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SPRING 2019





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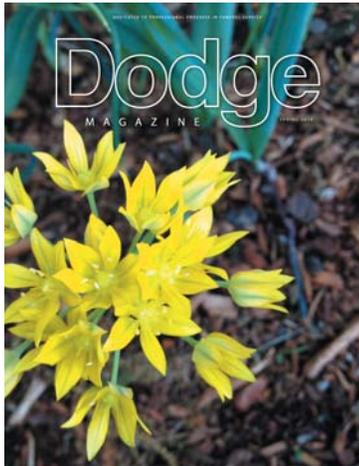
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Quarterly Publication

Dedicated to Professional Progress in Funeral Service



The Cover

Spring is here!
Photo by Kristin Doucet

Editor

Keith Dodge

Assistant Editor

Kristin Doucet

Contributing Editors

Jack Adams
Rory McKeown
Tom Sherman
Duane Hedrick
Dennis Daulton
Steve Palmer
Glenda Stansbury/Veronica Haskell
Jerome Burke

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The Dodge Company (Canada)
1265 Fewster Drive, Mississauga
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www.facebook.com/thedodgecompany



Website: www.dodgeco.com
Web Store: shop.dodgeco.com
E-mail: dodgemag@dodgeco.com

Jack crossing another one off the bucket list.

It Was a Good Ride

By Jack Adams, CFSP, MBIE

Something that stands out is sharing experiences with other embalmers. I will miss sharing ideas and solving problem cases with my colleagues.

When I reflect on my career in funeral service, I think of how it all started. I've mentioned before that my brother and I are fourth generation funeral directors/embalmers. Encouraged by our father, in the 50's we decided that we should attend Worsham College of Mortuary Science. We did so and my brother and I started a new funeral service with my father. Due to health reasons, twelve years later my brother detoured out of the demanding removal and embalming service, leaving me with the total business. I got out of the removal end but more than doubled the embalming case load.

After 15 years of running this large volume trade service on my own, I decided to apply for the Dodge representative position. The rest is history. When I think back about the trade work, there are some cases that stand out, because of the impact they had on the family and on myself.

One case was an eighth-grade boy who had a tumor on his nose that eventually covered most of his face. The tumor was the size of a 16" softball. When I made the removal, the mother asked if I was the embalmer. I said yes. She asked if I could, "Please take that thing off my son's face." I did the best restoration I could and the mom helped by bringing in several good photos. The mother's gratitude was overwhelming. She felt at peace that her son's features were brought back to like the way they were before the cancer. I was filled with pride and goosebumps when she hugged me while crying. I'm usually my

hardest critic, but this case turned out good. That call was my first complicated restoration. It gave me greater understanding about the importance of viewing and saying goodbye.

Another case that stands out happened about ten years earlier. A young man committed suicide by shotgun. To compound the tragedy his ten-year-old son found him. He came running down the stairs screaming, "Daddy's a monster!" A psychologist was brought in immediately for this young boy in shock. The psychologist suggested that if he could see his father in some sort of normal appearance it would help him tremendously.

There wasn't much bone structure left but with some thinking and improvising, he came to resemble his photos. I was pleased with the results. The young boy recognized his father and was able to get some closure to this horrible situation. I have written articles about these cases in the *Dodge Magazine* in the articles "Please Take That Thing Off My Son's Face" (2001) and "Daddy's a Monster" (1995/1996). There are some cases that stand out and define a career. I will never forget them.

Something else that stands out is sharing experiences with other embalmers. I will miss sharing ideas and solving problem cases with my colleagues. I always liked to answer the call and troubleshoot difficult cases. Two heads are always better than one. There is a special place in my heart for all these embalmers, apprentices, and students who shared

difficult cases and tackled challenges with me. Those were times when the answers weren't spelled out in the textbooks. It was a silent family that happened and one you don't forget. I hope you all remember those times like I do.

As for my actual career as the Dodge representative of Northern Illinois, I was honored to do this job for nearly 30 years. I attended my first Dodge seminar in 1989 as a participant helper giving assistance when asked. This was back when we did hands-on embalming seminars with audiences present. The brothers Mike and Jake Dodge pretty much ran the company with a great staff backing them. Debbie Dodge was beginning to take over more of the seminar planning responsibilities.

During this first seminar, Jake asked if I would be interested in helping with the hands-on part of the seminar. I said yes and from that point on, I was part of the Dodge Seminars. I've worked with some of the best: Don Sawyer, Dick Sanders, Bill Martin, and John Callahan. My first seminar I assisted Don Sawyer doing the hands-on work while Don did the more difficult part of narrating the seminar.

During the seminar I implemented a system of raising vessels using the omohyoid muscle for a guide. After some attendees expressed interest and at Jake's request, I wrote my first series of articles for the "Systemic Raising of Vessels Used in Embalming" (1991/1992). I have written for the magazine for nearly 30 years.

Working the Dodge Seminars is one of my favorite activities of my job because the people attending them are sincere about increasing their skill levels to better serve their families. Attendees from around the globe share stories and experiences with people with whom they can talk about funeral service.

I was honored to make several trips with Jake and his wife Joyce Dodge. Jake was one of the most respected men in funeral service. He frequently traveled across the globe wherever embalming and funeral service were practiced. Jake made the new venues easy for me because he was known wherever we went. I met many wonderful people who shared common concerns. It is amazing how many things we have in common with funeral service people we meet for the first time. I still maintain contact with several of these close friends and always look forward to seeing them again.

I had the opportunity to give embalming demonstrations throughout Australia, New Zealand, England, Scotland, and Ireland. My first International tour was in Australia and New Zealand in 1996 with Jake and Joyce Dodge. A 6 ½ week trip Down Under sounds glamorous but it was long and tough, especially on my voice. Jake supplied me with throat lozenges and kept my voice going. Joyce would remind the sponsors that I was not only tired but had to get up early the next morning to continue the drill. They made me feel special and I was treated like family. Each venue would consist of a flight, an all-day seminar, a banquet of local professionals, and

then preparing to do it all again. The Aussie's are great people and they sure know how to party.

From Australia, we flew to Auckland, New Zealand and met the gracious and hospitable people of that beautiful country. The flight from Australia to New Zealand was a special 3 ½ hour flight. Something happened that could never happen these days. It turned out that the captain of our flight was the son of a funeral director. The plane was a new version of a 767 aircraft and it was less than half full.

About an hour into the flight, Joyce approached my seat and communicated an invitation she just received. The pilot extended a thank you from his father by offering a tour of this beautiful new 767 airplane cockpit. Joyce, of course, responded with a yes for the three of us. Jake was an airplane buff. The closest I had been to a cockpit was walking by upon entering and exiting an aircraft. We were escorted to the front by a flight attendant during this night flight and invited in and showed where to sit to be out of the way of the pilot and co-pilot. The pilot introduced himself and mentioned that his father was a funeral director who attended our program. The three of us could not believe the experience. Seeing all the gadgets with the pilot explaining their function while showing us Tasmania below, it was fascinating. It only lasted about 15 minutes but it was another amazing experience that bonded our family of three and added to our shared adventures.

The New Zealand trips were more fly-drive combos organized by our "tour guides" and great friends Neil and Jane Hickey. Some of the locations we visited were Wellington, Auckland, Christchurch, and Dunedin. In Dunedin, following an all-day seminar, we had a dinner banquet at one of the most exclusive clubs that I had ever visited. There were more silverware choices than I had ever seen. I tried to follow Joyce's lead on choices and when she wasn't sure we just made a guess and chose one that looked good. No one seemed to care. The food courses and the drinks went on and on and, by the way, the Kiwi's have this partying thing down to a science.

I was able to fish a day off the Great Barrier Reef in Australia and I caught a big red snapper while fishing with Neil in New Zealand, two great experiences. We still see many friends and colleagues from Australia and New Zealand at the Dodge Seminars in Hawaii.

England, Scotland, and Ireland were also very interesting locations to give presentations and get their point of view about their customs and procedures in funeral service. The British Institute of Embalmers is a wonderful organization of which I'm a long-time member. I not only was honored to give a seminar to this group, I was also able to make new friends and experience some of their gala events and yearly programs. One year Jake Dodge was given an honorary fellowship to the BIE which he was very proud of and I was privileged to witness it.

I have always loved Canada mostly because of its beauty, the good fishing, and the really nice people. I have had the privilege of doing several programs in

I had the opportunity to give embalming demonstrations throughout Australia, New Zealand, England, Scotland, and Ireland.

I feel much gratitude to my loyal customers who made my day-to-day travels something I looked forward to. So many of these customers have turned into friends.

Canada and many Canadians attend Dodge Seminars. They are great people and I have some good friends in Canada and did I mention they know how to have fun? I always learn from them as well as share my experiences at their programs and always enjoy the great hospitality and laughs. I recently have been able to combine some visits to Canada with fishing with friends. It doesn't get any better than that. It is hard to beat making great memories, good fishing, and sharing ideas about our unique life experiences, all with laughter. I have to admit, it is hard for me to get near water without checking out the fishing wherever my travels may bring me.

Every time I present at a seminar, I meet people that know me and have shared tense moments with me, long distance. In this partnership I was the consultant on the phone and the embalmer was using his or her hands. Yes, this has worked well because the embalmers have understood my suggestions even if they had never tried the procedure before. They have found the courage to complete the hands-on part. This trust and camaraderie was amazing. Through seminars and phone calls, this partnership has grown because we are all together in this unique business of serving grieving families in their time of need. It is good to be a part of it.

These international trips were quite wonderful experiences. But they do not overshadow my trips in the U.S. One trip that stands out in the U.S. was not a seminar but an educational trip to the Washington, D.C. area, coordinated by Sally Belanger from the Dodge Company. We visited Dover Air Force Base and the Mortuary Affairs facility where our fallen heroes are returned from overseas. We also participated in the Wreaths Across America. My wife Linda and I had the honor of placing wreaths on the graves of heroes buried at Arlington National Cemetery. We will never forget having the privilege to be a part of this program. To top it off, I was honored to be a participant in placing the wreath at the grave of the Unknown Soldier. I feel that this was one of the highlights of my life.

Another outstanding trip comes to mind was also military related. I was contacted by an Air Force colonel and asked to be a consultant for the Air Force and give suggestions to improve procedures in

After almost 30 years as a Dodge representative, Jack Adams retired at the end of 2018. While Jack will be giving up his daily responsibilities of calling on customers, he plans to continue working with Dodge on technical seminars and helping to develop continuing education materials. He will also continue teaching at Worsham College of Mortuary Science in Wheeling, IL. As you can guess from this article, this will be his last regular article in the *Dodge Magazine*. Hopefully from time-to-time, he'll write for us when he's not crossing those items off his bucket list.

Happy Retirement, Jack!



handling the challenging job of returning the fallen to their loved ones.

During my visit to the base, I worked with the embalmers and staff of the Air Force Mortuary Affairs Operations (AFMAO) on some methods and plans to help them tackle the preparation of the remains they received. They were eager to learn and share experiences and I was proud to be able to advise these men and women. This shoulder-to-shoulder work and coaching was a big honor and privilege for me. They do an incredible job.

While there I witnessed and participated in a Dignified Transfer. That is the ceremony where the fallen are received home at Dover Air Force Base. The fallen heroes are transferred from the arriving plane to a vehicle with the utmost honor and respect, with family and dignitaries present. The vehicle then slowly passes the gathered family members and transports the remains to the entrance of the Air Force Mortuary Affairs Operations to begin the arrival processing. There wasn't a dry eye present, even some of the high-ranking officers and tough military personnel were teary-eyed.

Reflecting on another part of my career, I wouldn't have thought that my starting at Worsham College would have led to such a wonderful, challenging, full career. I also wouldn't have thought that I would today be an instructor at Worsham. It is still a high-quality mortuary college which I was proud to attend and am now proud to be on the educational staff.

There is good news about students coming our way. I am seeing some topnotch graduates who in the future will represent the industry in a favorable manner. The best part is that so many of them really want to help families. They try to understand and relate to the devastation and deep sense of loss family members have to deal with. Besides all of that, they are learning the importance of good embalming.

