



DEDICATED TO PROFESSIONAL PROGRESS IN FUNERAL SERVICE

# Dodge

MAGAZINE

SPRING 2020

Dodge

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# Dodge

MAGAZINE

SPRING 2020

Quarterly Publication

Dedicated to Professional Progress in Funeral Service



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## CONTENTS

- 4** Don't Leave It For the Next Guy!  
**Rory McKeown**
- 7** Trocars and Trocar Points  
**Dennis Daulton**
- 11** Dignified Transfer: Back to the Philippines  
**Bill Werner**
- 15** One Last Goodbye  
**Jessica Mouck, CFSP**
- 21** Going Home: Three Rules for International Ship-Outs  
**Michael D. Sharkey, Esq.**
- 24** The Farewell Facilitators  
**Glenda Stansbury, CFSP**
- 27** Vampire Hunt  
**Duncan Norris**
- 33** The Wishing Well  
**Jerome Burke**

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# Don't Leave It For the Next Guy!

By Rory McKeown

I normally use seven cord waxed linen ligature. It comes in handy in cases like this, where I didn't have any dental floss, and neither did the funeral home.

**A**s embalmers, we don't know what will be waiting for us on any given day. This is one of the nice things about what we do. Every case is different and challenges us in different ways. Working in a funeral home we are normally able to follow up on our own work, but there are times when, for whatever reason, a day off, a ship-out, a trade case, that we may not be the one to complete the preparation, dressing, and casketing of that individual. On a normal case, there is usually no problem. We leave a body that is embalmed, clean, dry, and ready to cosmetize and casket. There is a different challenge when we are confronted with a case requiring much more time and attention and we know we aren't going to be the one doing the final work.

What are we "leaving for the next guy"? And if you happen to be that next guy, and know there will be a ship-in waiting in the morning, I think we all feel that little, "Oh, boy what am I in for?" pop up in our heads from time to time. A body that is ready to dress with no complications is normally what we expect at that point, so we always go to the lengths required to provide that service to the next guy. Proper closure of any areas of trauma either from autopsy or donation are essential, so I wanted to take a look at final closure on some of these cases.

Not long ago I got a call from the Organ Procurement Organization (OPO) in my territory asking if I could embalm a case for them. I was going to be in the area, so I told them I'd take care of it. Knowing ahead of time what you're walking

into is always helpful. When I arrived at the funeral home, I found the case to be a bit more challenging than I had originally anticipated. The prior evening the funeral home had received a twenty-nine-year-old woman who had been killed in an automobile crash. She had been autopsied and had several facial lacerations from the accident. Fortunately, these weren't severe, but they were located on highly visible areas of the face. The body was well-embalmed, so my main concern was to be sure there would be a completely sealed, leak-proof individual for the funeral home personnel to dress and casket for viewing the following day.

I swabbed the facial lacerations with Basic Dryene to bleach and cauterize the tissue. I also injected Basic Dryene around the eyes, where there was a bit of bruising. I normally use seven cord waxed linen ligature. It comes in handy in cases like this, where I didn't have any dental floss, and neither did the funeral home. To treat the small laceration on the forehead and cheekbone, I pulled apart the seven cord thread and separated it into smaller thread for use on the facial lacerations. I used two or three strands of the seven cord thread and a number 12 or 13 - 3/8" curved needle. The waxed thread helps keep the ligature manageable.

In this case, I knew the embalmer would be finishing up the following morning, but in some cases, we don't know who the next person responsible for the care of the remains is going to be, especially in the case of a ship-out. Another question is, concerning restorative work, how far do we go as the shipping funeral home? Do you do final wax and cosmetics? Do you suture lacerations and bleach discolorations to the point where the body is ready for final restoration and cosmetics? In this case, I left the embalmer with dry embalmed tissue, ready for wax over the minor facial lacerations.

Upon completion of the embalming, the closure of the calvarium and the scalp can be a challenge, depending on the trauma involved in the autopsy, how high on the head the incision was made, the condition of the remains, and thickness of the scalp.

The cranial vault should be thoroughly dried. I normally fill the foramen area with Inr-Seel to help prevent any future problems with that area. A scoop of autopsy compound or Viscerock, along with DodgeSorb will help to dry the area and prevent leakage. The cranial vault should then be packed with absorbent cotton, Webril, or DodgeSorb pads.

For securing the calvarium, I like to use skull clamps if I have them on hand. It only takes a little time, and it secures the calvarium completely. Depending on the skull cut done by the pathologist, a snip can be used to remove the tip portion of the skull left behind on a Z type cut. This will provide access for the screw in the calvarium clamp. If a more traditional calvarium cut is employed, a moment with a Dremel type burr or a 1/4" round file provides access for the screw. Application of Inr-Seel around the screw head and clamp makes it easier to hide. This can sometimes be a concern on severely emaciated cases.

I keep a supply of thick rubber bands on hand that I use for holding the calvarium in place if I don't have skull clamps. The rubber band is tied to one temporalis muscle, then attached to the opposite temporalis, creating a secure flexible "belt" across the calvarium. The rubber band can be adjusted forward or further back if needed. The same effect can be achieved using ligature attached from side to side to hold the calvarium in place.

Many embalmers today have gone to using Aron Alpha Gel, Tech Bond, or a similar higher viscosity adhesive to hold the calvarium as their final closure. This method works well, but care needs to be taken to treat and dry the edges of the skull where the adhesive is to be applied to both surfaces. Whichever method you choose, be sure the calvarium is securely in place. The person following up on your work may be a thousand miles away if it's a ship-out case, and once the remains have left your possession we want to be sure everything is tight and secure.

As they begin to work on the cranium, most embalmers will reflect the scalp forward out of the way. Normally I swab the interior and edges of the scalp with Basic Dryene to cauterize and dry the tissue while I'm doing other things. Be sure to apply Kalon Massage Cream to the face to protect it from any residual contact with the Basic Dryene. This is a good precaution when preparing a body for a minimum preparation, or viewing for identification by the family, when the body is not going to be embalmed, but will be viewed. These unembalmed viewings for family identification can be challenging cases since the embalmer isn't able to dry the body through arterial embalming but still need to have dry tissue that doesn't leak during the viewing. Plenty of absorbent powder would be advisable.

Prior to suturing I apply a coating of SynGel HV to the scalp to help preserve the tissue from the inside. The cranial cut line should be coated with a liberal amount of Inr-Seel to prevent the possibility of leakage from the back and to help form a natural look to the forehead while suturing. On a thin person, the scalp may be very thin, so a larger amount can be used across the forehead to ensure a smooth appearance.

