

2024 Tribal Public Health Emergency Preparedness Conference

Home Burial Webinar
June 12, 2024

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Today's Agenda

- Home Burial
 - What is home burial
 - Who can request a home burial packet
 - When to request a home burial packet
 - How to request a home burial packet
- Home Burial Packet
 - What is included
- Completing the Report of Death
- Next Steps



What is Home Burial?

What?

- Home burial is where people want someone other than a funeral home to take care of their own or a family member's final arrangements, including the completion of the death report.
- A Home Burial Packet is required.

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Who can request a Home Burial Packet?

- A Home Burial Packet can be requested by a family member that is accepting the responsibility of acting as a funeral service practitioner and they will be completing the Oregon Death Certificate without the assistance of a funeral home.
- The person requesting to act as a funeral service practitioner must review the time sensitive responsibilities before accepting this role.

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Who?

When to request a Home Burial Packet

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When?

- If the person is in hospice
- Death is imminent
- Do not wait until the death has occurred
- Must adhere to Oregon law which requires death report within 5 Days of death. ORS 432.133(1)(a)

How to request a Home Burial Packet

- Email
CHS.Registration@oha.oregon.gov
- Call 971-673-1151
- We will be able to provide general information about home burials and/or a Home Burial Packet.

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How?

Home Burial Packet

Inclusions in the packet:

- Oregon Report of Death (Death Certificate)

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The person acting as funeral service practitioner:

- ✓ Completes the personal information on the report of death.
- ✓ Gives the report of death to the medical certifier to complete the medical portion within 48 hours of receipt.
- ✓ Files the report of death with the State within 5 days. The top two copies are sent to the State and the bottom copy is for the person completing the death report.

Home Burial Packet cont.

Inclusions in the packet:

- Instructions for completing the death certificate
- An identification tag
 - An identifying metal disk must be attached to the receptacle containing human remains per ORS 692.405.
 - The number on the identification tag must be entered on the report of death in the upper left-hand corner.

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Home Burial Packet cont.

Inclusions in the packet:

- Fact Sheet on the Burial of Human Remains on Private Property.
 - Provided by the Oregon Mortuary and Cemetery Board.
- A 24-Hour Notice of Receipt of Body card
 - This card must be returned to the State.
- Supplemental Report on Veteran's Status

Completing the Report of Death

The death report has two sections:

- The top section has the decedent's (the person that died) personal and demographic information and is completed by the person acting as a funeral service provider.
- The bottom section is completed by the medical certifier.
- The death report has 69 items.
- Individuals acting as a funeral service provider must complete fields 1 through 40.
- Please type or print legibly.
- See the Report of Death Instructions for more information on each item.

The image shows a sample of the Oregon Health Authority Certificate of Death form. The top section, labeled 'Personal', contains fields for the decedent's name (John Doe), date of birth (March 12, 1955), sex (Male), race (White), and address (123 N Oak Street, Portland, Oregon). The bottom section, labeled 'Medical', contains fields for the cause of death (Ischemic Heart Disease), manner of death (Accident), and the certifier's name (Megan Smith, M.D.).

Completing the Report of Death

TYPE OR
PRINT IN
PERMANENT
BLACK INK.

Oregon
Health
Authority

CENTER FOR HEALTH STATISTICS
REPORT OF DEATH

12577
I.D. TAG NO.

136-

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	1. Legal name: First Middle Last Suffix <i>Robert Douglas Example</i>					2. Death date (MON DD YYYY): <i>November 18, 2023</i>	
	3. Sex (MF): <i>F</i>	4a. Age - Last birthday: <i>73</i>	4b. Under 1 year: Months Days	4c. Under 1 day: Hours Minutes	5. Social Security number: <i>999-99-9999</i>		6. County of death: <i>Jefferson</i>
	7. Birthdate (MON DD YYYY): <i>Mar 23, 1950</i>		8a. Birthplace (city/town or county): <i>Jefferson</i>		8b. (State or foreign country): <i>Oregon</i>		9. Decedent's education: <i>Masters degree</i>
	10. Was decedent of hispanic origin? (Yes or no. If yes, specify.) <i>Yes, Mexican</i>			11. Decedent's race(s): <i>American Indian, Warm Springs Tribe</i>		12. Was decedent ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	13. Residence: Number and street (e.g., 624 SE 5th Street, Apt. no. 8) <i>1234 Main Street</i>				14. City/town: <i>Madras</i>		
	15. Residence county: <i>Jefferson</i>		16. State or foreign country: <i>Oregon</i>		17. ZIP code + 4: <i>97741</i>		18. Inside city limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	19. Marital status at time of death: <i>Married</i>		20. Spouse's name (if married or widowed, full name given at birth.): <i>Jane Anne Doe</i>				
	21. Usual occupation (indicate type of work done during most of working life. DO NOT USE "RETIRED.): <i>High School Math Teacher</i>				22. Kind of business/industry (DO NOT USE COMPANY NAME.): <i>Education</i>		
	23. Father/Parent B's full name given at birth: <i>James Andrew Example</i>				24. Mother/Parent A's full name given at birth: <i>April Sue Test</i>		
	25. Informant's name: <i>Amos John Example</i>		26. Telephone number: <i>541-111-1111</i>	27. Relation to decedent: <i>Son</i>	28. Mailing Address (number & street, city/town, state, Zip + 4): <i>1919 State Street, Madras OR 97741</i>		
	29. Place of death: <i>Hospice facility</i>			30. Facility name: <i>Sunnyside Hospice Care</i>			
	31. Location of death (Give address.): <i>210 Maple St</i>			32. City/town or location of death: <i>Madras</i>		33. State: <i>OR</i>	34. ZIP code + 4: <i>97741</i>
	35. Method of disposition: <i>Burial</i>		36. Place of disposition (Name of cemetery, crematory or other place): <i>Home Burial</i>		37. Location: <i>Warm Springs, Oregon</i>		
	38. Name and complete address of funeral facility (number & street, city/town, state, ZIP + 4): <i>1919 State Street, Madras OR 97741</i>						
39. Date of disposition (MON DD YYYY): <i>Dec 01 2023</i>		40. Funeral director's signature: <i>Amos John Example</i>			41. OR license number: <i>N/A</i>		
42. Registrar's signature: ▶			43. Date received (MON DD YYYY):		44. Local file number:		