To all the international associates from Australia, New Zealand, England, Scotland, Ireland, and Canada, I can't express or put a value on the unique and exciting experiences I had visiting your countries. It was a privilege to present, to learn, and to share our ways and methods with you. It was priceless and will never be forgotten.

I feel much gratitude to my loyal customers who made my day-to-day travels something I looked forward to. So many times, entering the funeral homes and receiving warm welcomes, handshakes, and hugs, it was like visiting friends, and not just a business call. Sometimes my timing was good and customers had just received a difficult case which we would treat and solve together. So many of these customers have turned into friends, friends whom I hold in high regard, and intend to keep in touch with.

I have to say that working for the Dodge Company has been wonderful. This family business encouraged my input and offered help and understanding whenever it was needed. They treated me like family. I was fortunate to be hired that day in 1989 by Mr. Jake Dodge. It was a great ride!

A man in a dark suit and light-colored trousers is walking through a revolving door. He is carrying a brown leather briefcase in his right hand. The background is blurred, suggesting motion. The word "Dodge" is written in the top right corner.

Dodge

A Dodge Difference

While 'doing business' in today's world increasingly involves e-commerce, social media and electronic communication, your Dodge representative still comes to you. Real solutions, real people, real friends.



A Look at the Emaciated Body

By Rory McKeown

When choosing a mouth closure, pick one that can be adjusted, if needed, at a later time. As the tissue plumps and becomes rehydrated, we may want to loosen our closure to keep the lips looking natural.

If the lips or eyes are severely dehydrated, a Restorative pack can help bring back the moisture and eliminate the dry discoloration. A fifteen or so minute topical application can produce unexpectedly positive results.

We are experiencing longer wait times to embalm bodies these days. Whether it's due to a delay in release from a medical institution or a delay in meeting with the family to have all the necessary authorizations signed, these delays aren't making our jobs as embalmers any easier. Many changes occur as the body lies unembalmed. Even in best cases, such as after refrigeration, dehydration is one of the challenges we can likely expect. When we have a particularly emaciated individual, the additional dehydration normally occurring can be a challenge to overcome.

The dictionary describes emaciation as the state of being abnormally thin or weak due to lack of nutrition or disease. The key here is that we're not encountering just a thin individual that we will be embalming, but an abnormal loss of flesh will be evident. This may be from a prolonged illness or there may be some other cause for the loss of muscle tissue and moisture.

Embalming the emaciated case can be a challenge, depending on the difficulties one encounters. In the best case, we have a picture of the person, and some insight as to the expectations of the family. There may have been a loss of forty or fifty pounds or more. A picture is a good guide to restoring a natural appearance to the deceased that will leave the family with a peaceful memory picture of their loved one.

After carefully removing the body from any shrouding, it should be cleaned and disinfected. There are times when the individual is so thin that the heels, buttocks, and the shoulders may be the only parts of the body on the table. Looking at the features we may see severely sunken eyes with flattened eyeballs.

Sunken cheeks are common, as is dehydration of the lips. The eyes are often open with dehydration evident in the inner canthus and the lids beginning to dehydrate. The temples are sometimes sunk into the skull and the orbits of the eyes appear to protrude due to the loss of muscle mass and the sunken eyes. The skin is often flaky.

As we begin to set the features, all these areas will be addressed. After disinfecting the eyes, an eye cap coated with Kalip Stay Cream will help keep the shape of the eye and also help prevent further dehydration. When setting the mouth, there is an opportunity to fill many of the facial features with Inr-Seel. When choosing a mouth closure, pick one that can be adjusted, if needed, at a later time. As the tissue plumps and becomes rehydrated, we may want to loosen our closure to keep the lips looking natural. A mandibular suture gives the most flexibility in securing the mandible if readjustment is needed, and the mentalis muscle in the lower jaw may be insufficient to hold a muscular suture due to lack of mass. A suture with both lead ends exiting the left nostril provides ease of access if future adjustment is required.

Using Inr-Seel to fill the mouth helps not only fill the features to a point that the individual begins to look

more natural, but it also gives us the opportunity to reshape a mouth closure or expression without needing to reopen the mouth completely if there is a complaint from a family member and changes need to be made later.

A heavy compound injector makes the operation easier, but a spatula can be used, too. Fill both cheeks with a good amount of Inr-Seel. A large amount is necessary because it will be moved and manipulated into areas of the face to help bulk from within. We now have a cushion behind the cheeks and lips to move and adjust if needed. This bit of backing can help make forming and manipulating the lips easier, as well as help begin to distinguish some of the natural facial lines.

Using cotton as a filler behind the lips and cheeks will work, as long as it has a liberal coating of an emollient to prevent the cotton from acting like a wick and draining moisture from the cheeks and lips. Cotton doesn't offer the embalmer the ability to make changes without removing or adding some. Cotton can also be a challenge if any needs to be removed and we wind up with the "tissue box effect," and we lose control of how much change we want to bring about. Properly setting the facial features and filling the features with Inr-Seel at this pre-embalming point is the first step to making the changes that will bring about a successful embalming and restoration.

Check to be sure the nose is straight and doesn't have a pinched look, as can sometimes happen when a person loses facial mass. Cotton or Inr-Seel can be placed in the nostrils to help fill the nose, pre-embalming. There may be challenges with the arterial injection, as dehydration brings about changes which we will need to overcome. Darkening of the skin is common as blood gravitates downward. The blood will be significantly thickened due to lack of moisture. Fingertips may turn blue from blood and are often desiccated to the point of being hard, giving the "raisin" appearance. The skin may be flaky or peeling. If a body has been in refrigeration for any length of time, dehydration can be worsened by the cool air flowing over the body and pulling moisture away.

Whenever possible a liberal spraying of Restorative on the face and hands or an application of Kalon Massage Cream can help prevent extreme dry skin, lips, and eyes. If this can be done prior to refrigeration it is a great help in retaining moisture in the face.

If the lips or eyes are severely dehydrated, a Restorative pack can help bring back the moisture and eliminate the dry discoloration. Aside from its co-injection benefits, Restorative topically rehydrates the cells and helps prevent shrinkage of the tissue and will help restore a natural color and fullness. A fifteen or so minute topical application can produce unexpectedly positive results.

On an emaciated case, restricted cervical injection is preferred. Treating the case as two separate

embalming procedures gives us the opportunity to treat a face differently than we do the lower extremities and torso.

There may be soft tissue, or compromised areas, in the lower extremities that we need to address with a stronger solution with a higher index. We want to treat the head with a mixture of chemicals that will disinfect, preserve, and fill, while maintaining the moisture content needed. Parts, or all, of the lower extremities and torso may need a stronger solution.

Both carotid arteries should be raised and ligated along with the adjoining jugular veins. When clamping off the left carotid artery, I like to use the small spring actuated artery holders, or as they're called in surgery, "mosquitos." They're small enough not to be in the way but strong enough to hold back any pressure build up during the arterial injection.

Assuming there are no special considerations, such as restorative work, to be addressed, use a chemical mixture of 16-32 oz. Rectifiant, 16-32 oz. Proflow, 24 oz. of an arterial, 16 oz. Restorative, and warm water to make one gallon. Many embalmers like to use a milder arterial like Plasdopake on emaciated cases. As long as enough chemical is used to achieve the preservation we want, there is no issue with a lower index humectant chemical. With Plasdopake being an 18 index embalming chemical, only about fourteen ounces are needed in a gallon to produce a 2.0 index embalming solution, which would normally be a good starting point. The amounts of co-injection and embalming fluid are guidelines, and each embalmer should adjust the solution to meet the demands of the particular case.

An injection pressure of 30-80lbs and pulsing at between 8-10 oz./minute can be used to begin the arterial injection, going downward. I prefer to restrict my drainage normally, and inject one to two quarts, until I can see some distension of the veins. On an emaciated case, I try to inject an even greater volume before opening my drainage to create pressure behind my arterial solution to help saturate the cells if possible. Many embalmers are leery of using a waterless or mostly waterless solution, but I like to use a greater amount of co-injection chemical like Proflow on extreme emaciation cases so we can be sure that the cells are being treated and prepared at the molecular level, plus it acts as a vehicle for our preservative and humectant to infiltrate the cells to ensure cell saturation. Since the blood is likely to be sludgy, we want to use every tool and chemical at our disposal to help overcome the coagulated blood and get deep into the capillary level.

Injecting a volume of a gallon at a time gives the embalmer opportunity to check the results as they go along through the embalming process, determining if the mixture concentration is sufficient or needs to be adjusted according to the demands of the particular case. Use of intermittent drainage allows the embalmer to saturate the deep tissue with chemical and also add volume to the tissue.

Today, I look at treating emaciated cases as a three part process. The filling and setting of the features is step one, the arterial injection of the face is step two, and the arterial injection of the lower extremities

and torso is step three.

As we consider our chemical mixture for the face and head, we will want a strong enough solution to achieve our primary goal, which is always preservation. When we've determined our concentration, we need to add enough humectant chemical to achieve the bulking and filling. Use the same chemical combination of 16 oz. Rectifiant, 16 oz. Metaflow or Proflow, 8-10 oz. of an arterial, and 16 oz. of Restorative, but only add enough water to make half a gallon. When injecting the face and head, the decision to use either a "Y" injector or inject each side of the face separately, will be up to the embalmer's personal preference. As mentioned previously, we want to add enough humectant chemical to achieve the increase in volume to help make the physical change to the point that we are beginning to see the "healthy" person's features begin to emerge. That is to say, the person's likeness before the illness or dramatic changes began to affect the individual.

The importance of getting a photograph of the person cannot be overstated. Many of the distinguishing facial features can be diminished by the ravages of emaciation, and we want to give the family that desirable memory picture of their loved one. A picture will be our best guide through the embalming and restoration process.

An injection rate of 20 pounds of pressure and 6-10 oz./minute on pulsation should be sufficient. We want the chemical to fully infiltrate the deep tissue as well as reach the surface capillary level.

When we begin injection of the left side of the face, clamp off the right carotid artery and jugular vein to restrict drainage from the face and to help infiltrate the deep tissue, as well as saturate the tissue at the capillary level. The use of Restorative will ensure elasticity in the tissue, which will be needed when we move on to the hypodermic feature building after embalming.

As the face begins to fill with our arterial solution, we can see the eyes fill from behind, and the lips begin to fill. Hopefully, volume is being added to the temple area and cheeks. I don't generally do any hypodermic treatment to the eyes, even if they are severely sunken, until my arterial injection of the face is complete. Often the eyes will raise enough that no, or a minimal amount, of tissue building needs to be done to the eyeball. If, during feature building, you feel that the eye still needs to come up a bit, only a small amount of filler should be required.

Once the left side of the face is injected, move to the right side, with the opposing artery and vein being clamped off as before to increase vascular pressure to the right side. When injecting upward, a slight distension of the veins in the forehead is often the first good sign of fluid distribution.

Now move on to the next step in the process of restoration, which is the hypodermic feature building. I prefer a 20 cc syringe as I feel I have a little better control with it. I like to start with the temporal area and take away any sharp edges, especially the harsh bony ridges around the eyes and temples (*Fig. 1*). Normally the temples are the easiest to fill, as we can easily see the increase in volume as we begin to inject our Feature Builder. I enter this area through the

As we consider our chemical mixture for the face and head, we will want a strong enough solution to achieve our primary goal, which is always preservation. When we've determined our concentration, we need to add enough humectant chemical to achieve the bulking and filling.

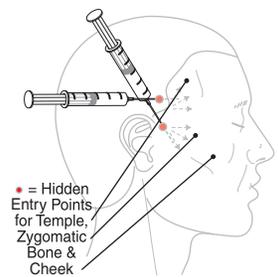


Figure 1

edge of the eyebrow to hide my entry point. This is a good entry point as it gives a wide range of area to access with the needle. Additionally, the entry point is superior to the area where the Feature Builder is being distributed which will help reduce any possible leakage. If Feature Builder Firming is being used, these entry points shouldn't be a point of concern for leakage, as it will seal itself at the injection point.

Entry through the nose gives the embalmer access to a wide range of area across the face. By using the nares as a hidden injection point, cheeks can be reached easily, as well as the area under the orbit of the eye all the way back toward the zygomatic arch. Injecting downward we can control our injection to help maintain facial features (Fig. 2). Manually direct the distribution of the Feature Builder using the edge of an aneurysm hook or a fingertip to block the chemical from reaching areas we want to maintain. Nasolabial folds and smaller sulci along the lips can be given special attention to recreate those natural markings that make us recognizable to our friends.