While suturing the scalp, injecting a mortuary putty such as Inr-Seel into the incision every two or three inches will help to ensure a leak-proof seal. The heavy compound injector makes the operation much easier than getting the product into the incision with a putty knife or a finger. Continue to back up the suture with the Inr-Seel all along the way until the end.

Using this method on suturing any incision is good practice, and swabbing with a cauterant like Basic Dryene or Dryene II, then finishing off the suture with a backup of Inr-Seel, will prevent leakage and prepare the incision for coverage if need be. Enough Inr-Seel to cover the incision can then be spread over and feathered with a wet gloved finger to hide the incision. When completely dry, a layer of Pore Closer can be applied to help seal and prevent cracking. A blow dryer can speed the drying

How far do we go as the shipping funeral home? Do you do final wax and cosmetics? Do you suture lacerations and bleach discolorations to the point where the body is ready for final restoration and cosmetics?

time of the Inr-Seel, but if it's too hot the Inr-Seel may crack.

### Donor Cases

As we see an increase in donor cases, we are also seeing the results of the more extensive procurements. With full sternums and spines being procured, as well as the deep tissue skin procurement, it's obvious that with a larger portion of the body being utilized, there is a greater chance of leakage. In an extreme case, a full sternum procurement may have taken place, along with an autopsy, as well as skin procurement from the back and the front. All the raw exposed tissue in these cases must be thoroughly dried and preserved. Once that is accomplished, the exposed areas need to be dried and wrapped. If needed, a final coat of preservative or cauterant can be applied to the raw tissue before it is wrapped in Webril cotton followed by shrink wrap. I know many embalmers are using the absorbent pads we get from the hospitals as a final closure on backs and legs where a deep skin procurement has been performed. This can be a good method since the fabric can be sutured directly to the body, providing that the entire area of the back has been cauterized and dried.

On the last several donor cases that I have observed where there has been a deep skin procurement, on completion of the embalming, the new Mighty Mats available through Dodge were used as final closure. These pads have completely changed the end result of donor embalming. The product is a highly absorbent cellulose pad with a heavy mat backing that is not only leak-proof but can be sutured directly to the skin or taped on. The absorbent pad holds any chemical used as a final treatment in direct contact with the tissue and prevents any leakage.

The first time I used the Mighty Mats, we tack stitched them around the back and shoulder area, then used tape and shrink wrap to secure the mat. On the next case, we used a loop stitch all around the pad. It completely enclosed the area affected by the procurement and looked quite secure, even without any shrink wrap. The mats can be ordered pre-cut to accommodate full back skin donors, or can be ordered in larger sheets and cut to the size needed. Applying the pads to the areas of legs affected by skin procurement totally covers the area with a dry, sealed covering. As far as donor case embalming is concerned, these are a game changer. I recently had an embalmer say they used them on a donor case and when they were ready to dress the individual for casketing, they didn't need a plastic garment. That's how confident they were that any

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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.

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The new Mighty Mats available through Dodge have completely changed the end result of donor embalming. The product is a highly absorbent cellulose pad with a heavy mat backing that is not only leak-proof but can be sutured directly to the skin or taped on.

leakage issues had been addressed.

There are times when placing plastic garments on the bodies can be a challenge. When a full-thickness skin procurement of the back has taken place, we often find that the incision has been made quite high on the back. When we put on a unionall, it often can't be stretched high enough to cover the area without tearing it in some other place. A shirt jacket will easily eliminate any of those problems. You can adjust it as high as needed, and the sleeves are a bit longer, so the length needed to cover any procurement from the arm is normally available. Often that isn't the case with a unionall. When used with capri pants, you essentially have full body coverage that's easier to manipulate and adjust. Additional embalming powders placed in the plastic garment is just another form of insurance.

### Legs

When full thickness skin donation has occurred on the legs, there are multiple options, depending on the extent of the procurement.

Often, procuring most of the leg tissue, along with the long bone procurement, is normal procedure. Full thickness skin procurement is an additional consideration. Once embalming is complete and all the tissue is dry, any exposed area should be treated with a preservative gel and covered with an absorbent cover, as discussed earlier. In this instance, the Mighty Mats work well because the leg can be entirely wrapped and the mats sutured to the skin superior to the hip that is normally left intact, which adds bulk and form, whether bulk filler is being used or not, and shrink wrap applied for double protection. Shrink wrap will help ensure a leak-proof leg, and help create form where the ankle attachment is normally a weak point.

In states where the artificial arteries are being used, the OPO should also insert an ample quantity of Bulk Cavity Filler. The product will absorb and expand to help keep the embalming chemical in contact with the underlying tissue and help prevent leakage. If the bulk filler isn't used, the embalmer is essentially creating a "water balloon" of embalming fluid in the leg and hoping the suture placed by the OPO will be leak-proof. These artificial arteries obviously can only be used when there has been no skin removal from the legs and a tight suture is possible. Hypodermic treatment of any muscular tissue left behind will still need to be done. Sealing the incision would be a consideration, but unionalls or capri pants would be essential, along with an additional drying compound such as DodgeSorb for additional leak insurance.

When we have done our part embalming a case that we know someone is going to follow up on for us, it's a good feeling going home confident that what started out as a difficult case is now well-embalmed, dry, sealed, and ready for the next professional to take over. In the case of this young donor, the family was able to have the viewing the following day, and the funeral director was pleased with the end results.



# Trocars and Trocar Points

By Dennis Daulton

**A** trocar is, “A surgical instrument with a three-sided cutting point enclosed in a tube, used for withdrawing fluid from a body cavity,” according to the Oxford English Dictionary. We are more familiar with its use in the mortuary profession.

Ordering a trocar point for a trocar can be challenging. I experienced this several times long before joining Dodge 35 years ago. Since then I have assisted more than a few customers in ordering the right point, or made arrangements for the return of an incorrect one and ordering the correct one.

Take a moment to review the chart I have compiled (shown on page 10) describing which trocar point fits which trocar. If a customer initially describes the size of the trocar point needed, I ask that they first describe what their handle looks like. We must forget about the point for the time being and focus only on the opposite end, the handle. This will identify the type of trocar they have: Collapsible (a/k/a “Tradesman’s”), Comfort Grip, Conventional, Dodge, Dodge Dynamic, Hypo, Pistol Grip, Slaughter Dynamic, Standard, or Visible Flow.

Most trocars are either 5/16” or 3/8” in diameter. The length varies. The smallest trocar in diameter for aspiration (not to be confused with hypoing) is 1/4”. However, we do offer a child’s trocar (8” X 5/32”, #706010). We do not expect others to know the different diameters because most just don’t. Embalmers are not machinists. There are several different 5/16” and 3/8” trocar points, however, the threads may not be the same. For the point to fit, the threads must match the threads of their trocar.

