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(Monday - Friday)



Registering Oklahoma Vital Event Records

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<https://rover.health.ok.gov/rover/gui/login/welcomeOK.jsp>



Physician's Guide  
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# 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.

at MARK SLOAN, MD [change] Unit: MARK SLOAN, MD Messages(0) **ROVER** Logout | Help

Main  
Death | System

News  
News Message  
There is no news for Christen Johnston

Open Cases (12)

| Task Description                          | Date Created |         | Refresh |
|---|--------------|---------|---------|
| Case Pending: DOWNING DON 03/30/2017      | 03/31/2017   | Details | Process |
| Case Pending: JOHNSTON PIPPER 10/08/2018  | 10/11/2018   | Details | Process |
| Case Pending: LIMAS KIRSTEN 10/09/2018    | 10/16/2018   | Details | Process |
| Case Pending: BROWN JON 10/09/2018        | 10/15/2018   | Details | Process |
| Case Pending: WINTERFELL DIANE 10/09/2018 | 10/15/2018   | Details | Process |
| Case Pending: JOHNSON RYAN 10/09/2018     | 10/15/2018   | Details | Process |

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.

Death - First: **DON** Last: **DOWNING**

1 Decedent | 2 Decedent Info | 3 Decedent History | 4 Informant/Disposition | 5 Funeral Home/Director | **6 Place/Time/Autopsy** | 7 Cause of Death | 8 Manner/Details/Injury | 9 Certifier | 10 Case Actions

**Case Information**

ME case number [ ]  
 Decedent's first name: DON  
 Decedent's last name: DOWNING  
 Decedent's date of birth: 12/30/1984  
 Sex: MALE

**25-28. Place of Death**

Place of death: Select  
 Other - specify: [ ]  
 Hospitals: Select  
 Hospitals by city: Select  
 Other facilities: Select  
 Facility name: [ ]  
 Address: [ ]  
 Apartment number: [ ]  
 Country: UNITED STATES  
 State: OKLAHOMA  
 County: Select  
 City list: Select  
 City or town: [ ]  
 Zip code: [ ]

**29. Actual or Presumed Date of Death**

Date of death (mm/dd/yyyy): 03/30/2017  
 Date decedent found

**30. Actual or Presumed Time of Death**

Actual or presumed time of death: [ ]  
 Time indicator: Select  
 Time decedent found

**31-33. Autopsy**

Was medical examiner contacted? Select  
 Was an autopsy performed? Select  
 Unknown if autopsy was performed:   
 Were autopsy findings available to complete the cause of death? Select

**Response to Disposition Request**

ME approves cremation/removal: Select  
 Receipt number: [ ]  
 Permit number: [ ]  
 County of appointment: [ ]

Previous Next Finish Cancel

## Entering Case Information

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.

Death – First: *DON* Last: *DOWNING*

1 Decedent | 2 Decedent Info | 3 Decedent History | 4 Informant/Disposition | 5 Funeral Home/Director | 6 Place/Time/Autopsy | 7 Cause of Death | 8 Manner/Details/Injury | 9 Certifier

**10 Case Actions**

Comments Among Users About Case

Comments: POD DC HOME  
DOD 03/30/2017  
TOD 1400

Assign/Transfer/Notify Physician

Action: Select  
Select physician: Select  
Case access:   
Notify physician: N

Assign/Transfer/Notify Funeral Home

Action: Select  
Select funeral: Select

Decline to Certify

Reason: Select  
Other reason:

Un-certify Case

Un-certify

Personal Info (Accept Exceptions or Reject)

PI exceptions exist N

Medical Info (Accept Exceptions or Reject)

MI exceptions exist N

50/52. Registration Information

Registrar's signature: Kelly M Baker

Case History

03/31/2017 User ID: 622 Case Started 03/31/2017 09:11:49 User ID:

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.

