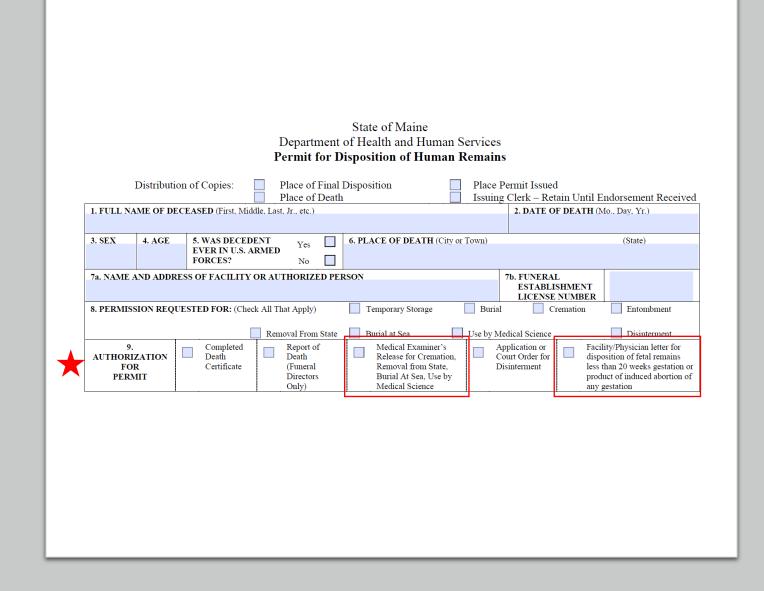
- The municipality listed in 10b or 11b on the Disposition Permit collects the \$20.00 issuing fee (see below).
- The issuing clerk or sub-registrar cannot sign as person in charge of final disposition on the disposition permit unless the remains were placed in temporary storage and the funeral director owns the storage facility specified.
- The place of death municipality, the place the permit issued municipality and/or the Department, and place of final disposition municipality is where the endorsed disposition permit is filed (unless scanned and attached in the EDRS).
- Deaths occurring at the United States Department of Veteran's Affairs (also known as Togus) are filed directly with the Department and the disposition permit must be issued by the Department or an appointed sub-registrar of the Department. The Department collects the \$25.00 issuing fee.
- NEW: LD465 Allows for an electronic disposition process. As this requires updates to the system, this is not yet live. Training on this will be forthcoming. This law also repeals the requirement for the VS50.

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE HUMAN REMAINS IDENTIFIED ABOVE									
10. SIGNATURE OF CLERK OR (see #11)	10b. CITY OR TOWN	10c. DATE SIGNED (Mo., Day, Yr.)							
→									
11. SIGNATURE OF SUBREGISTRAR	11b. SUBREGISTRAR OF (List Municipality appointed by):	11c. DATE SIGNED (Mo., Day, Yr.)							
→									



Permits for Fetal Deaths and Miscarriages

- When issuing a disposition permit for a fetal death (20 weeks or greater) the funeral director or authorized person must present the completed certificate of fetal death and ME Release (if applicable)
- If the permit is for a miscarriage (20 weeks or less), the funeral director or authorized person must present a letter from the medical facility stating the fact of miscarriage, the funeral home or person the remains are being released to, and signature from the health care professional. A ME Release is **not** required for miscarried remains that are being cremated or removed from state.



Authorization Forms (VS50)

- The Authorization for Burial or Removal of Cremated Remains Form (VS50) was created to track the burial of cremated remains buried in public burying grounds
- Despite the requirement to report these burials, this did not work as intended and was underreported
- LD 465 Repeals the requirement for the VS-50 (they are now voluntary) and the information gathered will be integrated into the electronic disposition permit which is forthcoming. If you receive completed VS-50s in your municipality, you may still forward them to DRVS for filing.