The next time you visit a hardware store purchase a six inch metal ruler with eight holes drilled into it ranging in size from 1/2” down to 3/32”. This will help you determine the diameter of your trocar. It will also aid you when ordering

arterial tubes (cannulas), and hypo trocars.

Using a trocar with a dull point is very dangerous because more force is required to penetrate the organs. It is not unheard of that a trocar enters a body and the point exits near the shoulder or sidewall. Keep your non-working hand off of the deceased when doing cavity work! The body isn’t going anywhere.

I know of an embalmer many years ago who punctured his hand with a trocar point while aspirating. He developed an infection and died. This was a terrible tragedy for town folks who dearly loved, respected, and depended upon this competent, kind professional.

As fate would have it, a young funeral director came along and bought the business from the widow. He, too, gave good service, and survived and thrived. He has since died, and now a third professional has taken their place. Someday you and I just might be missed by those who believe we were better than we actually were, or thought we were. There will always be someone to take our place and perhaps even do a better job.

Remember to lubricate the outside of the barrel before inserting the trocar into the thoracic and abdominal cavities. This can be done by applying Silcolan Lanolin Spray, Restorative co-injection, White Kalon Cream, or hand soap.

Over time the inside of a trocar can become occluded with dried blood, fecal matter, and bodily fluids if it is not back-flushed and cleaned properly. This narrowing is similar to that of a sclerotic artery. Prior to placing your trocar into a cold sterilant, such as Wavicide (formerly called *DSD - Dodge Sterilant & Disinfectant*), flush out the trocar with water along with using a trocar cleaning brush. Wash off any blood or matter before placing the instrument into your disinfecting tray. Only spraying the trocar with Dis-Spray, which some do, is better than nothing.

Using a trocar with a dull point is very dangerous because more force is required to penetrate the organs.

## INTRODUCING OUR MOST ADVANCED CAVITY TREATMENT **HALT CAVITY** WITH BROADSTAT

Cavity treatment can be a relatively simple procedure . . . until it isn't. When problems arise, it seems that a solution is difficult to find. Purging, distention, odor, all point to incomplete preservation or a resistant microorganism.

For these reasons, the Dodge chemists have created Halt Cavity with Broadstat. Halt Cavity combines the properties of the world's bestselling cavity chemical with Broadstat, Dodge's proprietary disinfectant blend, proven to kill gas producing microorganisms. Halt Cavity provides you with the ultimate 'double-barreled' answer for problematic cavities.

With firming properties far surpassing its 21 index, Halt Cavity employs a pleasant scent to reduce formaldehyde odor. With the inclusion of Broadstat for gas elimination and drying agents to reduce residual moisture, Halt Cavity may become your cavity chemical of choice for all cases.

Especially effective for these cases:  
Septic · Gas-producing · Drowning · Decomposition

For Professional  
Embalming Use Only

- Index 21
- Use 16 oz. in both the thoracic and abdominal cavities
- Highly firming
- Eliminates gas production
- Greatly reduces liquid remaining in cavity
- Apple-scented to reduce formaldehyde or decomposition odors

Case of 24 (16 oz. Bottle)  
Catalog No.: 245001



However, it has only a whisper of hope of destroying all bacteria and microorganisms.

Depending upon how Wavicide is used, it can either be a disinfectant or a sterilant. The next time your Dodge Rep knocks on your door, ask him or her to explain the difference and how Wavicide is best used. It is inexpensive insurance. We don't visit just to sell. We visit to assist so that you can truly make a difference in how you care for the dead.

I have read several court depositions over the years where a funeral home had been sued because of a tissue gas case. Several of the presiding judges requested copies of invoices to determine if a cold disinfectant/sterilant was purchased by the funeral home. If there was none, then the outcome of the lawsuit was less than pleasant for the funeral home. If it was purchased, there still may be no proof that it was used routinely or properly.

Would you patronize a restaurant if you discovered that they did not use a detergent to wash their dishes and silverware, and products to sanitize their food preparation area? Do you think families would continue to patronize a particular funeral home if they knew that proper disinfecting products were not used in their embalming room?

When I was doing a lot of trade work years ago, it was impractical for me to take the additional time (minimum one hour) to remain at a funeral home to adequately sterilize my trocar and instruments after each embalming. More than a few embalming rooms I went into did not have a tray and a cold sterilant. For me it was on to the next case. I had a heavy duty snap-on plastic tray which held the cold sterilant and all the instruments I used, including the trocar. This assured me that I was not transferring gas bacillus (tissue gas) onto the next case, and the next case, etc.

At the end of the day (or night, or several days) I would bring the tray into my cellar, remove the instruments and place them on my work bench, dry them off, and place them back into my embalming kit, or "grip," as some older embalmers refer to it. This procedure was always noted on my embalming report in the event that a legal problem ensued. Fortunately, none ever did. Do you routinely complete an Embalming Report Form? You should because someday you just might wish you had. The fillable form is on our website, or pads of 25 are available to purchase.

When considering what type of instrument tray you need, remove the point and handle (if possible) from your trocar. This will determine the minimum length of the tray needed. You only need to add enough sterilant to the tray to cover the instruments.

I particularly like the Sani Tray, #922161, and the 30" Countertop Tray, #922160, because the Draining Basket and Support Brackets, #922162, can be used on both trays. Using the latter allows for the instruments to be lifted out of the solution and held in place while they drain and air dry.

Consider using a Quick Disconnect for your trocar. The Side Button Quick Disconnect Female to Male Hose Barb, #035006, slides into your

aspiration hose. If you have a Dodge Trocar you can remove the slip-hub adapter and screw in the Side Button Quick Disconnect Female to Male Hose Barb 3/8", #035007. The latter, which is then connected to the trocar, allows you to snap it into the former. No longer will you need to struggle with forcing the trocar on and off of your aspiration tubing.

If the Quick Disconnects interest you, Nasal Aspirators and Post Aspirators are now made so that they can snap into the #035006 adapter. Consider using a Nasal Aspirator on all bodies regardless if they show signs of purge or not. This will remove phlegm which harbors bacteria. Spray Dis-Spray liberally into the nasal cavities, the back of the throat, and the mouth. Swab out with cotton wrapped around eight inch straight forceps, and don't stop there. Spraying this product onto the entire area provides topical disinfection which also protects the embalmer. Let it set for a few minutes, then thoroughly wash with a good disinfectant soap such as Dodge Prep Soap. The body should be washed a second time following the embalming procedure.