Access to the neck area can be achieved by injecting from a point under the mandible that can be hidden from sight (Fig. 3). We've spent a lot of time working on the emaciated features, but we should also give attention to the neck area. From under the chin we can reach all the way back to the rear of the mandible and fill as necessary (Fig. 4). We want to bring the neck up to a natural dimension, relative to the face.

Ears can sometimes lose so much volume that they look almost shriveled. An earlobe can be plumped using an insulin syringe, and even the outer ear can be injected. The nose can also be injected with a fine syringe. We want to be sure the nose is straight and filled to bring up any obviously emaciated areas. The bridge can be injected with an insulin syringe as well as the sides of the nares to give them a natural flare. The forehead is often overlooked during the feature building process. As with the other facial features, pay attention to the profile view as well as the frontal view. Small amounts of Feature Builder can be injected with a 20 ga. x 3" needle from injection points hidden by the eyebrows to reach much of the forehead. The hairline is also a good place to hide the entry point when building the forehead. There may be more area exposed on a

person with a receding hairline, than on a person with a full head of hair, so a bit more time may be needed to achieve even distribution to the entire area needing filling. Not all the eminences of the forehead are the same, so we should check our photo as we go along.

Each step of the way during our feature building process we need to refer to our photo to be sure we maintain the feature characteristics and any wrinkles and folds that appear prominent on that individual. Hands are half of what we see in the casket, so some time should be given to be sure we have filled any sunken areas. When injecting the body, the need to bulk the tissue may not be as important as it is in the face, except for the hands.

Hypodermic tissue filling of the hands can make a big difference in the eyes of the family and friends. If the fingertips are blue and cyanotic, they may clear if massaged gently during the arterial injection. Soaking the fingertips in warm water may also aid in clearing them.

We need to have fully embalmed hands, and we can later do our feature building. Often a hypodermic injection of Feature Builder Regular can help bleach discolored fingertips even after a number of hours have passed. Injecting Basic Dryene or Dryene II under the fingertips into the nail bed will also bleach them quite well. The addition of a drop of Icterine dye to the syringe will tint the tissue. If hardened fingertips are softened enough to inject, I use 50/50 Restorative and whatever arterial chemical I have on hand, normally Regal 30 or Metasyn, and plump the fingertips.

If additional preservation is desired, Feature Builder Firming would fulfill that need. When filling shrunken fingertips, I think a good guideline would be to fill them enough that fingerprints could be readily taken. For tissue building the hands I like to use a 6" needle and a 20cc syringe. This length allows access to the fingertips and the rest of the finger through one injection point between each finger, and a bit more control with the smaller syringe.

I use the same injection point between each first knuckle to go up into the back of the hand to fill any sunken areas between the tendons. You can give a softer look to any bony knuckles or protruding tendons. The area between the thumb and index finger often shows noticeable loss of mass. Again, a little bit of attention can make a big difference here (Fig. 5).

If we've been able to achieve success in plumping and embalming our fingertips, cleaning, trimming, and polishing are the final steps. When dressing and casketing are being performed, give attention to the abdominal area. Padding should be used when needed to make sure there isn't a dramatic difference between the thoracic and the abdominal areas. The stomach may seem quite thin compared to the chest, especially with the body lying in the casket.

By breaking down the process of embalming and restoring the emaciated case by these steps, each building on the prior step, we can produce good results on an otherwise difficult case. This has just been a basic overview, but if you crave more information, see Jack Adams' six-part series titled "Restoring Emaciated Remains," beginning in March, 1998 in the *Dodge Magazine*.

Rory has been a licensed funeral director and embalmer for over 30 years. Since 2013, Rory has served as a sales representative with The Dodge Company, covering Arizona, Colorado and New Mexico. Rory spent much of his funeral directing and embalming career in the Chicago area.

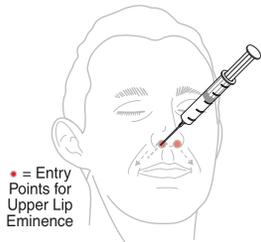


Figure 2

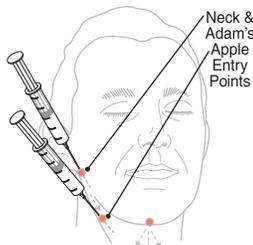


Figure 3

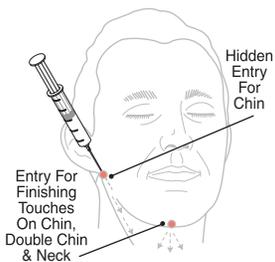


Figure 4

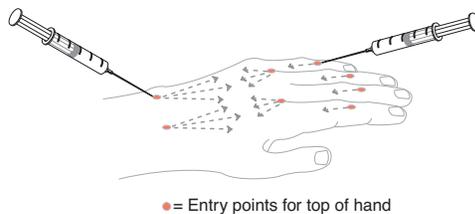


Figure 5



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Well Begun

By Tom Sherman

I believe that old adage, "Well begun is half done." If you get to the end of an embalming procedure, knowing that you have done everything thoroughly and skillfully, then you are well begun.

I went to dinner the other night with one of my best friends. He is a trade embalmer who has taught me a great many things, several of which I've mentioned in my articles. He has helped me through tough restoration and reconstruction cases by encouraging me over the phone to not give up. Over the past eight years he has shown me tips and techniques that have blown my mind. One time in the middle of an Arby's, as we discussed some things he needed to order, we wound up in a ten minute argument about eye caps and the right way to put a decedent on a cot. Let's call it a debate, that sounds nicer. At the end of the ten minutes neither of us was swayed by the other's point of view. So he will continue putting people on cots backwards, and I will continue using eye caps correctly.

In the end, these are small things. If we never come to an agreement on them, no big deal. We can laugh about it even when his family looks on in vague annoyance. There are other issues, however, that are not arguable. Good hands, well-formed mouths, and whether the person is thoroughly embalmed, these are things that will bring families peace, and you success.

I'll finish my three-part series with some post-injection suggestions. A couple are just useful, and a couple are non-negotiable for me. I believe that old adage, "Well begun is half done." If you get to the end of an embalming procedure, knowing that you have done everything thoroughly and skillfully, then you are well begun. Then when you get to dressing, cosmetizing, and positioning in the casket, you are beyond half done. And when the grieving family comes in to view their loved one, and you don't have to adjust a thing because everything is just right, you get to feel that success to your very core.

The injection is done. Distribution, color, some firming, nails cleared, everything has gone well. The next step is aspirating, naturally. STOP! Instead of reaching for your trocar, turn in the other direction. Go back to the incisions. If I used the carotid and jugular, I will tie them off and fill the incision with Webril. If I raised other vessels as well, then I will go ahead and suture these. I am not going to aspirate yet. The fact is, that while the chemical is still in the vessels, it can continue to work. By tying off the vessels, we create and maintain a vascular pressure until such time as we aspirate. This lets the chemical continue to work its way into smaller vessels naturally. Also, as long as the chemical is still in the body and vessels, it continues to work and bind the tissues. Therefore, it stands to reason that leaving the fluid in the body and letting it have as long as possible to do its work before aspirating will give the best possible results. In a perfect world I would always aspirate at least the next day. If waiting until the next day isn't possible, I would shoot for a minimum of six hours. One time I finished aspirating 48 hours after injection and would do that again without question. Naturally, we don't always have that time before the visitation, which is why I shoot for the

six hours minimum when I can.

I vaguely recall this being mentioned in school, and it was always a choice on case reports. But I never used this method until twelve years into my career. The first time I tried it the results were so apparent and immediate that I was beside myself. Now cases that hadn't firmed as much as I preferred would indeed get that firming, after some time. The color was better and the abdomens were firmer. Coming back after some hours to aspirate and feeling that the organs themselves have firmed will make a believer out of anyone!

I get it, sometimes you don't have the time. We have all been in those quick, turnaround situations. The out of town funeral home is on their way or the family is demanding to see their loved one even though you only got back to the funeral home an hour ago. I will still wait at least 10 to 15 minutes before I start to aspirate. It doesn't seem like much, but any time that the vascular pressure is there and the chemical is still in the system means that preservation is continuing.

This is not an article on aspiration per se, but there is one more point that bears making. USE A SHARP POINT! That's it. The number one way to get better aspiration. Dull points do not pierce organs as much as they move them around. We need to create holes and channels for the cavity chemical when it goes in, as well as actively aspirating ALL the organs to remove latent gases and fluids.

I tend to do my washing and cleaning before coming back to aspirate, if I have the opportunity for delaying.

To close the injection site, most of the time I will use the standard baseball stitch, though from time-to-time I like a hidden suture if I think there is going to be a low neckline on the clothes. For both, if you put Perma Seel into the incision as you suture, the needle and ligature will pull the Perma Seel through the incision and needle holes providing an even better seal than the tightest suture.

A quick word on hypo work. Hypodermic injection operates on a point of contact. Where the chemical contacts the tissue, it works. Where it does not contact the tissue, it doesn't work. It stands to reason then, that when hypoing, for instance the calves because the chemical didn't make it there, that you would need to move the hypo trocar all around within the leg to make sure that the chemical comes into contact with as much tissue as possible. It is easy to put the hypo in, trigger it, and fill the calf like a water balloon, and say it was hypoed effectively. But if all that happened is that fluid mix was trapped in one muscle area, then all of the rest of that calf did not get embalmed.

If you are like me, whether you are working in the funeral home full time or as a trade embalmer, you are almost always flying solo. Turning a decedent, holding them up, and washing and scrubbing their back, or treating a lesion, or even suturing, can be a difficult

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I will never forget a case I was working on by myself at 3 am. He was an obese man who had been autopsied. At first, I didn't think there would be much trouble.

As this mini-series of articles has come out, it has been amazing the conversations I've been having. I hope there are lots of embalmers out there having similar conversations with each other all the time.

maneuver when by oneself.

I will never forget a case I was working on by myself at 3 am. He was an obese man who had been autopsied. At first, upon opening the pouch in which the medical examiner had placed him, I didn't think there would be much trouble. Then as I moved him to the table, I discovered they had also autopsied his calves. I injected, hypoed, and treated him as I normally would. I left the calves for last, all the while thinking about the best way to go about suturing the long incisions on the backs of his legs. I tried just lifting from the foot with one hand, and suturing with the other. That did not work well at all. I decided I would turn the decedent all the way over and work from the back. So I placed a circled towel by his head for his face to lay on without being smashed into the table, and proceeded to attempt a multi-step roll. My goal was to get him on his side, then pull him to the edge of the table, and roll him the rest of the way. Instead what happened was I turned him on his side, and he slid and started to go off the edge altogether. I was only able to avert disaster by laying myself across the table and using my entire body to arrest the slide and pull him back. I was sore for days.

When I finally got everything done and had him back in repose, I had just enough time to go get cleaned up for work in the morning. When I was talking to my embalmer friend the next day and told him what had happened, he said, "Tom you're an idiot."

I replied, "That is almost certainly true, but why in this particular case?"

This is when I learned one of the biggest and simplest game changer tricks I've ever known. He told me, "Tom, any time you need to turn a person, whether it is to clean them, treat them, or suture them, you simply take a towel, put the edge of it just under the side of the decedent, and roll. The towel will hold them in place."

I know, it's almost too simple to work. But it works every single time! I simply put a towel's edge under the edge of the shoulder, then down along the person to under the edge of the hip. I go back to the other side of the table and roll the person toward the towel. At this point you can keep one hand on the person to keep them stable and use the other to do all the work you need to do. Even obese people, once they are rolled, actually stay up and stable even better than a skinny person does!

It wasn't long ago that I had a case who had multiple gunshot wounds in the back. I was able to take care of every one of them by myself without straining or struggling. I tell my friend all the time, even six years after he taught me that, how much I appreciate learning that.