Governor Jeanne M. Lambrew, Ph.D. Commissioner		Tel; (207) :	11 State Hou 220 Capi Augusta, Maine 04 287-3771; Toll Free: (888) (Maine Relay); Fax (207)	e Station tol Street 333-0011 664-9491
	State of Maine Pepartment of Health and Human n for the Burial or Removal of (Statute Authority Title 22 §2843 Subsect	Cremated R	cemain s	
I hereby provide my consent fo	r the burial or removal of cremated	remains for th	e decedent named belo	w.
 Signature of Authorized Person or 	Funeral Director			
2. Authorized Person's or Funeral Di	rector's Printed Name	3. Relatio	nship to Decedent	
4. Authorized Person's email address	ŝ			
5. Decedent's Name (First, Middle, 1	Last, Suffix)	6. Date of	f Death (mm/dd/yyyy)	7. Sex
	Was Decedent Ever in the U.S. Arr Yes No	ned Forces?	10. Country or State	of Death
11. Name and Location of Public Bur	ying Ground		12. Location (Plot N	lumber)
13. Signature of Person in Charge of I	Public Burying Ground or Official	14. Date of	Burial or Removal (mn	n/dd/yyyy
15. Printed Name of Person in Charge	e of Public Burying Ground or Offic	ial	16. Date Filed (mm/	dd/yyyy)
17. Person in Charge of Public Buryin	g Ground or Official's email addres	s		

<u>(</u>

Janet T. Mills

Maine Department of Health and Human Services

INSTRUCTIONS The authorized person is responsible for endorsing and completing the decedent's information (items #1 through #10) on the authorization form. The person in charge of the public burying ground* is responsible for endorsing and completing the public burying ground information (items #11 through #17) on the authorization form and returning the form to the State Registrar of Vital Statistics within 7 days after the remarked remains were buried or removed.

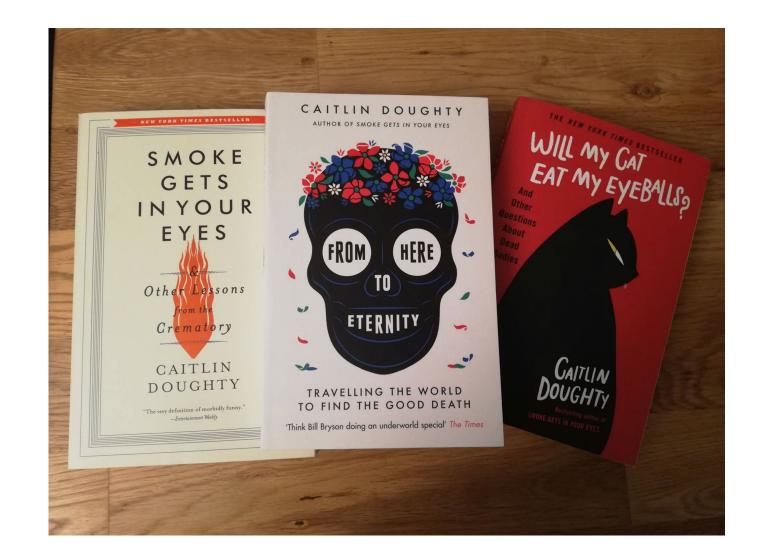
> Please fax the completed authorization form to (207) 287-1093 or mail to DRVS, 220 Capitol Street, 11 SHS, Augusta, Maine 04333-0011

*If there is no person in charge of the public burying ground to endorse the authorization form, an official of the municipality in which the public burying ground is located must endorse and record the date the cremated remains were buried and present the completed and endorsed authorization form to the State Registrar of Vital Statistics within 7 days after the cremated remains were buried.

The 22 \$2846 defines "authorized person" as a member of the immediate family of the deceased, the domestic partner of the deceased, a person authorized in writing by a member of the immediate family of the deceased if no member of the immediate family of the deceased wishes to assume the responsibility or by the domestic partner of the deceased if the domestic partner does not wish to assume the responsibility or, in the absence of immediate family or a known domestic partner, a person authorized in writing by the deceased. A "domestic partner anso one of 2 unmarried adults who are domiciel together under long-term arangements that evidence a commitment to remain responsible indefinitely for each other's welfare.

Additional Resources

- Maine Funeral Consumer's Alliance
 <u>https://www.fcamaine.net/</u>
- Order of the Good Death
 <u>https://www.orderofthegooddeath.com/</u>
- Last Things: Maine's Home Funeral Resource <u>https://www.lastthings.net/</u>



Questions?