Utilizing body rests provide for a more thorough procedure in bathing the body, especially the private areas, along with allowing for better penetration of the arterial chemicals into the tissue on the back of the deceased. The full weight of a body on a flat surface inhibits the chemical from completely and evenly entering the tissue.

Remember to pack the nostrils with Webril saturated with Dry Wash II at the completion of the embalming procedure regardless of the climate. This will repel flies which might enter the nostrils, or will smother and kill flies and maggots that may have already entered these areas without your knowledge. See "Flies (Musca Domestica)" in the summer 2012 edition of this magazine. Following the suggested recommendations just might save you from a devastating, emotional, and costly lawsuit.

Hopefully, this article will help you when ordering trocar points. I wish I had written it, or someone had, years ago. If any of this seems confusing, talk to your Dodge rep, or call us and ask to speak with one of our embalmers on-staff. You can also press #7 on your phone after the greeting to go directly to our technical line.

We "take care of the dead because the dead cannot take care of themselves." These are not my words. They were said many years ago by a long forgotten colleague who made what we do crystal clear. Every time we put on a pair of gloves and stand at the embalming table we must remember that the deceased before us was loved, and, more than likely, is still loved by others.

We must also take care of ourselves by being thorough and patient, along with being careful. Make sure you have the right equipment, and maintain what you have, or simply replace it. The deceased in our care and the family we are serving deserve nothing less.

Over time the inside of the trocar can become occluded with dried blood, fecal matter, and bodily fluids if it is not back-flushed and cleaned properly.

When considering what type of instrument tray you need, remove the point and handle (if possible) from your trocar. This will determine the minimum length of the tray needed.

## Trocars and Trocar Points Chart

Collapsible	13" X 5/16" – 706365	706416
Comfort Grip	16" X 5/16" – 035001	706416
Comfort Grip	18" X 5/16" – 035002	706416
Comfort Grip	14" X 3/8" – 035003	706408
Comfort Grip	16" X 3/8" – 035004	706408
Comfort Grip	18" X 3/8" – 035005	706408
Conventional – Blind Shaft*	17 ½" X 5/16" – 706218	706234
Conventional – Irrigated Shaft**	17 ½" X 5/16" – 706200	706234
Dodge	16" X 5/16" – 706017	706416
Dodge	18" X 5/16" – 706019	706416
Dodge	20" X 5/16" – 706021	706416
Dodge	16" X 3/8" – 706016	706408
Dodge	18" X 3/8" – 706018	706408
Dodge	20" X 3/8" – 706020	706408
Dodge	7" X 3/16" – 706007	706432
Dodge	12" X 3/16" – 706012	706432
Dodge	16" X 3/16" – 706006	706432
Dodge	18" X 3/16" – 706008	706432
Dodge Dynamic	16" X 5/16" – 706003	2-Pc Pt 706820; Pkg/6 Tips 706838
Dodge Dynamic	19" X 5/16" – 706004	2-Pc Pt 706820; Pkg/6 Tips 706838
Dodge Dynamic	16" X 3/8" – 706001	2-Pc Pt 706762; Pkg/6 Tips 706770
Dodge Dynamic	19" X 3/8" – 706002	2-Pc Pt 706762; Pkg/6 Tips 706770
Hypo Trocar Shaft	16 ½" X 1/8" – 706309	706325
Hypo Trocar Shaft	16 ½" X 3/16" – 706317	706333
Pistol Grip	16" X 5/16" – 706360	706416
Pistol Grip	16" X 3/8" – 706361	706408
Slaughter Dynamic	16" X 5/16" – 706804	2-Pc Pt 706820; Pkg/6 Tips 706838
Slaughter Dynamic	19" X 5/16" – 706812	2-Pc Pt 706820; Pkg/6 Tips 706838
Slaughter Dynamic	16" X 3/8" – 706713	2-Pc Pt 706762; Pkg/6 Tips 706770
Slaughter Dynamic	19" X 3/8" – 706721	2-Pc Pt 706762; Pkg/6 Tips 706770
Replacement Glass & Washers For Slaughter Dynamic Trocars	706796	---
Standard	12" X ¼" – 706085	706127
Standard	14" X 5/16" – 706069	706119
Standard	16" X 3/8" – 706077	706101
Visible Flow – Blind Shaft*	17 ½" X 5/16" – 706259	706234
Visible Flow – Irrigated Shaft**	17 ½" X 5/16" – 706242	706234
Replacement Glass & Washers For Visible Flow Trocars	706267	---

\* "Blind" means no holes in shaft.

\*\* "Irrigated" means there are 3 sets of holes in shaft (total of 6) just above the point. Slaughter's Dynamic Trocars (with sight glass) are not listed in our current catalog. Same 2-piece points and piercing tips also fit Dodge Dynamic Trocars.



Dennis became a licensed funeral director and embalmer in 1971. He joined the Dodge Company in 1985. He currently covers northeastern Massachusetts as a sales representative for Dodge.

# Dignified Transfer: Back to the Philippines

By Bill Werner



Hangar memorial service for Sgt. 1st Class Jackson.  
Photo Stars and Stripes.



In the days and weeks following the recovery of the crew of the MH-47E (Chinook) helicopter (*Dodge Magazine*, Winter 2019), I was able to get away on leave for some much needed rest and recovery. When I got back to Okinawa, I resumed my duties as the S-3 of Operations and hoped my services wouldn't be needed anytime soon.

The United States was still conducting a mission in the Philippines routing out a group of Muslim extremists called the Abu Sayyaf, and we were still majorly engaged in the day-to-day operations.

While all of this was taking place, there was a sad backstory that had been developing for over a year. Martin and Gracia Burnham of Wichita, KS were missionaries from the Florida-based New Tribes Mission, and on May 27, 2001 while celebrating their anniversary, they, along with 19 other people, were kidnapped from a beach resort.

The Abu Sayyaf brazenly beached their speedboats at the resort and took the hostages right off the beach. "Some captives – including American Guillermo Sobero – were beheaded. Others escaped or were released. The captives were transported across the Sulu Sea to Basilan Island, where thousands of troops were deployed to search for them" (*Stars and Stripes*, June 9, 2002).

As of Thursday, June 6, 2002 the remaining three hostages, the Burnhams and a Philippine nurse named Ediborah Yap, had survived for over a year being dragged throughout the jungles of Basilan by their captors, eluding the Philippine army and their U.S. Special Forces advisors. On Friday, June 7th that all changed.