I'm going to talk about hands again. Without a doubt the hands are one of the most important aspects to having a good viewing. I spent several years being annoyed with the white crud that hands would leave on clothes when I was dressing someone, and I couldn't

seem to get it off the hands themselves even with scrubbing. I was never taught that thoroughly drying someone when you were done with your case was a crucial thing. Perhaps a cursory rub with a towel and then on goes the sheet was good enough for me.

It is kind of funny what finally solved this problem for me. But if you have ever gone to an amusement park with water rides wearing tennis shoes you'll be able to understand how it happened. I had ridden some ride or another at a Six Flags, and my feet got soaked. Then for the entire day they stayed soaked, never fully drying out. When I got home late that night and took off my shoes I saw that my feet looked the same as those hands that always got crud on clothes when dressing. And that was it. From that moment on I started not only thoroughly drying the deceased after the procedure, but really paying attention to the hands, every crease and fold, and between the fingers as well. I've never once had that problem again. I recently heard from another friend that they place paper towels between the hands, after thoroughly drying them, to catch any moisture that might be left over. A fantastic idea I will soon try out for myself.

Finally, my last post-injection step. If I couldn't delay aspiration it is the last thing I do. However, if I get to delay, I will do this before aspirating. Now, before I get into it, I have had this debate with more than a few embalmers, so for those who see this as obvious, I assure you there is need to explain it to some people. Always, without fail, apply massage cream or emollient spray. I love Kalon in equal measure with Silcolan. There isn't a "too much" of this, a thorough application will never cause a problem.

In case you run into people who don't believe in this simple and necessary step, here is a rejoinder you can offer. Deceased people do not create moisture or oils for themselves. So as air passes over them, be it AC, or a fan, or simply the breeze made by the opening and closing of doors, moisture is taken away. What most people refer to now as "fluid burn" is nothing but simple dehydration caused by dry air passing over the body. This is especially prevalent in facilities that run the AC through the night. So applying the moisture artificially to the face will prevent the skin from giving up its latent moisture. Reapplication is often necessary when the person is being held for a while. Cleaning it off when it is time to cosmetize is as easy as wiping it away. Lately I've become more and more fond of the versatility of Kaloform, it's a massage cream with formaldehyde built right in. I have a couple of embalmer friends who use this on every case, not just the ones with poor distribution, and love the results every time.

As this mini-series of articles has come out, it has been amazing the conversations I've been having. So many people have reached out and talked about not only what I've put out there, but they've also offered me new tips and tricks. I hope there are lots of embalmers out there having similar conversations with each other all the time. And whether it was a result of reading these articles or not, well, I'm gonna take the credit anyway. Thank you all for taking the time to read and learn and share ideas with people who are always learning and trying to become better and better.



Tom has been in the funeral industry for 20 years and still regularly embalms. He is the Dodge representative in central Texas.

Facing CJD with Facts & Knowledge

By Duane G. Hedrick



Challenging ourselves to learn about the less frequent scenarios will help us achieve success and avoid failure.

Throughout the course of our careers, we can generally count on encountering every type of situation known to the death care professional. Still there may be a few lucky ones who haven't had to face certain scenarios. Never say never, for as we all know, once we say it, it usually happens to us. That seems to be the nature of funeral service.

My career in funeral service now spans over 30 years and I have handled everyone from still births to people well over 100 years old. I have seen deaths both expected and unexpected, and the most peaceful to the most horrific manners of death. They all affect us differently.

The one experience for a funeral director that is perhaps most different from other professions is handling services for the ones we love the most in our lives. Handling arrangements for my grandparents was an honor, and the embalming was not as difficult as I had once imagined it would be. It wasn't until my dad passed away in 2010, my 23rd year in funeral service, that it truly hit me, the value and importance of why we go through the experience of a funeral. I whole-heartedly believe it helps us through the difficult times of loss.

I've always been a proponent of the value of an open casket visitation and funeral service. On the one year anniversary of my dad's death, I reminisced with my mom about the whole experience, who we were surprised to see at the visitation and who we were really surprised not to see.

Since then, I have handled the services of my father-in-law and one year later the unexpected death of my 52-year-old brother-in-law and a few years later my grandma. All of their services were personalized to reflect the important things in their lives.

As I mentioned earlier, not all of us face every possible situation throughout our careers. One particular situation I remember experiencing in the first part of my career, somewhere around 1994, and then not again until late 2018, was a case of CJD (Creutzfeldt-Jakob Disease). CJD is a prion disease in a family of rare progressive neurodegenerative disorders. This most recent time it happened to a friend of mine, a man I had the privilege to coach

soccer with many years ago. He also coached my oldest son the last two years of his varsity soccer career which ended in October of 2018.

CJD affects only one person per million each year, so it is not a common thing we in the funeral profession come in contact with. Rarely will we see it, so rarely do we think about it. Since he was a friend and fellow coach, someone we saw on a regular basis, we were concerned when we first heard that he was having some health issues. He doctored locally at first but got no good answers on why he was experiencing what he was going through. All of a sudden he was unable to tie his shoes, there was excruciating pain in his head, and he had some personality changes.

This was deeply concerning to his family, his soccer family, and everyone who knew him. He spent weeks at a top-rated hospital, until they finally sent him home to await the results of the tests. I was hopeful that a treatable diagnosis would be discovered and things would be fine. December 22nd of 2018 was the day we received the text message with the news of the diagnosis. It was CJD. That news, for everyone I knew, created uncertainty because it was a disease no one had really ever heard of. But my heart immediately dropped once I read the words, as I knew without a doubt what this meant.

As I began to process this news, my thoughts drifted, as many of our thoughts do in this profession, to what type of services they would want, what would they be allowed to do? Because of the stigma that surrounds a disease like CJD, I am sure some funeral homes may have policies against handling such cases. Right or wrong, I wanted to see if there was anything I could do to help. I wanted his family to have the option to have an open casket service if they wanted to.

I started to do some research on my own and had some discussions with the funeral home which would be handling the arrangements when the time came. They were on board with whatever the family decided.

As funeral directors and embalmers, it is important to be knowledgeable about less common situations so that we can make good decisions when we are faced with them. We want to be able to give

accurate information to our families instead of going off of what we may think we know.

Challenging ourselves to learn about the less frequent scenarios will help us achieve success and avoid failure. Whether it is tissue gas, or trauma, or donor cases, etc., it is important to stay ahead of the game and learn all that we can, even if it is only in theory. It is better to have a game plan in place for the uncommon dilemma than to have no clue on where to start. I have a customer who actually put together a binder for his younger embalmer with different situations along with solution mixes. It's a great idea to have such a resource on hand to review when needed.

CJD cases are no different, even though they are less common than most other situations, we shouldn't be any less prepared for them. We are taught early on in our mortuary science education that standard precautions should always be used when handling deceased bodies. This has never been more true than in the current times. There are so many hidden risks that we encounter, from traces of undetectable illicit drugs to the undiagnosed case of CJD.

It is important to know what we are talking about. What is CJD? First, we need to ask, what is a prion disease? Prion diseases are in a family of rare and progressive neurodegenerative disorders with long incubation periods. Without getting too deep, prion refers to an abnormal pathogenic agent that somehow induces an abnormal folding of normal cellular proteins that are called prion proteins and are found primarily in the brain. What makes this so difficult is that, even today, there is little known about it. What is known is that the folding of this prion protein causes brain damage and is usually rapid and has been fatal every time. More simply stated, CJD is a rare and always fatal form of dementia caused by the infectious prion disease. The why and the how remain a mystery.

CJD can be broken down into three types. The first is *sporadic*, which means there is no known pattern of transmission and which accounts for nearly 85% of cases. Anywhere from 5 to 15% of known cases are *familiar*, which means there is an inherited mutation of the prion protein gene. The last variation of CJD is *acquired*. This occurs in less than 5% of the cases from a medical transmission. This is found in cases of tissue grafts of the dura mater or contaminated human growth hormone.

The only definitive way to know for sure if it's a CJD case, is through a biopsy or an autopsy. The majority of cases that I have known about have had an autopsy to not only confirm the disease, but also to study the disease. There are only 300 or so known cases annually, so research of new cases isn't frequent. With that being said, how many cases are going undiagnosed, or misdiagnosed? Unfortunately, this could be the case more often than we know because it is a form of dementia. However, CJD follows a distinctive disease process, quite unlike Alzheimer's or other dementia-related diseases, so confusion with other diseases is highly unlikely. My friend's family opted to have the autopsy to try to determine or rule out any genetic links. This was done at the

National Prion Disease Pathology Surveillance Center located at Case Western Reserve University in Cleveland, Ohio.

Thus, the importance of utilizing PPE and protecting ourselves from the unknown risks that we may encounter. The days of rolling up our sleeves and putting on a pair of gloves and apron should be far behind us. Protecting ourselves and our families should come first and foremost.

The personal protective attire and equipment should include at the minimum, a full coverall that is resistant to fluid, and a full face shield, a mask, along with hair and shoe covers. I would be sure that I am using a high-quality glove. There are good options available from an 18 mil. Hi-Risk glove to cut resistant Kevlar gloves. Being prepared for high risk embalming is important. There is also a Hi-Risk Disposable Instrument Kit that is available from Dodge (#700199). I would recommend you have one on hand. It is simply insurance and we are thankful we have it when we need it.

One process that we are almost certain to be involved in is the transfer from the place of death. Err on the side of caution by being prepared with PPE before you leave your facility. I don't believe you can overdo this precaution. It is very important that you utilize a leak-proof pouch. An economy six handle disaster pouch will be sufficient. One other thing that is recommended is to have a type of absorbent liner material inside the bag in case of any leakage of body fluids while transporting the body.

If it is known for certain that you are dealing with a CJD case, the probability is likely that an autopsy will be requested, simply because this is the one way to be sure that it is indeed CJD that the person died from, and for research to see if any progress can be made in learning more about this dreaded disease.

If this is the case, you will likely be transporting the deceased to the facility where the autopsy is to be performed. In the case of my friend, the funeral home only had to make one trip, as the autopsy was done while they waited. Once this was done, the technicians placed the already pouched body into another clean pouch for the return trip.

By this point, you likely know what your next step will be. Will there be embalming or will it be a direct cremation? There are certainly many opinions on what can be done. What we as funeral professionals need to do is separate fact from fiction.

Some may think that embalming cannot be done on a person with CJD. That simply is not the case. It can be done, but only using extreme caution and care. If the deceased had an autopsy, the head will be wrapped upon completion. If the family chooses embalming, plan out your steps before getting started. Don't get ahead of yourself, make sure your work area is properly prepped before you transfer the body to the table. The area surrounding your workspace should be lined with plastic and some type of absorbent sheets to help with any spillage. Personally, I would remove any unnecessary items from the prep area to help make the cleanup and disinfection of the room easier.

Carefully unwrap the head and dispose of

The personal protective attire and equipment should include at the minimum, a full coverall that is resistant to fluid, and a full face shield, a mask, along with hair and shoe covers. I would be sure that I am using a high-quality glove.

Disinfect the entire body using Dis-Spray. Once you carefully open the head, pack the cranial vault with cotton and soak with undiluted bleach for 15 to 30 minutes. This is certainly a case where patience is key, there is no need to rush and be careless.

everything that came in contact with the body, including the pouches, in a biohazard bag. As with any deceased person we care for, disinfect the entire body using Dis-Spray. Once you carefully open the head, pack the cranial vault with cotton and soak with undiluted beach for 15 to 30 minutes. This is certainly a case where patience is key, there is no need to rush and be careless.

Given that this case is a cranial autopsy, I would clamp off the arteries of the Circle of Willis and re-pack the head. Utilizing a restricted cervical injection, I would reverse my normal routine and embalm the head first with a strong solution, preferably waterless, to assure that I have maximum preservation. From this point I would complete the process of sealing the head using my standard protocol of Inr-Seel, DodgeSorb powder, and a product called Bulk Cavity Filler. I like to apply a thin layer of Dryene II Gel in between the scalp and the skull to cauterize the small capillaries in the scalp.