**Death – First: DON Last: DOWNING**

**1 Decedent | 2 Decedent Info | 3 Decedent History | 4 Informant/Disposition | 5 Funeral Home/Director | 6 Place/Time/Autopsy | 7 Cause of Death | 8 Manner/Details/Injury | 9 Certifier | 10 Case Actions**

**Case Information**

ME case number

Decedent's first name

Decedent's last name

Decedent's date of birth

Sex

**25-28. Place of Death**

Place of death

Other - specify

Hospitals

Hospitals by city

Other facilities

Facility name

Address

Apartment number

Country

State

County

City list

City or town

Zip code

**29. Actual or Presumed Date of Death**

Date of death (mm/dd/yyyy)

Date decedent found

**30. Actual or Presumed Time of Death**

Actual or presumed time of death

Time indicator

Time decedent found

**31-33. Autopsy**

Was medical examiner contacted?

Was an autopsy performed?

Unknown if autopsy was performed

Were autopsy findings available to complete the cause of death?

**Response to Disposition Request**

ME approves cremation/removal

Receipt number

Permit number

County of appointment

**Previous Next Finish Cancel**

### 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: Inpatient, 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.**

## Entering Case Information (continued...)

**Death – First: DON Last: DOWNING**

1 Decedent | 2 Decedent Info | 3 Decedent History | 4 Informant/Disposition | 5 Funeral Home/Director | 6 Place/Time/Autopsy | **7 Cause of Death** | 8 Manner/Details/Injury | 9 Certifier | 10 Case Actions

**PART I.**  
PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter the mode of dying, such as cardiac arrest, respiratory arrest, shock, or heart failure without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.

**34. Cause of Death**

Cause of death pending

IMMEDIATE CAUSE (final disease or condition resulting in death) A  ABC Approximate interval: onset to death  ABC

Underlying cause B  ABC Approximate interval: onset to death  ABC

Underlying cause C  ABC Approximate interval: onset to death  ABC

Underlying cause D  ABC Approximate interval: onset to death  ABC

**PART II.**  
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

**35. Other Significant Conditions**

Other significant conditions contributing to death  ABC

### 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.**

## Entering Case Information (continued...)

Death – First: **DON** Last: **DOWNING**

1 Decedent | 2 Decedent Info | 3 Decedent History | 4 Informant/Disposition | 5 Funeral Home/Director | 6 Place/Time/Autopsy | 7 Cause of Death | **8 Manner/Details/Injury** | 9 Certifier

10 Case Actions

**36. Manner of Death**  
Manner of death: Natural  
Victim of mass fatality: Select

**37-38. Death Details**  
If female select one from list: Select  
Verification required: Select  
Did tobacco use contribute to death?: Yes

**39-43. When, How, Where Injury Occurred**  
Date of injury (mm/dd/yyyy):  
Time of injury:  
Time indicator: Select  
 Estimated  
Specify place of injury (residence, farm, factory, etc.):  
Describe how injury occurred:  
Injury at work?: Select

**44. Place of Injury Address**  
Location unknown:   
Address:  
Apartment number:  
Country: Select  
State/province: Select  
City list: Select  
County list (if not in city or town): Select  
City, town or county:  
Zip code:

**45. Transportation Injury**  
If transportation injury: Select  
Specify other:

Previous Next Finish Cancel

### 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.**

## Entering Case Information (continued...)

### 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](mailto:AskROVER@health.ok.gov)

Death – First: *DON* Last: *DOWNING*

1 Decedent | 2 Decedent Info | 3 Decedent History | 4 Informant/Disposition | 5 Funeral Home/Director | 6 Place/Time/Autopsy | 7 Cause of Death | 8 Manner/Details/Injury | 9 Certifier | 10 Case Actions

|   |   |
|---|---|
| <b>46. Person Completing Cause of Death</b>                                 | <b>47. Certifier's Address</b>                    |
| Certifier designation: <b>PHYSICIAN IN ATTENDANCE AT TIME OF DEATH ONLY</b> | Address: 8453 GREYS DRIVE                         |
| Specify other: [text field]   | Apartment number: [text field]                    |
| Medical examiner: Select  | Country: UNITED STATES                            |
| Physicians: SLOAN - MARK - - 8453OK   | State/province: OKLAHOMA                          |
| Title: MD   | City list: Select                                 |
| First name: MARK  | City or town: OKLAHOMA CITY                       |
| Middle name: [text field]   | Zip code: 73102                                   |
| Last name: SLOAN  | <b>48. Certifier's License Number</b>             |
| Suffix: Select  | Medical license number: 8453OK                    |
| Preferred method of contact: E-MAIL   | <b>49. Certification Date</b>                     |
| Contact information: CHRISTENJ@HEALTH.OK.GOV                                | Date signed by certifier - MMDDYYYY: [text field] |
| Case access: ELECTRONIC   |   |
| Signed by: [text field]   |   |