Report of
Death
Example

Center for Health Statistics | We are vital and we count

Oregon
Health
Authority

Completing the Report of Death

TYPE OR
PRINT IN
PERMANENT
BLACK INK.



12577
I.D. TAG NO.

CENTER FOR HEALTH STATISTICS REPORT OF DEATH

136-

STATE FILE NUMBER

1. Legal name: (Include AKAs, if any)					2. Death date (MON DD YYYY):	
First	Middle	Last	Suffix	November 18, 2023		
Robert	Douglas	Example				
3. Sex (M/F):	4a. Age – Last birthday:	4b. Under 1 year:	4c. Under 1 day:	5. Social Security number:	6. County of death:	
F	73	Months	Days	999-99-9999	Jefferson	
		Hours	Minutes			
7. Birthdate (MON DD YYYY):	8a. Birthplace (city/town or county):		8b. (State or foreign country):		9. Decedent's education:	
Mar 23, 1950	Jefferson		Oregon		Masters degree	

ID Tag No. is included in the Home Burial Packet

1-8. Enter decedent name, date of death, sex, age, SSN, County of death, birthdate, county and state of death.

9. Education Options:

- 8th grade or less
- 9th-12th grade; no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate's degree (e.g. AA, AS)
- Associate's degree (e.g. AA, AS)
- Bachelor's Degree (e.g. BA, AB, BS)
- Master's Degree (e.g. MA, MS, Meng, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

Completing the Report of Death

CITI	10. Was decedent of hispanic origin? (Yes or no. If yes, specify.) <i>Yes, Mexican</i>	11. Decedent's race(s): <i>American Indian, Warm Springs Tribe</i>	12. Was decedent ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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10. Hispanic refers to people whose origins are from Spain, Mexico, Central or South America. If "Yes" is entered, then specify the Hispanic group.
11. Enter all races of the decedent, including tribe name if applicable. Click [here](#) for more information about how to enter race information.
12. If "Yes" is selected for service in the armed forces, then the Supplemental Report on Veteran's Status form must be completed.
 - Indicate on the form if decedent served in a combat zone.
 - Enter location of combat zone if applicable. Combat zones are listed on the Report of Death Instructions.
 - The person acting as the funeral service practitioner signs the form in funeral director field.
 - In funeral home name enter "Home Burial"

Completing the Report of Death

FUNERAL FA

13. Residence: Number and street (e.g., 624 SE 5th Street, Apt. no. 8) <i>1234 Main Street</i>		14. City/town: <i>Madras</i>	
15. Residence county: <i>Jefferson</i>	16. State or foreign country: <i>Oregon</i>	17. ZIP code + 4: <i>97741</i>	18. Inside city limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. Marital status at time of death: <i>Married</i>		20. Spouse's name (If married or widowed, full name given at birth.): <i>Jane Anne Doe</i>	

13-18. Enter the decedent's residence address, not a postal address. Do not abbreviate state name.

19. Enter marital status at the time of death.

- Married
- Domestic Partnership
- Legal Separation
- Never Married
- Widowed
- Divorced

20. Enter spouses full name given at birth if the decedent was married, in an Oregon Registered domestic partnership or widowed at the time of death.

Completing the Report of Death

D BY	21. Usual occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED."): <i>High School Math Teacher</i>	22. Kind of business/industry (DO NOT USE COMPANY NAME.): <i>Education</i>

21. Enter the kind of work the decedent did during most of his or her working life, not necessarily the last occupation of the decedent. Be as specific as possible. Do not enter Retired.
22. Enter the kind of business or industry to which the occupation in 21 is related, such as insurance, farming, hardware store, government, etc.