My preferred way to close the skull would be to use Tech-Bond Cranial Gel along with Tech-Bond Activator to get a good, secure seal in the skull cap. Complete the head with a tight suture or, if you are not comfortable suturing, close the scalp by using Tech-Bond SI Black along with the Tech-Bond Activator. If you do not have Tech-Bond, utilize some other type of cyanoacrylate adhesive. Finish up by disinfecting the head with bleach. As bleach will dehydrate and yellow skin tissue, I would then rinse off the face and apply either Kalon Massage Cream or a Restorative pack. I embalm the rest of the body utilizing my normal procedures, but again, with a stronger solution. The one facet we haven't touched on yet is drainage. There are some different points of view when it comes to drainage, and the best methods to use, but one thing for sure that I would recommend with either method is the use of drain tube to control and eliminate splatter.

The World Health Organization suggests that arterial drainage be collected in a stainless-steel pail. With this case, you would not want to use table water so you can minimize the amount to collect. If this process is used it is recommended that 40 grams of sodium hydroxide pellets or undiluted bleach be added to the pail of drained blood and let it sit for no less than one hour. After that time, the blood can be disposed of down the drain.

The other method would simply be to drain and dispose as we normally do. Consider what has been done for decades, drainage into the local sewer system. E. coli pathogens go into the sewer systems every day. No one knows how many cases of CJD are not diagnosed and embalmed. This method would certainly minimize the risk encountered by the embalmer.

Aspiration would be the next area of concern. This can be a tough decision for the embalmer. Knowing the condition of the body post-embalming will help aid in that decision. I would personally err on the side of caution as far as aspiration. Using a disposable trocar, which is included in the Hi-Risk Instrument Kit, would be an absolute for me. Aspirate slowly and methodically to be sure you

avoid the spinal area.

As a final precaution, I would pack the nasal and throat passages with cotton soaked bleach, followed by more cotton as tight as possible to close these areas off to help prevent purge. After cavity chemical is added, such as Dri Cav or Perma Cav 50, it is time to start the cleanup and disinfection.

One final cleanup will be necessary. Use undiluted bleach, wash down the entire body and let it sit for a minimum of 15 minutes. Once this has been done, you now should wash the body using a disinfecting soap, such as Dodge Prep Soap.

In the past, you would need to wash down your entire work area with undiluted bleach and leave it for a minimum of one hour before rinsing with water. Prions are notably resistant to some disinfection and sterilization techniques used in the past. Many of the techniques used over the years could be hazardous to people, and harsh on instruments and surfaces. There is now a game changing product available when it comes to disinfecting your workspace, cot, and instruments. Dodge is the exclusive funeral service distributor of BrioHOCL PrP, a product developed by Briotech, Inc. based in Woodinville, Washington. For the first time, there is a solution available that will quickly and safely destroy prions, which we've known for a long time are the most resistant infectious agents known to medical science.

BrioHOCL PrP is an environmentally safe product for both the user and treated surfaces. It is effective on a wide range of microbial disease agents, not just the CJD prion. It is important to know that it is safe if it comes in direct contact with the user's skin or mucous membranes and it can even be aerosolized to decontaminate the entire room. It can be sprayed on the surface area or instruments can be soaked in it and allowed to air dry. There is no need to rinse.

This has been a monumental breakthrough for funeral service. Even though there is still risk, we as embalmers can feel safer if we encounter a CJD case. By utilizing safe techniques, good factual information, and the advancement in technology to safely inactivate the prions, we can still offer the family who has lost a loved one to this terrible disease, the opportunity to have an open casket service. If an open casket is selected, be sure the family is advised to avoid touching or kissing their loved one's face.

Seven days after I learned of my friend's heart-breaking diagnosis, he passed away on December 29th, his 49th birthday. Initially his family was under the impression that there was no option for embalming, and, though they were appreciative once they learned they were being given the opportunity, in the end, they chose not to put anyone else at risk.

Duane has been working in the funeral service industry for over 30 years. He is Dodge's sales representative in the northwest and southwest regions of Ohio. He has been a Member of the Board of Trustees at the Cincinnati College of Mortuary Science since 2015 and is currently a team member on the Ohio Mortuary Operations Response Team.



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Public Opinion

By Dennis Daulton

We had come so far in society, but he and his wife had eight children, they lived in a tent, and he had no teeth. There but for the grace of God go you or I.

The opinion of others is vital to the reputation and survival of any business or profession. For well over 50 years I have observed the rise and fall - and rise again - of more than a few funeral homes. I could never have predicted these outcomes. I'm confident no one else could have either.

What causes a family to choose a particular funeral home, and on a subsequent death yet another, only to return to the first on the third death? Some families seem to jump from home to home, perhaps because of their disapproval of the service previously provided, or for a myriad of reasons. One reason could very well be because of an unpaid funeral bill. There are many reasons.

My first experience of feeling the wrench of negative comments regarding our profession came from old Anna Mindt. Mrs. Mindt lived across the street from the funeral home where I was working. The year was 1962. I was 15 years old and had just begun my career in funeral service. Mrs. Mindt attended the German Congregational Church with my maternal grandparents, and the Ladies' Aid Society with my grandmother. They were all second-generation, hard-working, prudent Germans.

At a church supper one evening Mrs. Mindt asked me in a condescending tone of voice, "Why does your boss charge so much money for funerals?" I recall back then that a traditional funeral, including cash advances, was around \$800.00.¹ I didn't have an answer. My job was merely to sweep the sidewalk, assist on removals, clean the embalming room, attend to the door during funerals and visitations, dust and vacuum, and thoroughly clean the automobiles inside and out, all for \$1.25 per hour (approximately \$8 in today's market). The Federal Trade Commission's mandated *General Price List* was in the far distant future, therefore I could not have suggested that she compare prices with the other firms in town. I felt

frustrated and beaten down, at the age of 15.

I wondered if this is what I would be dealing with in the years to come. Now 57 years later I can think back about some of the criticism I've encountered, some of which has been generated by just a few colleagues who have not lived up to our oath. Some criticism has come from misinformation, and some has been justified. I am now able to recall the countless families you and I have served over the years with compassion, respect, dignity, and fairness. Not to mention the many discounted funerals we've generously provided, at little or no cost, which the general public knows nothing about.

I recently came across an edition of the *Anatomical Year Book* (1946-1947), published by the former *Casket and Sunnyside Magazine*. This journal was founded in 1871. Their final issue was published in 1988. The magazine began in October of 1871 as *The Undertaker* and was the first mortuary journal in the world.

The first editor, Henry E. Taylor, soon changed the name to *The Sunnyside* so as to depict the undertaker to be more "...sunshine than shadow." ("The popular conception of an undertaker is of a man everlasting garbed in black, of lugubrious countenance, solemn thought and whispered speech. But we know him as a jolly family man...an all-around athlete, a student, a lawyer, a philanthropist; a patron of the arts...In his life appears more sunshine than shadow." H. E. Taylor). *The Casket* journal was founded in May of 1876 in Rochester, NY. The two magazines merged in 1925 becoming the *Casket and Sunnyside*.²

Of particular interest to me in the *Anatomical Year Book* (1946-1947) was an advertisement for *The Open Door Bureau* which was located in Natick, Massachusetts. It reads, "Funeral directors' strongest stand against unjust criticism and government

regulation is control of public thinking by a membership in THE OPEN DOOR. The Bureau provides all members with local newspaper copy [ads] FREE ... Join us in this effort to correct public thinking.”

Our late colleagues were combating criticism the year I was born. I thought it all started in 1962 with old Anna Mindt at the German Church supper, and mostly by Jessica Mitford (1917-1996) in her book *The American Way of Death*, published in 1963. I was wrong. Critics have been around as long as the profession has.

Twelve funeral directors are pictured in the advertisement noting their respective funeral homes, city, and state. Some firms are still in business today. Others are long gone, along with their critics. The funeral profession remains intact and will continue because the dead will always need to be cared for.

Remember Anna Mindt (1897–1987)? The funeral director across the street, now also long gone, handled her husband’s funeral, her funeral, and he bought the property where their home once stood. The land is now partially a parking lot for the funeral home, and a grassy area with plantings. I should not have been distressed by Mrs. Mindt’s words back then. She meant no harm. No doubt her comments were based upon rumors. Little did I know what would lie ahead and what opportunities you and I would encounter to prove the true value of our profession... a value I trust many silent voices are acutely aware of.

* * *

Between them they had eight children, three together. Joanne was 32 years old and Donny was 41. They lived in a tent in a campground on the outskirts of town. The year was 1999. Not to be disrespectful, but when looking at them they reminded me of the nursery rhyme Jack Sprat, published in 1639, “*Jack Sprat could eat no fat, his wife could eat no lean...*”

The state had taken their three children from them before Donny and Joanne became homeless. Now, one of them was dead. Angel was probably the most beautiful child I have ever seen, living or dead. After three days lying in the medical examiner’s office – where she was poked and prodded, x-rayed and autopsied, and was also a tissue donor – she was finally released to our care.

The word of her death came from a social worker. It was reported by her foster parents that she had fallen from a bed while jumping with her brother. Angel was taken off life-support after several days. Homicide was suspected because of the extent of the injuries to the back of her fragile head, but it was never proven.

Making these arrangements was out of the ordinary for me. Never before or since have I met with a parent (only Donny came in) and two social workers, one representing the child, the other the family. I recognized Donny when he arrived, but I had never known his name. He knew mine and reminded me that we handled his grandfather’s funeral a few years prior. After getting settled and before picking up my pen I told the gathering what we tell all families, “We can and we will help you,” followed by

an appropriate pause and eye contact. Families need to hear and experience this.

It wasn’t until I asked for the legal address did I learn they didn’t have one. “We’re living at the campground while we get our lives in order,” Donny apologetically said. I was somewhat stunned, but tried not to show it. “No problem, we’ll use the address of the campground,” I replied. Donny seemed relieved, as did the social workers. He sank back into his chair. We continued.

As with many arrangements, sometimes there is room for laughter. It fills the air like a soothing balm, and it relieves tension. I can’t recall why Donny laughed, but when he did I could see that he had no teeth. I imagine that he had never owned dentures and never would. I wondered if this was all just a dream. We had come so far in society, but he and his wife had eight children, they lived in a tent, and he had no teeth. There but for the grace of God go you or I.

Because of the suspicion of homicide, the child would not be released until a biological parent made a positive identification at the medical examiner’s office in Boston, forty miles away. Unless Donny took the train and then a taxi to the ME’s office, the identification would not take place. We made the trip together in the funeral home’s removal vehicle.

A social worker had made arrangements for Donny and Joanne to be housed in a local motel during the funeral period. He was waiting by the door as I drove into the parking lot to pick him up. “I know I can’t smoke in here,” he said with a gummed smile. “You’ve got that right, my friend,” I replied. We both laughed. As the ride continued on this beautiful summer day I really started to like him. Donny was like you and me, just trying to get by, but he was having a harder time doing it.

After awhile I asked him what his day was like at the campground. “Well, after we awake, we make some coffee, and then play a game or two of cards on the picnic table. Then Joanne goes back into the tent to nap. I go into the woods to collect firewood for the coming night,” he explained.

When I inquired about showering he said he takes two quarters to the campground shower stall which allows him a five minute shower. Then he walks or hitchhikes a ride into town to get some groceries. They both collected disability, he for a heart condition, she for asthma and chronic depression.

The identification and removal were swift and without any complications. Donny viewed his daughter via a television monitor where he avoided the putrid, foul odors you and I often must experience in such an environment. There wasn’t much said as we began our trip back home, blending into heavy Friday afternoon traffic. Donny became very quiet. After a while I asked him what he was thinking about. “I’m just thinking about taking my little girl back home,” he replied. “Are you hungry?” I asked. He was.

I already had my lunch but I thought I would enjoy a small vanilla milkshake. “Order whatever you want, Donny,” I said with encouragement as we entered the fast food restaurant. He ordered a huge milkshake, two large French fries, and a Quarter

Before getting out of the vehicle he reached between the seats, put his hand on the stretcher and said, “Be good, little Angel.” He was choking up ... and so was I.

Pounder at McDonald's, all of which were devoured with great delight. It pleased me to watch Donny eat, and to see him content and happy. After washing up together in the men's restroom we returned to the van and continued our journey home. I now had a new pal, if only for an afternoon, Donny.

Out of the corner of my eye I occasionally noticed Donny glancing at the stretcher which was only a few feet from us. Once again I had a ringside seat from which to witness the mystery of life, death, grief, and coping. Sometimes I feel so helpless. I've learned that our silent presence is often times all it takes to help others heal. "The deepest feeling always shows itself in silence ..." Poet Marianne Moore (1887 – 1972).