Previous Next Finish Cancel

**CONGRATULATIONS!**

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.**

The screenshot shows the ROVER Warning screen. At the top left, there is a navigation bar with "Main" and "Death | System". The main heading is "ROVER Warning" in purple. Below the heading, a message states: "The record you are trying to save is UNFINISHED. All of the following fields are required for a FINISHED record." A box titled "Required to Submit to State. Fix all the following:" contains two sections: "Personal Information Section" with the description "Funeral Homes must still sign or drop to paper" and "Medical Information Section" with the description "A Physician must certify the record. Please Save (as Pending) and Certify the record." At the bottom center, there is a button labeled "Save (as Pending)". An arrow points from the text above to this button.

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.

This screenshot shows the ROVER Warning screen with additional details. It includes the same navigation bar and heading as the previous screenshot. The main message is identical. Below the "Required to Submit to State" box, there is a new section: "The following information must be entered to complete the medical information section. Fix all the following:". This section contains two items: "Actual time of death indicator" with the description "Select the time indicator (e.g., AM, PM) for the time or presumed time of death. If not known, select Unknown after entering 9s for time." and "Did tobacco use contribute to death? (Y/N)" with the description "Indicate whether the use of tobacco contributed to the death." A red box highlights these two items. At the bottom center, there is a button labeled "Save (as Pending)".

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.

**Main**  
Death | System

## ROVER Warning

The record you are trying to save is UNFINISHED. All of the following fields are required for a FINISHED record.

**Required to Submit to State.** Fix all the following:

- Personal Information Section**  
**Field Group Description:** Funeral Homes must still sign or drop to paper
- Medical Information Section**  
**Field Group Description:** A Physician must certify the record. Please Save (as Pending) and Certify the record.

**Save (as Pending)**

## 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.

Main  
Death | System

### 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:

Certify Now

Return to Record

View Contact Information

Main Menu

Repeat Task

Select **“Certify Now”**

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

### Certify/Sign Now - Confirm

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

Activate Signing

## Signing/Certifying the Record (continued...)

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.

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.

→

Click **“Continue”**

### Certify/Sign Now - Confirm

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

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.

→

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.

**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:

Click **“Continue”**

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

Death | System

**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:

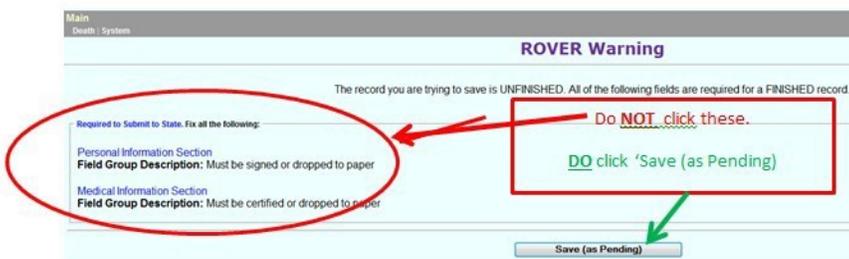
**Other Options**  
Following options are available:

**Report - Confirm**

Print Draft

## 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 between 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](mailto:AskROVER@health.ok.gov) OR PHONE: (405) 271-5380

**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\*\****

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

**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:***

|                                      |                            |                         |                      |
|--------------------------------------|----------------------------|-------------------------|----------------------|
| Asphyxia                             | Hematoma                   | Hyperthermia            | Subdural Hematoma    |
| Bolus                                | Exsanguination             | Hypothermia             | Thermal Burns and/or |
| Choking                              | Fall                       | Seizures                | Chemical Burns.      |
| Drug or Alcohol Overdose             | Fracture (non-compression) | Subarachnoid Hemorrhage |                      |
| Drug or Alcohol Accidental Poisoning | Hip Fracture               |                         |                      |

**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.**