"A yearlong hostage crisis involving an American missionary couple came to a bloody end Friday. U.S. - trained commandos managed to save only one of the three captives – American Gracia Burnham – and even she was wounded" (*Stars and Stripes*, June 9, 2002).

The three hostages were found in the outskirts of

a small town on the island of Mindanao. U.S. deployed P-3 planes and unmanned surveillance aircraft had detected unusual boat movement, and this led to the hostage rescue attempt.

Her husband and Philippine nurse were fatally shot in the two-hour firefight in the Philippine jungle, as were at least four of their kidnappers – members of a Muslim extremist group linked to Al-Qaeda. Seven soldiers were wounded, the Philippine military said.

As for me, I got the call later that morning to report to Kadena Air Force Base to meet the body of Martin Burnham, and assist in the transfer to Lester Naval Hospital, where the autopsy would be conducted. I had been following the Burnham story as I found it both fascinating and disturbing that they had survived for so long and under such harsh jungle conditions for almost a year.

Following the crash of the Chinook there had been immense pressure placed on the Abu Sayyaf as the American troop build-up was being felt in the region they were operating in.

"The terrorists holding Martin and Gracia Burnham hostage in the Philippines are reportedly "putting out feelers" for an agreement to release the Kansas missionaries" (*Stars and Stripes*, February 24, 2002).

The policy of the United States and the Philippine Government was that there were to be no "negotiations or concessions" with the hostage takers. As I watched the plane land and taxi to where we were waiting with the ambulance to transfer Martin to the hospital for his autopsy, I wondered how I would have felt had I been in his shoes.

As the ramp to the plane opened, there was no honor guard, no dignitaries, just some "folks" from the State Department, the aircrew, and myself. We carefully loaded Martin's flag draped transfer case and headed off to the hospital.

The next day the autopsy took place and I was

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# Dodge

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allowed to assist. I had seen the ravages a year in the jungle and the failed hostage rescue had done to this poor man. It haunted my psyche for several weeks and gave me a new perspective on life. Martin's body was returned to the U.S. and on June 14, 2002 his two hour funeral service was attended by over 2,600 people and he was laid to rest at Rose Hill Friends Cemetery in Rose Hill, KS. (*Baptist Press*, June 17, 2002) His long journey was over and as his wife stated shortly after her rescue: "That is God's liking. That is probably his destiny" (*Stars and Stripes*, June 9, 2002).

Following this, the mission in the Philippines started to wind down and by July 31, 2002, the 1,200 strong contingent of U.S forces had drawn down to about 275 soldiers. The Abu Sayyaf had been decimated by a relentless offensive over the summer, but as history has shown us, never underestimate your opponent.

As for me, I was settling into my first year on the "Island" and fortunately had a large contingent of friends to keep me busy. I learned how to SCUBA dive, and my wife was able to come out for two weeks and enjoy that summer with me. But as summer turned into fall, I would once again find myself heading back to the Philippines.

On Wednesday, October 2, 2002 a U.S. Army Special Forces Captain and a Sergeant First Class were dining at an outside café in Zamboanga City, just outside of the military camp, when a motorcycle pulled up with a nail bomb strapped to it. Moments later the bomb went off, blowing the roof off the establishment, wounding at least 25 people seriously, including the Captain, and killing three including Sergeant 1st Class Mark Wayne Jackson.

The investigation would conclude that it was the Abu Sayyaf that was responsible for the blast, as a similar but unexploded bomb had been found back in August. So as with most terrorism, it is never really defeated.

I once again got the call and, with about an hour's notice, headed off to the airfield. This time I would be flying down in a C-9A aeromedical evacuation aircraft

as the Captain was seriously injured and needed to be brought back to Okinawa as quickly as possible.

This plane was outfitted with a "flying ER room" in the front and regular passenger seats towards the rear. The flight down was relatively uneventful, but as we began to land, things were amped up a bit. Unlike a passenger flight where you are instructed to, "Put your tray tables back up," we were instructed to close all the shades to the windows and the airmen started passing out flack vests and instructing us to secure our helmets and gear.

As I found out, there was "intelligence" that we were likely to be fired upon as we landed, as the Abu Sayyaf would have a hard time passing up this "target of opportunity." I was okay with that, until the airman came back to me and asked for the flack vest back! Apparently, this one was the pilot's, so I was the odd man out. I figured he needed it more than me. As we prepared to land, I held my helmet in my lap and wasn't sure if I should be sitting on it or wearing it at that point. After one of the quickest descents and landings I had ever experienced, we were on the ground, and were never fired upon.

Once we landed the priority was to get the Captain on the plane and stabilized as quickly as possible. Once that was done, we modified a transfer van to act as a hearse and conducted the dignified transfer of Sgt. 1st Class Jackson to the cargo hold for the flight back to Okinawa.

On the flight back I again contemplated the sacrifice and loss these men had been through. When we landed in Okinawa, once again the priority shifted to the Captain and he was quickly evacuated from the plane and transported to the Naval hospital. We then taxied to the same hangar where I had been on my two previous repatriation occasions and began the process once again.

To say I was impressed was an understatement. These guys are the "best of the best" and it is a fraternity and brotherhood few organizations can match. As I watched the dignified transfer take place, I was again humbled by the ceremony and honor that

The next day the autopsy took place and I was allowed to assist. I had seen the ravages a year in the jungle and the failed hostage rescue had done to this poor man.



Transfer of Sgt. 1st Class Jackson. Photo *Stars and Stripes*.

The airman came back to me and asked for the flack vest back! Apparently, this one was the pilot's, so I was the odd man out. I figured he needed it more than me.



U.S. Army Special Forces Captain being brought to Medevac plane. Photo Associated Press.

was given to Sgt. 1st Class Jackson. In the morning he would be flown to Dover, and then returned to his family for his funeral.

The next year dragged on for me. I had gotten home again for Christmas, but the mission in the Philippines had been reduced to an advisory role, and I was just doing day-to-day Army work. There was a glimmer of hope we would go back to the Philippines in the beginning of 2003, but that was quickly dashed by the impending Iraq War.

“The Bush administration is preparing to send about 3,000 soldiers, sailors, and Marines to the southern Philippines, where they will join forces with the Philippine military to completely destroy the Abu Sayyaf...this time troops will play a shooting role in the mission” (Stars and Stripes, February 23, 2003).

I tried to end my deployment and transfer to the Dover Port Mortuary following the start of the Iraq War, but the Army wouldn't release me. I would have to serve out my tour. So I made the best of it. I went home for a friend's wedding, and my wife came out that final summer. I was lucky enough to have a group of friends with families that took me in and made me one of their own. When I was in Okinawa I always felt like I was in neutral. I was anxious to get back home and continue my life. I considered myself lucky not to be in a war zone, but after almost two years of being away, it was time.