I stopped at the motel where I had picked Donny up. Joanne was waiting for him in the doorway. Before getting out of the vehicle he reached between the seats, put his hand on the stretcher and said, "Be good, little Angel." He was choking up ... and so was I. He gently closed the door and slowly walked away. He did not look back.

Now it was just me and precious little Angel back at the funeral home, quietly alone. This is our calling. In the end it is just us and them ... as we wash, cleanse, shape, and form, respectfully caring for the precious loved ones of others. Families give us their dead and we give them back so that they can bid farewell, a painful but necessary process which starts the healing. We care for the dead because no one else can do it like we do it.

Angel was four years old and 42" tall. Her white embossed cloth covered casket also held some photos, stuffed animals, and a few mementos. Before the funeral Mass, Joanne proudly handed me her three year sobriety pin from Alcoholic Anonymous. "Please put this in with her," she asked. It was as if she was giving up a prized possession for her daughter. The way I saw it, she was. "I'll be sure to do that," I said, and added, "I'm proud of you Joanne." There was no verbal response, but a surprised look suddenly came over her. Joanne was probably not used to receiving any admiration and respect.

Surprisingly, there was a moderate gathering at the church when we arrived for the funeral Mass. I invited Donny and Joanne to ride in the hearse with me. They welcomed my offer. An uncle had driven them to the funeral home in his old pickup truck. It was smoking and rattling terribly when they arrived, along with needing a new muffler. I silently gasped. The sight of all of this was pitiful. I was fearful that the truck wouldn't make it to the church and then to the cemetery. The uncle had their belongings piled in the back which were to be taken to the campsite following the service. Their stay at the motel, sleeping between two sheets, and showering without inserting

Dennis divides his time working in his Dodge sales territory in northeastern Massachusetts, and being in the office manning the technical support line, along with helping out with customer service.

Dennis Daulton



two quarters, had ended.

At the conclusion of the Mass the procession to the cemetery of six or seven vehicles following the hearse commenced. Other vehicles stopped to let us pass. Some drivers blessed themselves as they noticed the hearse. Others appeared to swear under their breath as we disrupted the normal flow of traffic. Life isn't a smooth ride and it usually has a schedule, unlike death.

At the conclusion of the committal prayers I thanked all those in attendance for their presence and support. Many gently placed a flower on Angel's snow white casket. Donny and Joanne rode back into town with me in the hearse. He was in the middle, she was next to the passenger door. Few words were spoken. I stopped in front of Donny's mother's home where a collation would be held for the immediate family.

I opened the passenger side door to let them out. Joanne briefly hugged me. Donny shook my hand. He looked like a twelve-year-old boy in the borrowed suit he wore, which was much too big for him. But at least he wore a suit. My job was done. This was the last time I saw Donny and Joanne, and I don't know what has become of them during the past twenty years.

Several months following the funeral a check arrived from the Commonwealth of Massachusetts which paid the minimal allowance for such services and merchandise. The amount was pale in contrast to what we do and what we provide, but we don't stop doing it.

* * *

Years ago I would get upset when I heard critics of the funeral profession expound on how insensitive we are and how money hungry the profession is. For some that may be true, but only for very few. Now I just smile. I've seen too much good done by my countless caring colleagues.

Many do know that we take care of the Donnys and Joannes of the world. We always have. We always will. They are served with the same respect, kindness, and compassion we show every family.

There will always be critics as we continue to serve one family at a time. If we do it the right way, those who judge us fairly should recognize that. This, I believe, is the only way to change any negative opinions. *The Open Door Bureau* is long gone, but we're not.

My observation has been that most who work in the funeral profession truly do live respected, and die regretted.³

¹ According to *Inflationtool.com* \$800 in 1962 is equal to \$6,721.04 in 2019 dollars.

² "Happy Birthday to Us," by Bess Ritter, Editor of *Casket and Sunnyside*, Vol. 101, No. 13, October 1971.

³ The phrase, "live respected, and die regretted" is taken from fraternal ritual, and also from the title of the book, *Live Respected, Die Regretted, January 1943 – March 1946, Part II: Gerald Milner's War, Letters to Eva from a 'Desert Rat'*, compiled by John Milner (Copyright 2012).

Years ago I would get upset when I heard critics of the funeral profession expound on how insensitive we are and how money hungry the profession is. Now I just smile.



The Body Bearers

By Steve Palmer

Their mission is to carry the caskets of Marines, active and retired, as well as the caskets of other members of Marine families, and occasionally statesmen and former presidents, to their grave sites.

The sun hasn't risen most days when a few chosen Marines walk the corridors of the "the 8th & I," the "Oldest Post of the Corps," Marine Barracks Washington, in southeast Washington. They make their way down a staircase to the "LP" (lower parking) level. These Marines turn to the left and find a wall with a large mirror, a pull up bar, a black trash can that is filled with concrete, and a dummy grave setup.

This is their training facility, their practice ground, where they hone themselves for the sacred job for which they have been chosen. Their mission is to carry the caskets of Marines, active and retired, as well as the caskets of other members of Marine families, and occasionally statesmen and former presidents, to their grave sites. They must render this duty with impeccable military precision and the utmost respect.

They are the "World Famous Body Bearers."

The Marine Corps Body Bearers Section is part of Company B (Bravo Company). Many active duty Marines apply for this duty but only about 15 proven soldiers meet the rigorous requirements. They must weigh at least 230 lbs. and be between 70"-76" in height. They must be able to lift 225 lb. weights with 10 repetitions, perform behind the back presses with a 135 lb. weight bar for 10 repetitions, squat with at least 315 lbs., and make 10 curls with 155 lb. barbells. An important condition is they must do this while breathing through the nose and remaining expressionless. The grieving family and all watching must never see them huffing or grimacing as they bear the weight of the casket's precious cargo.

Presence, composure, and temperament are important factors. Funeral ceremonies can expose the bearers to many unexpected circumstances. Weather issues, mechanical failures, and ground and grave issues can occur. A sudden pain while lifting cannot show on the soldier's countenance. The funeral of a fellow Marine killed in action is heart-rending, watching a young widow or widower and their small children and realizing that this spouse and

parent will never again be a part of their lives. Many Bearers have expressed the feeling that a little bit of themselves has been left at many of these burials.

They must be infantryman and have a recommendation from their commander. They must be of impeccable character. Infantryman must also be trained to defend the nation's capital, as well as be ready to be called overseas to engage in Marine Corps combat campaigns.

Practice includes a pair of Bearers carrying a trash can containing cement, each holding a handle, with the outside arm bent, and a clenched fist at chest level.

Whether it's a cold winter morning or a hot summer day, they do not alter their training outfits of black shorts and black t-shirts imprinted with the words, "World Famous Body Bearers, The Last to Let You Down." The aspiring Body Bearers are continually doing sprints in the garage, lifting weights, and doing sprints again.

The Dodge Company sponsored delegation at the Wreaths Across America ceremony was able to visit a training session of the Bearers at the 8th & I, thanks to coordinator Sally Belanger.

Ceremonial drill practice is important as the synchronized steps taken must be flawless. In the training area of the parking garage they rehearse 15 hours a week. They walk to a flag draped casket (loaded with weight plates) on a church truck, simulating it being in a hearse. They also have a simulated horse drawn caisson at a higher height. They use a pronounced heel to toe step that helps them adjust to any uneven ground. They lift the casket to eye level as they turn and head toward the grave. When standing over the grave, they again lift the casket to eye level for ten seconds as a final salute. They then lower it with precision onto the grave's lowering device.

As the casket is lifted to waist level, the bearers fold the edges of the flag in. I asked why and was told that the graves at Arlington National Cemetery are

continued on page 26





SAVANNAH, GEORGIA — MAY 8 & 9, 2019 — EMBASSY SUITES BY HILTON SAVANNAH

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narrow, as they are at some other cemeteries, and the middle would sag. Rolling keeps the flag taught and the rolls are released as the flag is folded in the middle. Their movements must be in tandem for the fluid folding. At the last fold, the end is not tucked in. The folding procedure leaves the grommets end on the underside as they know it will be placed in a plastic or wooden flag case. Tucking the end would "puff" the flag and make its placement in the chosen case more difficult.

Completion of training at the Marine Corps' Ceremonial Drill School is essential in order to be accepted as a Body Bearer. Other duties include various ceremonies at Arlington National Cemetery and the Pentagon, as well as other sites in the Capitol area, plus salutes at the barrack's parade grounds, and other observances as requested and ordered. Their formal instruction lasts four months. Topics include drill movements, flag knowledge and training, learning about different types of funerals and their religious aspects, and how their participation fits in.

The Body Bearers dress uniforms are always immaculate. Each time they assemble before a family for these final honors, their appearance is scrutinized. Their brass buttons, blue uniforms with the blood red stripe descending each pant leg, and their white gloves are all immortalized in family photos and videos, up to five times a day. The arms of the dress blue coats have a mesh underside, so they don't restrict movement, especially the snap of a crisp salute.

Each of the five branches of the military have their own Body Bearer/Honor Guard units. They are responsible for carrying the caskets of their fellow service branch members and the entitled veteran's family members.

The federal government handles the funeral services for a sitting president and all past presidents. The government also handles those for distinguished citizens that request, and are granted, a state funeral, by the President of the United States. If the President grants the request, Congress is notified, as they must grant permission to use the U.S. Capitol. The devolvement of authority continues to the Secretary of Defense, as representative of the President, to the Secretary of the Army, as representative of the Secretary of Defense. The Defense Secretary notifies the State Department to inform all branches of the Government and the Diplomatic Corps. Responsibility then passes to the Commanding General of the Military District of Washington. The Military District of Washington (MDW) is ultimately responsible for the planning and arrangements of state funerals in Washington and around the country.

The Commanding General of the MDW orders the selection of body bearers, composed of enlisted personnel from each of the Armed Forces. Usually, there are two each from the Marine Corps, the

Steve Palmer has been in funeral service for over 40 years. He has worked in Massachusetts and California and owned a funeral home in Arizona for 20 years. He is still active with the firm.



The Body Bearers dress uniforms are always immaculate. Each time they assemble before a family for these final honors, their appearance is scrutinized.

"On behalf of the President of the United States, the Commandant of the United States Marine Corps, and a grateful nation, please accept this flag as a symbol of our appreciation for your loved one's honorable and faithful service."

Army, and the Navy, and one each from the Air Force and the Coast Guard. A uniformed Officer in Charge walks behind the casket.

Corporal Curtis Kauffman was one of the Body Bearers we met. He had graduated from his training in April 2018 and had served as a bearer for Senator John McCain in August and President George H. W. Bush in December. His position at both funerals was "drag man." The "drag man" is at the head of the casket and pulls the casket from the hearse and passes the handles along.

At Senator McCain's burial at Annapolis Naval Academy, all the bearers were Navy personnel.

The "Oldest Post of the Corps" was established in 1891. The Post has a parade ground and every Friday from May to the end of August a parade and concert is held in the evening. Ceremonies began in the early 1900s and the current parades and performance began in 1957. I was privileged to see this stirring performance last August. The Barracks is also home to Pvt. Chesty XV, an English Bulldog, the official mascot of the Marine Corps. While we were visiting the Body Bearers, Ret. Sgt. Chesty XIV was there to greet us.

The Marines have had an English Bulldog as a mascot since 1922. At the conclusion of the brutal Battle of Belleau Wood against the Germans in June 1918, the Marines were given the name "devil dogs." The Corps used this to their recruiting advantage with an English Bulldog wearing a Marine helmet. The first mascot was named Sgt. Major Jiggs. The subsequent mascots were named Smedley, after Major General Smedley Butler, who at the time was the most decorated Marine in history. In the 50's, the mascot's name became Chesty after Lt. Gen. Lewis "Chesty" Puller. The name is passed to each successive English Bulldog. His duties? I was told "eat, sleep and pose for pictures."

The Body Bearers unit of Bravo Company is also the firing battery for the three 40mm canons at the 8th & I southside parade deck. This salute is given for visiting dignitaries and at other events.