Click [here](#) for guidelines for reporting occupation and industry on death certificates.

Completing the Report of Death

COMPLETE	23. Father/Parent B's full name given at birth: <i>James Andrew Example</i>		24. Mother/Parent A's full name given at birth: <i>April Sue Test</i>	
	25. Informant's name: <i>Amos John Example</i>	26. Telephone number: <i>541-111-1111</i>	27. Relation to decedent: <i>Son</i>	28. Mailing Address (number & street, city/town, state, Zip + 4): <i>1919 State Street, Madras OR 97741</i>

23-24. Enter parent's full names at birth.

25-28. Enter the informant's information including name, phone, relationship to decedent and mailing address.

The informant is the person who supplied the personal facts about the decedent. The informant can be the person acting as the funeral service practitioner or a different individual.

Completing the Report of Death

TO BE COMPLETED

29. Place of death: <i>Hospice facility</i>	30. Facility name: <i>Sunnyside Hospice Care</i>		
31. Location of death (Give address.): <i>210 Maple St</i>	32. City/town or location of death: <i>Madras</i>	33. State: <i>OR</i>	34. ZIP code + 4: <i>97741</i>

29. Enter the type of place of death.

- Hospital
- Hospice facility
- Assisted Living Facility
- Nursing Home
- Decedents Residence
- Other-Specify type

30. If the death occurred in a hospital, nursing home, hospice, etc., enter the full name of the facility. If the death occurred at home leave blank.

31-34. Enter the full address of the location of death. Enter the decedent address if the death occurred at home.

Completing the Report of Death

35. Method of disposition: <i>Burial</i>	36. Place of disposition (Name of cemetery, crematory or other place): <i>Home Burial</i>	37. Location: <i>Warm Springs, Oregon</i>
38. Name and complete address of funeral facility (number & street, city/town, state, ZIP + 4): <i>1919 State Street, Madras OR 97741</i>		

- 35. This is the method of disposition for the decedent's body. Examples are burial, cremation, mausoleum, removal from state and donation.
- 36. Use "Home Burial" for disposition on private property, otherwise enter the name of the cemetery, crematory or other place of disposition.
- 37. The name of the city or town and the state where the place of disposition is located.
- 38. Enter the address for the person acting as the funeral service practitioner.

Completing the Report of Death

39. Date of disposition (MON DD YYYY): <i>Dec 01 2023</i>	40. Funeral director's signature: ▶ <i>Amos John Example</i>	41. OR license number: <i>N/A</i>
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- 39. This field corresponds to the date of disposition for the body. If final disposition has not occurred, then leave blank.
- 40. The person acting as funeral service practitioner signs the form here.
- 41. This field is not applicable if a funeral director is not used.

Completing the Report of Death

CHECK APPROPRIATE BOX BELOW — Complete both copies

AUTHORIZATION FOR FINAL DISPOSITION

This form, when signed above by the funeral service practitioner (Item 40) and by the medical certifier (67 or 68), shall serve as a disposition permit for the remains of the decedent named hereon.

ALTERNATIVE AUTHORIZATION FOR FINAL DISPOSITION

This form, when completed and signed below by the funeral service practitioner, shall serve as a disposition permit for the remains of the decedent named hereon.

I have contacted Dr. _____ on (date) _____ at (time) _____ and the doctor has agreed to sign a certification of the cause of death as soon as possible.

FUNERAL SERVICE PRACTITIONER SIGNATURE: _____ License #: _____

INSTRUCTIONS: The person in charge of the place of final disposition shall date and sign both copies of the disposition form. Forward the first copy to the registrar of the county where death occurred within 10 days after the date of final disposition. The second copy will be retained by the cemetery or crematory.

DATE OF DISPOSITION: _____ SEXTON'S SIGNATURE: _____

SEND THIS FORM TO THE REGISTRAR OF THE COUNTY OF DEATH.

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Next Steps

- Give to medical certifier to complete the medical section of the Death Report.
 - The medical certifier completes boxes 46-67, including signing the report.
- Return completed items to the State.
 - Top two copies of the Death Report
 - 24-Hour Notice of Receipt of body card
 - Supplemental Report on Veterans Status-if applicable
 - Send to Oregon Vital Records
P.O. Box 14050
Portland, OR 97293
- Order certified copy if needed.

Questions?



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**Contact
Information**



Kathy Ellis

Vital Records Trainer

503-943-0405

Kathy.Ellis@oha.oregon.gov

Megan Welter

Records Management Team Lead

971-673-1151

Megan.L.Welter@oha.oregon.gov



Partner Services

CHS.PartnerServices@oha.oregon.gov

Registration

CHS.Registration@oha.oregon.gov

CHS

**We appreciate
your
participation**

thank you!

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