My final mission on Okinawa began on Saturday, September 30, 2003. A Special Forces Captain had

died on his birthday while riding his motorcycle, when an Okinawan woman turned in front of him and he couldn't stop. The saddest part about this was his wife was preparing a surprise party for him, and suggested he go for a motorcycle ride so she could have some time to prepare for the party. He was also survived by three small children.

The mortuary director at the U.S. Air Force Mortuary at Camp Kinser on the island happened to be away on leave, and I since I was covering for him I was tasked with caring for the family. The mortuary had been primarily used for embalming and preparation throughout the years, but a formal viewing had not taken place there in decades. This was about to change.

The widow and the unit had asked for a private viewing before the Captain's body would be shipped to back to the United States, which was more than understandable given the situation. The staff at the mortuary were dumbfounded by this request and told me their director would never allow this. I reassured them and we prepared the Captain for his private viewing, and they came to accept the decision.

That Sunday night the widow and a few members from his unit were able to say their goodbyes and at least have a little closure before his return to the United States. As any good funeral director would have done, I was at least able to provide this family with a little bit of comfort they might not have had otherwise.

I returned back to Ft. Benning, GA at the end of October, celebrated my fourth wedding anniversary remotely, and joked I had been gone for “half my marriage.” I processed out of the Army on November 3, 2003 and returned home to a great celebration with friends and family. My war was over.

I had an old boss tell me, “Having done this, you now have stories to tell,” and boy did I ever. I just had no idea how many more were ahead of me...



Bill is the Assistant Sales Manager/Director of Technical Resources for the Dodge Company and continues to cover the state of RI as sales representative. He has been a licensed funeral director and embalmer for over 20 years, and recently retired as a Colonel from the U.S. Army Reserves after over 30 years of service.



# One Last Goodbye

By Jessica Mouck, CFSP

**S**uicide not only takes the life of one person, it touches the lives of many. It is a cold hand that steals away the last moments spent by the side of a loved one. Sometimes the chance to say goodbye is taken away when the decision to close the casket is made. As proud embalmers we should strive to give the family that final moment with their loved one, to help them begin their journey through grief with a healthy first step.

No one will ever know what pain this young woman was going through when she chose to take her own life by jumping off a cliff because it ended the moment she died. Not only did the family not realize that the last time they were with her would be the final time they would see her alive, but for a brief moment they believed it would be the last time they would ever lay eyes on their daughter, living or dead. The coroner had spoken to the family and told them that there was no chance of seeing their daughter because the trauma from the fall was too severe for an open casket. They would have to remember her through photos and memories.

The family informed the funeral director what they had been told but also how badly they needed to see her. The funeral director phoned me and asked

about her condition. Having received her into my care just moments before, I was able to do a quick assessment of the damage. I told the director that if I was given a couple of days they would be able to have an open casket. Hoping to see their baby girl again, the family gave me the time I requested.

I placed her on my table and undertook a more thorough inspection. She had fallen almost 170 feet to the bottom of a valley. Her right and left upper arms were both broken in half and the humerus was protruding from a two-inch laceration on the back of both of her arms. Not only was her spine broken in many areas, but multiple ribs were also shattered. There was no damage to the lower areas of her body. I could deal with the broken arms. They seemed to be clean breaks and shouldn't cause much of a problem.

I moved on to begin the analysis of the skull where the main damage had occurred. When she had first been brought into my care I had viewed her in her body bag, and within the bag it had looked like she had mud or moss matted in her hair. Unfortunately, in the light of my room the "moss" had begun to warm up and move, and that's when I realized my mistake. What I had thought was moss was in actuality thousands of infant larvae writhing

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in her hair in several large groups. They were going to pose a problem, but nothing I couldn't deal with.

Her scalp had several large lacerations, one running from the forehead to the back of the neck and a couple more on the posterior of her head, almost from ear-to-ear. Through these lacerations I could see large pieces of skull and brain matter. I palpitated the face and felt that both the zygomatic bones were broken, the nasal bridge was fractured, and the mandible was split diagonally down the center. At first glance I believed that all the bones of her skull seemed to be present.

My first step was to deal with the insect infestation in her scalp so the treatment would have time to work while I injected the body. I covered every inch of the larvae that I could see with Webril soaked in Dry Wash II and let it work on breaking down the waxy outer layer of their skin. While that sat I mixed my chemical solution.

Because of the massive trauma to the head I chose a waterless solution that consisted of 32 oz. Rectifiant, 32 oz. Proflow, and 64 oz. Introfiant. I also added 16 oz. Halt GX because she had been found outside in the middle of the summer and I had no idea what kind of bacteria had made its way into her system. Clostridium perfringens live in dirt and can be quite the problem to embalmers if it enters a body through one of the lacerations, possibly causing tissue gas. This is why a good rule of thumb is to treat all bodies that have been found outside or in a body of water like a full-blown tissue gas case.

I knew at once just by looking at her that she would be a six-point injection at least. In cases where there is trauma to the head I will raise the right and left carotids first, and inject the head to give the fluid time to dry out the tissue. Another reason I will inject the head first is that by the time I have finished embalming the rest of the body, the chemical will have had time to set and allow me to more easily see where I need to hypodermically treat the tissue to get adequate preservation to the entire head. Due to the level of damage to the head I didn't have high hopes that the carotids would be able to reach all of the tissue.

When I embalm I inject at a very high pressure and low rate of flow to better penetrate the tissue. It was immediately clear that broken pieces of skull had severed many of the vessels within the head. Fluid poured from her ears and the tears in her scalp. After a little while I saw some fluid had reached her lips and chin, but that was the extent of the arterial injection. The left external carotid injected almost identically to the right side. I knew that there was a lot of work still to be done hypodermically.

I injected toward the trunk through the right common carotid artery but saw no signs of fluid anywhere in her limbs. This was more than likely due to the damage to her thoracic cavity. Next I worked my way down the body raising both axillary arteries and luckily neither broken humerus had severed the brachial arteries and her hands turned out a lovely natural pink tone with both arms receiving proper preservation. Both of the femoral arteries likewise injected well. Once I was pleased with

the preservation of all of her limbs, I finished with aspiration of the thoracic and abdominal cavities and injected 32 oz. of PermaCav 50.

Since the breaks to the humerus were both clean, I was able to pull the arm until the two halves of the bone lined back up. I treated the incisions with Basic Dryene to cauterize the area before filling it with a little bit of Q-S Powder to stop any leaks. After suturing the lacerations, I sealed them with Aron Alpha and wrapped the upper arm in plastic to catch any leaks that might occur.