The casket is borne from the caisson to the grave. The flag is meticulously folded, followed by a rifle volley, and then the playing of taps. The presenter carries the flag to the next of kin, kneels, and says these heartfelt words: "On behalf of the President of the United States, the Commandant of the United States Marine Corps, and a grateful nation, please accept this flag as a symbol of our appreciation for your loved one's honorable and faithful service."

The Marine Body Bearers pride themselves on having only six pallbearers as the other branches use eight, with some exceptions.

As they perform their solemn mission at Arlington National Cemetery many times a day, the world-famous Body Bearers can see the Marine Corps War Memorial, the "Iwo Jima" statue. Six Marines are raising a flag during a horrific battle as a salute to their country and their Corps. And there are six Body Bearers in dress blue uniforms honoring their country and their fellow Corps members who have defended it.



The Cremation Ceremony Game Changer

By Glenda Stansbury and Veronica Haskell

Ark/ärk/

Noun 1. (in the Bible) the ship built by Noah to save his family and two of every kind of animal from the Flood; Noah's ark.

2. Ark of the Covenant: a gold-covered wooden chest with lid cover described in the Book of Exodus as containing the two stone tablets of the Ten Commandments.

3. Raiders of the Lost Ark: The first installment in the Indiana Jones film franchise, it stars Harrison Ford as archaeologist Indiana Jones, who battles a group of Nazis searching for the Ark of the Covenant.

This is the public's understanding of the term *ark*. Either something that will kill you or melt your face off, or something that carries precious cargo - people or tablets.

In the funeral profession, the word *ark* has a different meaning. The urn ark is a relatively new product that arrived on the landscape in the past few years as a method for processing, transporting, or protecting urns. The thought behind this creation was to allow families to utilize pallbearers in a service with an urn present. Hopefully, by incorporating pallbearers, you are treating the urn with the same reverence and dignity that you provide with your traditional services. Each time you process in and out with this, you are visibly reinforcing to the people present that cremation is a proper and dignified ritual.

That's the description and the concept behind the design. And, for some funeral homes, when this item first hit the market, that purchase was made fairly quickly. Unfortunately, most of the urn arks are languishing away, collecting dust, and not being utilized.

I've been on a crusade in the past few years about urn arks, why they are important, and why we should be using them. One of my many crusades. I know, I have quite a list. Now, in full disclosure, InSight Books does not manufacture or distribute urn arks, so we have no "financial skin in this game." I just believe that this is a valuable tool to use as we serve cremation families.

The first question I ask in training or speaking settings is, "Do you have one?" And several people will raise their hand proudly.

Then, I ask the next question, "Do you use it?"

Well, that doesn't get quite the same response. Umm, not so much.

The final question is, "Why?"

The answers are pretty indicative of our whole relationship with cremation families.

"The family doesn't understand it."

"They don't want to use it."

"We just forget to offer it."

OK. Do you ask the family who is using a casket if they want to use the church truck? No? Why? Because that is the way you transport caskets. So why would you ask the family if they want to use the urn ark? Rather than sticking the urn at the front of the chapel like just one more vase of flowers, this should be a special honoring ritual as you process their loved one's body in and out of the service. The response is usually blank looks. Well, I tried.

And, then there is the issue of transporting an urn at graveside. Again, do you grab a couple of random guys to haul the casket to the burial site? No, you have pallbearers who take part in a dignified and respected tradition of procession. And, again, why aren't we doing the exact same thing for cremation families? Blank looks. Well, I tried.

So, what a wonderful breath of fresh air when one of our Celebrants told me that they had been using an urn ark - actually she calls it an urn carriage, which is kind of a cool name, a little less Indiana Jones - and how impactful it was for their cremation families. She said, "I would love to write an article." Of course, I said, "Do it." So, let me introduce you to Veronica Haskell from Princeville, IL. In 2015 she became a Celebrant and has been serving families in this capacity for the past three years. Here's Veronica's story:

My husband has been an Illinois and former Ohio licensed funeral director/embalmer for 20 years. We have co-owned three funeral homes in rural towns for six years. When he began in the death care industry in his mid-20's, we heard over and over what a great business he was getting into because of job security for the fact that everyone, everywhere will eventually die. And that is what we thought at the time, too. The cremation percentage was well below 20% in the early years of his career, and as we all know, that number has steadily risen across all parts of the United States. Flash forward 20 years. As more people chose cremation as their final disposition, somewhere along the way the mindset of the funeral professionals became this: cremation = no ceremony. And then the term "direct cremation" was created. The rumblings of a perfect storm in funeral service was beginning, unbeknownst to many.

Embalmers and funeral directors are professionally trained and licensed to care for the dead. They take courses in science, funeral arranging, directing, funeral history, accounting, law, embalming, and restorative art, and some

Pictured above is the urn carriage built for Haskell Funeral and Cremation Services. Picture courtesy of Haskell Funeral and Cremation Services.

My husband said to me one day, "Why are we, as an industry, treating our cremation families with any less dignity than those who choose a full, casketed burial?"

colleges now are adding crematory operation and funeral celebrant training to their curriculum. When my husband was a student at the Cincinnati College of Mortuary Science in 1997-98, cremation practices, and education and how to arrange funerals for cremation families wasn't available. (They now offer cremation training, as well as funeral celebrant training.) Mortuary colleges focused on bodies, caskets, and carrying on funeral traditions.

About this time in the 1990's, as the rise in cremation was beginning a slow, quiet surge, the internet was born. Companies began having websites where people could do research from the comforts of their homes. What once was a world where we had to open a telephone book and look up a business alphabetically, information was suddenly at our fingertips and Google became a household name.

As the rise in cremation continued, towns across the country began seeing cremation societies and low-cost cremation businesses being built. Then they began aggressive marketing and advertising, targeting those people seeking a less expensive, final disposition option. Your typical, family owned funeral home with a large overhead, staff, vehicles, etc. couldn't possibly compete financially with these cremation business models. And so began the decades-long divide between what we once referred to as "traditional burial" families and those wanting cremation.

Funeral directors at traditional funeral homes across the country were witnessing those people who chose cremation through a low-cost cremation society, take their loved one's ashes and not have any services. Thus "direct cremation" also became a common household phrase. Those cremation businesses didn't offer funeral services or services of remembrance. That wasn't their business model. Their jobs were to get the body cremated, provide the family with the death certificate and the ashes, and do it as inexpensively as possible. Many of them began under-cutting the competition in price to draw in business. Some even chose names for their cremation business that insinuated they were less expensive than the competition. All the while, these families were left with urns and no one to assist them in end of life ceremonies or burials.

So, when a family walked into a traditional, full service funeral home and they chose cremation as their final disposition, the funeral directors did what they saw the competition doing—provide a direct cremation. No viewing. No embalming followed by cremation. No funeral service. No procession to the cemetery. Minimal burials of urns, and if this was done, the funeral home more than likely didn't charge for this service. (At least that has been our experience with the several funeral homes where my husband previously was employed.) If a family wanted the ashes buried, the director showed up at the cemetery alone, carried the urn to the burial plot, and put it in the ground. No ceremony. No grief support. Often members of the family didn't even show up. Again, the mindset was that of cremation = no ceremony.

As the years continued and funeral directors generally resisted the cremation movement (simply due to a lack of being educated on the rising practice),

it was an assumption that if people wanted cremation, they must not want any type of service or ceremony. But something was happening in the background on the internet. Something that would change the world as we know it. Social media was born. More specifically, Facebook.

Not only did people have a voice on this platform, but the reach was worldwide. Everyone had the ability to comment on anything they wanted. And post pictures. Lots and lots of pictures. And we now had an intimate insight into other people's private worlds. What they ate for breakfast, if they worked out that day, where they were on vacation, what the inside of their homes, offices, and work spaces looked like, if they were having a good day, a bad day, or if they were on a soap box about how bad they were treated at a local drive-thru restaurant. We became connected as human beings in a way that had never happened before. And with the internet and social media, came the likes of You Tube, Pinterest and, eventually, Instagram. We became a society of DIYers. Even HGTV was born and the revolution of taking what was old and making it new again became a phenomenon. People were obsessed with DIY. Even in funeral service.

What began happening was families who had been part of the experience of a direct cremation that had no services or ceremony for their loved ones, began to become washed over with bouts of guilt. Delayed grief. It has become widely spoken about and many professionals in the death care industry began taking steps to support these families with ceremonies and remembrance services.

And so, began a new practice with these cremation families - the celebration of life was born! The DIY movement had spilled over into death and people were taking their loved one's ashes and having uplifting ceremonies at the funeral home, as well as parks, farms, lakes, community centers, halls, etc. People began wanting to replace the term "funeral service" with "celebration of life." And the reach was unlimited, as all they had to do was share the event on their social media platform. No need to use a funeral home to submit an obituary to a newspaper to announce the service, as Facebook has a far greater reach.

Also, with this swift change to what was once traditional funeral ceremonies, began the absence of clergy in these types of services. The face of funeral practices was forever altered from its original inception.

The funeral celebrant movement began showing its presence in the United States and the shift away from the church and organized religion was on the rise. The mindset that we had over 20 years ago, that we would have a job with a funeral home until we retired, was beginning to become doubtful. What do people need us for if they are going to take their loved one's cremated remains and have their own type of remembrance service? How can we possibly keep all of our doors open if this trend continues? Small, family owned funeral homes across the country were being bought up by larger corporations and, in major metropolitan cities like Chicago that had previously

The type of disposition does not matter. The ceremony does. And thanks to our urn carriage, the pendulum is swinging people BACK to the funeral home!

had funeral homes every few blocks, firms began closing their doors and boarding up their buildings. Cremation + Social Media + DIY movement = People choosing to bypass their local funeral home.

As all of this was brewing and we were riding the constant waves of stress, trying to manage all that came along with all these vast changes, and owning three funeral chapels that we are trying to keep open, my husband said to me one day, "Why are we, as an industry, treating our cremation families with any less dignity than those who choose a full, casketed burial?"

Why, he wanted to know, were we ok with them doing their own services and celebrations of life... what could WE do to support them and make it a bit easier, so THEY could focus on the task at hand... beginning their grief journey? For the cremation services that we were involved in that included a burial at the cemetery, he would arrive with the deceased in the urn and carry it to the burial spot. Something about that made him uneasy. He felt it lacked a certain level of dignity and respect. Loved ones are involved in casket burials as pallbearers. But when it came to a cremation, it was him alone carrying the urn, as everyone else watched.

What if we could have someone build us some type of device that the urn sat on, that had side rails for pallbearers to participate? What if we used this to exit the funeral home, and proceeded to the cemetery as part of the ceremony, and the pallbearers were afforded the opportunity to honor their loved one and carry them in their urn, on a carriage, to the gravesite? And so began my journey to find someone to build us an urn carriage.

I was blessed beyond belief when I located a retired funeral director from Iowa who was also a master woodworker. He had been creating urn carriages for a few years in his retirement but hadn't fully marketed it to the potential that he knew it had. We worked together for months. Back and forth, picking out the design, the stain colors, the hardware, the fabric colors, etc. He knew we had a passion for meeting our families' needs for ceremony and this carriage was the answer. He had always believed that the industry should never have made it a practice to treat cremation families with any less respect, ceremony, or tradition than other families. The type of disposition does not matter. The ceremony does. And thanks to our urn carriage, the pendulum is swinging people BACK to the funeral home! Game Changer.

What was an era of many direct cremations, with no ceremony, has evolved into a time when people realize that every life matters. And how you honor that life, regardless of how big or small the ceremony, is the foundation on which the building blocks of managing our grief is built. And one family at a time, our small, rural funeral homes, with one simple piece of equipment—THE URN CARRIAGE—are serving everyone who chooses cremation along with a burial of their urn, with honor, dignity, and respect.

After a recent burial with military honors, the personnel that performed the honors approached me. They said they have never seen a cremation service handled with so much dignity. They attend

hundreds of burials a year and not one funeral home besides us had ever used an urn carriage. They thanked us for our care and professionalism, and the way we honored the deceased by allowing pallbearers to carry him to his final resting place.

People are seeing the value of having our funeral staff at their services and burials. If every funeral home across the country had an urn carriage, just think of the positive impact we could make with these burials of urns! The only way we can change how people view us as funeral service professionals is to provide them the opportunity to see the value in what we do. People will pay for what they see as valuable. Our urn carriage has provided endless value for our families and in the end, that's what really matters.

If you would like to learn more about our urn carriage and how we care for our families that choose cremation with a burial of ashes, please visit our YouTube channel, Haskell Funeral & Cremation Services.

Thank you, Veronica. Music to my ears. And, one of the best parts is the fact that they are advertising this option on YouTube. They can easily show this to their families so they can have a visual of how it will all work. Using technology to tell our story is another game changer.

What should also be mentioned, of course, is that this equipment can be used as a bier for baby caskets or as a beautiful way to process the urn in to church for the Mass or Liturgy.

So, go get an urn ark/carriage/carrier. I honestly do not care what you call it. Or if you have one, drag it out of storage at the back of your selection room. I truly care that you incorporate it as a normal, regular part of the service you offer to families. That would make me happy. But, much more importantly, it will touch your families and boost your business. That will make you happy.

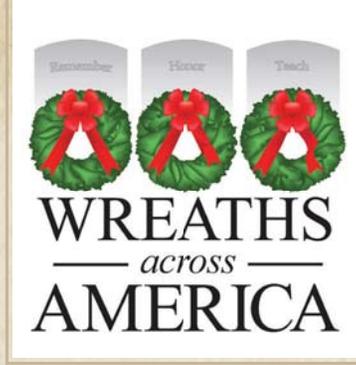
Veronica Haskell, Vice President and co-owner at Haskell Funeral and Cremation Services; Certified Funeral Celebrant; and an Illinois licensed pre-need agent, is on a mission to help funeral homes build and grow their business. She offers pre-arrangement seminars educating the community on the importance of talking about death before it happens and is an advocate for honoring those who have passed with a personalized ceremony utilizing a funeral celebrant. She resides in Princeville with her husband, two children and their funeral home's comfort dog, Casper.



Glenda Stansbury, CFSP, MALS is the Dean of the InSight Institute of Funeral Celebrants, VP of InSight Books, adjunct professor for UCO Funeral Service Department and a practicing Certified Funeral Celebrant. You can contact her at celebrantgs@gmail.com.



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Join **Dodge** for the **WREATHS** *across* **AMERICA** Funeral Service Project

WREATHS *across* **AMERICA** (WAA) is a program of coordinated wreath laying ceremonies on a specified Saturday in December at Arlington National Cemetery, as well as other locations in all 50 states. Wreaths from the Worcester Wreath Company in Maine are placed on the graves of our fallen heroes by thousands of volunteers. The Dodge Company has deep roots in Maine that make this partnership especially meaningful.

The Funeral Service WAA Project includes visits to significant sites in and around our Nation's Capital led by long time coordinator Sally Belanger. Join your Funeral Service colleagues for this rewarding experience! If you can't attend, consider sponsoring wreaths.

Want more information on the Funeral Service Project? Contact our coordinator,
Sally at: sbelanger@dodgeco.com or 207-841-6330

We will be applying for CEUs for participation in the entire program. Further information regarding state accreditation may be obtained by contacting Sally.



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FUNERAL SERVICE PROJECT
DECEMBER 12-14, 2019



Left to right: Sherrill Bumgarner, Tyson Nixon, and Ryan Bumgarner at the 2018 WAA wreath laying at Arlington National Cemetery.

The **WREATHS across AMERICA** program is something near and dear to my heart. I am a third-generation licensed funeral director in the state of North Carolina. Since I first participated in the program in 2015, I was humbled beyond words after the orientation at the Charles Carson Center and throughout the entire time we spent together in our nation's capital. As we spent that time together, there were many times that I was holding back tears and trying not to get choked up. We get so caught up in our day-to-day lives and sometimes become complacent about the fact that our freedom doesn't come free.

Once I arrived back home from that first trip in 2015, I made a display in the lobby of the funeral home that I managed. I had taken a picture of the seal outside of the Carson Center, the one that read "Dignity Honor Respect" and had that seal put on a canvas. I had also compiled some of the photos from Arlington and purchased a book from the National Museum of Funeral History on the history of Arlington National Cemetery to put below the photos. I also placed a folded flag beneath the photos. This display served as a constant reminder to myself as well as my staff about the sacrifice of our fallen heroes. Many families that came in for visitation or services would often ask about the photos on the wall. I took every opportunity to speak with someone if I saw them admiring the display and told them the story of what the trip in 2015 meant to me.

Fast forward to 2018, I received a promotion to become the General Manager of a funeral home and cemetery combination location. I brought that same display with me and it is on the wall in my office. Due to scheduling conflicts in previous years, I wasn't able to attend Wreaths Across America in 2016 or 2017, but luckily, this year lined up perfectly.

This year's program was able to be shared with my father, Sherrill, who is also a licensed funeral director. The rain on the day of the event this year was a soaking rain; no matter which direction you went, it never seemed to stop. As uncomfortable as it may have been, I knew we had work to do and knew many of these heroes had sacrificed a lot more for me than a day in the rain. My grandfather, whom I had never met, served in the United States Army during the Korean Conflict. He was able to make it home safely after his time in service, but we all knew how differently things could have been had he made the ultimate sacrifice for his country. We knew we were walking on the hallowed ground of the cemetery as we honored his fallen brothers and sisters who served alongside of him. I hope that we made him proud as we softly said the name on each headstone and thanked them for their service as we adorned their resting place with a beautiful balsam wreath.

As I have come home from participating in this event twice now, I find myself extra thankful for everything that I have in my life, especially my family, and most of all, my freedom to live in the greatest nation in the world. Every time I hear the taps played on a service and watch the flag being folded, my mind goes back to the great honor that is provided to our fallen heroes through this wonderful program. I am privileged to be able to write these notes at this time and I just thank the Dodge Company for offering it to Funeral Service Professionals. For anyone who hasn't experienced this, please do so. It will humble you.

Respectfully,

Ryan Bumgarner

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I May Be Wrong But...

By Jerome Burke

In my pocket was a little sheaf of cards on which I'd scribbled notes for some funny stories I'd intended telling, but suddenly I didn't feel like telling funny stories. I felt "mad."

Sooner or later it happens to nearly everyone. Last Thursday night it was my turn. I was "guest of honor" at a testimonial banquet tendered by the County Association on the occasion of the fiftieth anniversary of Burke Service. Al Shepard, the association president, made the kick-off when, after the coffee and mints had been served, he rose and said, "Ladies and gentlemen, we are assembled tonight to pay honor to a man whose experience reaches from the ice box to the embalming machine; who has seen... and often introduced... successive refinements of service which have lifted 'undertaking' to modern funeral service. In his hometown they have a saying that in order to be socially acceptable you must (1) read the *Evening Enterprise*, (2) send your sons to Harvard, and (3) be buried by Burke Service. Ladies and gentlemen, I give you Jerome Burke."

* * *

My knees had all the stiffness of a wet dishrag

as I rose to respond to Al's introduction. I looked around the Bellevue's brightly lighted ballroom where tuxedoed men with smooth faces and sleek hair sat with evening-gowned women with pearls and expensive perfume, and thought a moment of the little gatherings we used to have in the back room of some obscure restaurant when the County Association was in the bud. In my pocket was a little sheaf of cards on which I'd scribbled notes for some funny stories I'd intended telling, but suddenly I didn't feel like telling funny stories. I felt "mad."

"Ladies and gentleman," I told them, "today I prepared the body of an old friend with these two hands —" I held my hands out — "and I was proud to do the work myself, and not leave it to an assistant."

"Some of us may be young enough that they can't remember when the funeral director was connected, more or less remotely, with the livery stable or the cabinet-maker's shop. Many of us can recall the fight we had to make decades ago to gain recognition as a

profession. Now we've largely won our fight. We've 'arrived.' But just how secure are we?

"It's my opinion we're in constant danger, and that danger comes from within our own ranks, often from the very men and women to whom we look for leadership.

"Success in management does not...or should not... rob the really skillful craftsman of their love for their craft. Thomas Edison, head and brains of a great industrial empire, knew practical electricity better than the average licensed electrician. Henry Ford, who once built cars by hand, could, up to the day of his death, have stepped out on the assembly line and shown his best workmen how assembly work really should be done. Great surgeons still know...and boast of the knowledge...how to set a broken arm; heads of our great chemical companies are still proficient in the laboratory. In the funeral profession, however, we find proprietors of successful establishments boasting 'they never bother with embalming,' and 'leave all that to the assistants.'

"To me this seems an unhealthy attitude. Of course, it would be uneconomic for the head of a complex organization like a large funeral home to spend the major portion of his time in the preparation room. But when the head of the firm 'never bothers about embalming' and regards it as a menial occupation from which he's graduated, it seems to me we have a sore spot which may grow into a general infection.

"Let's take a look at ourselves. What is it that differentiates the funeral profession in the United States and Canada, and to a lesser degree in other English-speaking countries, from the position it occupies in Continental Europe? Is it that times have changed, that people in our countries now demand things they only dreamed about in bygone days? You know it isn't. Proportionately, there are as many electric lights, modern plumbing fixtures and timely implements of modern living in Zurich, Paris and Vienna as in New York or Boston. But try to find the equivalent of the American funeral director in any of those European cities!

"The plain fact is, the most important difference between modern funeral directing and the old-time undertaker's services is summed up in just one word – embalming. It was not until our pioneers (among whom I'm proud to classify myself) managed to batter down persistent opposition and make embalming generally accepted that we began to develop an approach to our modern mortuary technique – to what is known today as funeral service. I tell you, if it were not for embalming, we'd be right where our fathers and grandfathers were, where the Continental European 'undertaker' is today.

Jerome is an old funeral director who has told his tales to numerous generations of *Dodge Magazine* readers.

Jerome Burke



"The most important difference between modern funeral directing and the old-time undertaker's services is summed up in just one word – embalming."

"Take away embalming and you tear foundation stones from under every funeral home in the country."

"Reduced to its lowest common denominators, our job requires only three things: a dead body, some means of conveyance, and a hole in the ground in which burial may be made. There, but for the grace of embalming, goes our present funeral service. If the bodies of our loved ones begin to don the dreadful livery of mortality immediately following death, if we must hide them in a coffin lest the awful change in loved faces prove too horrible to contemplate, and if we must take the poor pieces of coffin-hidden clay away and bury them at once lest their noisome odor drive us past endurance, what incentive have we for funeral service as we know it?

"But when we stop the ravages of death, when we stop the onward march of decay, when we give our families that fond recollection of the dead as they lie in peaceful repose awaiting the Almighty's final summons on the Last Day... then we have done more than merely sold a casket. We have *served*.

"Take away embalming and you tear foundation stones from under every funeral home in the country, you automatically shut down a hundred prosperous casket factories, you take away the market of almost every manufacturer of funeral merchandise.

"Is embalming, then, a thing to be regarded as of small importance? Rather should not the men who boast they 'never bother about embalming' take pride in it, and recognize it as the thing it is, the very cornerstone of our profession? If our more prosperous members give the public the impression that embalming is of little consequence, our profession is like an old tree – dying at the top; we have fought through suspicion, ridicule and actual hatred to have our professional status killed by the top-lofty attitude of certain of our members who consider themselves too far advanced, too 'important' to 'bother with embalming'."

* * *

There was a smattering of applause...not too long and not too loud...as I sat down. As I was leaving, young Jim Allen tweaked me by the elbow. "I was interested in everything you said, Mr. Burke," he told me. "But –"

"Yes, son, but –" I answered.

"You've built up a self-functioning organization. You can go to Florida or California or Hawaii, and know that things will go along as smoothly as if you were there. You can even make a hobby of embalming, like some of us do of golf or fishing, but we younger men have our way to make. We just can't take time out for that sort o' thing. You know what I mean?"

All at once I felt tired, and old. I remember how they looked at me when I threw Mr. McGonigle's ice boxes out; how hard I had to fight to convince my families there was no truth in my competitors' assertions that "You can't be sure about embalming, but ice never fails"; how many grief-stricken people had thanked me tearfully for restoring their loved dead to a semblance of life.

"You could be right, son," I told him. "After all, Jerry Burke's just a tired old man. He could be wrong."

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