By this time the maggots had ceased all movement and I was able to wash and comb away the majority of them from her hair. I used PermaCav 50 to hypodermically inject the rest of her face and scalp. Using a high index allowed me to obtain dry tissue that would be easy to work with during the restoration process.

Now that her tissue was preserved and dry, I began the main part of the restoration, restoring the broken skull. There had been no autopsy done on this young woman so I utilized the injury to her scalp to make my entrance point. Extending the larger wound that almost ran from ear to ear, I began the facial resection. Since her maxilla was intact and the only damage to her mandible was a break down the center, I did not do a complete facial resection, instead I stopped right at the beginning of the maxilla. The mandibular condyle was still properly in place in the mandibular fossa and I did not want to disturb it because having the jaw in the right place would be a key factor to making sure the measurements of her face were recognizable.

During the resection I removed any bone fragments that were still attached to the scalp and placed them on a grid. The grid was labeled right frontal, left frontal, right posterior, left posterior, and unknown. This helps me to remember where I have removed the bone from to place it back in the appropriate area. I also removed her eyeballs and placed them in a small biohazard bag to be treated later. I placed a surface pack of Basic Dryene on the resected portion of her face to continue to dry out the tissue which would later make it easier to glue back onto the appropriate areas.

Next I removed the brain from the cranial cavity, placing it in the small biohazard bag that held the eyeballs and added 8 oz. of PermaCav 50. Then came my next obstacle. More larvae! My initial treatment had unfortunately not penetrated deep into the skull and only killed the ones on the surface. These larvae had had time while she was outside to infest deep within the brain's meninges and into her spinal column. I had cleaned out all of the brain matter and removed all of the bone fragments, leaving me open access for my second treatment of the larvae. I repeated my previous steps with the Dry Wash II and Webril.

While I waited for the treatment to take effect I once again analyzed the damage. The frontal bone was broken into a couple of pieces, but the parietal and occipital bones were shattered into at least twenty pieces in various sizes. This type of damage made sense considering she had landed on the back of her

Because of the massive trauma to the head I chose a waterless solution that consisted of 32 oz. Rectifiant, 32 oz. Proflow, and 64 oz. Introfiant. I also added 16 oz. Halt GX because she had been found outside in the middle of the summer and I had no idea what kind of bacteria had made its way into her system.

head. I cleaned off all the tissue that was attached to the bone fragments I had removed and dried them with Basic Dryene and Webril.

When I checked back on the larvae I saw that there was no movement and took my time flushing them all out. I gave it about ten minutes to study everywhere to make sure that I had not missed any. Once I was satisfied I commenced drilling and wiring every piece of bone back together, starting with the partial bit of the parietal and temporal region that was intact.

Piece by piece the skull began to take form. The supraorbital ridge was luckily intact and easy to reattach with wire back to the frontal bone. The tricky part that I could not wire because it was too delicate was the broken zygomatic. Since I had every other piece of the skull in place, I glued the two pieces of the zygomatic bone on both sides back together and reinforced it with strips of plaster bandage. I intentionally left out a single smaller piece of the parietal bone because I was going to use this hole as the entrance for my Plaster of Paris.

I strengthened the breaks between the bones that I had wired together by placing Aron Alpha along the ridges. The next step was to encase the entire skull in plastic to minimize any leaks that might occur as I poured the plaster. Once the skull was filled with plaster I removed the plastic.

With the damage repaired it was time to place the soft tissue of the face back into place. But before I did this I went back to the biohazard bag that contained her eyes and brain matter, and aspirated out any fluid. I then placed a cup of my Viscerock and Action Powder mixture to continue to treat the tissue. The bag was then sealed and would later be placed at the foot end of the casket, under the bed, so her tissue would remain with her.

Next I placed balls of wax that were about the same size as her eyeballs in the empty sockets with eye caps on top. I placed tiny sutures to hold all the flaps of the scalp in their proper placement and, once I was happy with that, I put a small amount of Aron Alpha on the nasal bridge and pinched the skin in. I also ran a line of it along the supraorbital ridge and lined her eyebrows up properly.

Her scalp was dry and preserved which made suturing it back together easy. I sutured using dental floss and a very loose baseball stitch along her forehead. The loose stitch was going to make it easier to wax later because it wouldn't cause a pucker like a tight baseball suture would have. I also used the same technique for the small cuts that were on her forehead and cheek. For her scalp within the hair I was able to use a regular baseball suture because her hair hid all of my work.

Once I had everything sutured back together and in the right place I moved onto the task of fixing her mandible.

I made two parallel incisions running from the corners of her mouth down to the bottom of her chin and excised the tissue away from the mandible. Now that I had clear access to the break I drilled two holes in each half of the jawbone and wired them together. I placed a piece of Webril soaked in glue over the top

of the wire to smooth out any bumps it might have made under her tissue.

I then sutured her mouth shut using a submandibular suture and I used more dental floss to suture the incisions on her chin back together. The lips didn't come back together properly so I used a little strip of Aron Alpha to glue them. Taking a step back to look at her face I realized that I had not put enough glue on the nasal bridge and the skin had slipped off, making the space between her eyes look wide and unnatural. I took a small suture needle with dental floss and threaded it through the right side of the skin along the nasal bridge coming out the left side. I then went back through the left side finishing on the right side. Pulling the dental floss tight, I was able to bring skin back together for a natural look.

Taking my time, I used Surface Restorer wax to cover all of the sutures and any imperfections caused by the fall. I placed a small amount of wax over the little knots made by the dental floss on the nose. Her lips also had a few flaws in them from being scraped up on the fall which I was able to cover. Once I had all of the wax where I wanted it I smoothed and feathered it out until there was no seam between wax and skin. I took a stipple brush and gently made small marks along the wax to mimic the natural texture of her skin. The marks were not deep because she was young and had very smooth, almost flawless skin.

The family had provided a photo of how they wanted her makeup, very glamorous, which matched the prom dress they wanted her in. I sealed the wax and dressed her before beginning on the cosmetics. I used a mixture of sponges and brushes to apply the mortuary cosmetics because at the time I had no airbrush available to me, which I would have preferred to use. With some curls in her hair and properly placed in her casket, she looked ready to go out for an event instead of someone who had jumped to their death.

That night there was an open casket visitation. The mother and father were overjoyed that they were able to see their daughter the way they had last seen her. Because the director had phoned and asked for another opinion on her condition I was given the chance to offer a grieving family back their lost loved one. They were so happy with how she looked that they had the casket open for the funeral the following day, allowing all her friends to say one last goodbye.

"Closed casket" should not be a term in our vocabulary as professional embalmers. We need to be able to take the step out of our comfort zone and attempt to reconstruct massive trauma. Don't families deserve one last goodbye?

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# CFS Websites: Developed with Funeral Directors In Mind

A funeral home website design takes more thought than just any business website. Funeral home websites have specific needs, such as an obituary platform, funeral payment center, preplanning tools, and that's just scratching the surface.

That's why CFS developed their websites with funeral directors in mind, so it works for both your staff and families. Below are some of the many exceptional features that your funeral home website should have and that are all possible with a CFS website.

## CUSTOM AND RESPONSIVE DESIGN

First off, having a responsive website design is a must-have feature. Oftentimes, families are

accessing your website from their mobile device, whether it's to look up service information or make a payment. If your website design doesn't respond to the screen they're viewing it from, they'll quickly become frustrated.

Your website serves as an extension of your funeral home and a chance to show families who you are. If you have a subpar website, this negatively affects a family's thoughts on your business. Has your funeral home been in the family for generations?



Do you pride yourself on offering a variety of burial options? Make sure your website tells your funeral home's one-of-a-kind story. That's why CFS websites have a drag-and-drop platform for easy customization.

### FULL-FEATURED OBITUARIES

One of the many reasons people go to your website is to view their loved one's obituary. They expect to easily find the obituary, service details, information about any requested donations, and any other important information. Having a well-designed obituary platform goes hand-in-hand with a responsive website design.

All of the information above is important, but why stop there? CFS developed their websites with funeral directors in mind, so their obituary platform has many other features. With a CFS funeral home website, families can order flowers right on their loved one's obituary, "light" a candle and leave a kind message, and so much more.

### SEARCH ENGINE OPTIMIZATION

Search engine optimization, SEO, helps your funeral home's website be found by more families online. Without following SEO best practices, your website will get lost in the sea of other funeral home websites. These best practices includes using keywords in your website content, having well-thought-out metadata that appears on search engine results pages, and many other strategies.

But, this shouldn't be your staff's job. That's why you want to make sure your website provider follows SEO best practices when designing your website. With CFS, they work hard to put your website at the top of the search engine results pages.

### ONLINE PAYMENTS

In a world where you can buy almost anything online, having an online payment center is smart for your business. By giving grieving families the comfort of paying for a funeral from their own home, they'll appreciate your thoughtfulness during a difficult time.



CFS is the **largest** funeral home website provider.



CFS websites are offered **free of charge** to funeral homes.



**Thousands of Dodge customers** have been running CFS websites since their introduction in 2009.

However, you can offer so much more than just credit card payments. To help families no matter their financial situation, you can offer options like funeral crowdfunding. CFS has their own crowdfunding platform on their funeral home websites, so the funds raised go straight to your funeral home so you remain in control.

### OTHER NOTABLE FEATURES

A few other notable features that your funeral home's website benefits from are planning tools and aftercare solutions. With planning tools, families can learn more about planning a funeral and even start the process online — saving your staff valuable time. For example, CFS has a multi-step planning tool that walks families through the at-need or pre-need funeral planning process.

After the funeral, many families may feel lost in their grief and unsure of what to do next. That's where your funeral home can come in and help guide them on a healthy healing path. This is why CFS websites come with daily grief support. With this feature, families receive emails on behalf of your funeral home to help them grieve their loss.



To learn more about CFS and their funeral home websites, contact them at **888-881-6131**.



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# Going Home: Three Rules for International Ship-Outs

By Michael D. Sharkey, Esq.

My expertise is in mortuary law. My comments and suggestions are for funeral directors and embalmers who are trying to navigate the complicated, and often frustrating, aspects of the international ship-out of human remains.

On about the second day of mortuary school we all learned that embalming became de rigeur during the Civil War. While war had always taken lives, this was the first time in which “modern” embalming (along with a blossoming railroad system) allowed decedents to be transported home for burial. A combination of preservation and improved transportation allowed families to bring their loved ones home rather than be buried in a far-off cemetery that the family would likely never visit.

Fast forward to 2020 and we see a continuation of this age-old desire to bring a loved one home for burial (or other disposition). However, we are now seeing a new phenomenon which concerns where a person dies compared to where their ancestral home is. Today it is just as likely as not that a person will pass away far from “home.” Modern society has many of us moving for work, relationships, retirement, or opportunities far from where we would like to be laid to rest. This is especially true of foreign nationals who come to America seeking economic opportunities or political freedom. Much like those Civil War soldiers, these individuals are far from the place where their families would understandably want them laid to rest. As a result, all funeral directors and embalmers, even those in “sleepy little towns,” will deal with international ship-outs as part and parcel of their work.

I write this article not to discuss the technical aspects of embalming. There are many who are far better qualified to discuss the technical issues involved. My expertise is in mortuary law and I write to discuss my experiences and observations from my law practice advising, counseling, and representing funeral homes, funeral directors, and embalmers. My comments and suggestions are for funeral directors and embalmers who are trying to navigate the complicated, and often frustrating, aspects of the international ship-out of human remains.

Through my mortuary law practice I have developed three rules for funeral directors and embalmers to keep in mind when asked to ship

remains to a foreign country. I share these ideas with you so that you can better serve these families, as well as help you avoid litigation or claims against your firm and yourself. In addition, these rules may also help you avoid regulatory action against your professional license.

## **Rule #1: Embalming the International Ship-out Case Is Often Different From the Norm**

This article was generally inspired from my litigation work on behalf of funeral practitioners. My comments regarding embalming the international ship-out case are specifically based on a court case in which I served as an Expert Witness (note: some facts have been changed to protect identities). In that role I was tasked with assisting defense counsel who was representing a funeral home in a lawsuit which was brought based on what the family alleged was a “botched embalming.”

The facts: A foreign national passed away here in the U.S. and the family wanted him shipped back to El Salvador. The decedent suffered from edema and jaundice. The embalmer was aware that the case was a ship-out. The embalmer decided that because of the jaundice he would use significantly less formaldehyde than normal. We can all appreciate that he was concerned that the formaldehyde would convert the bilirubin associated with jaundice into biliverdin and turn the decedent a hue of green. However, his concern clouded his judgment as he used far too little formaldehyde in his embalming fluid mixture. If he was embalming for a viewing that would take place the next day he would have been okay. But that was not the case as this was an international ship-out.

## **Primary Dilution, Secondary Dilution, and Trying to Do the Right Thing**

To his credit the embalmer did an excellent job of filling out the Embalming Report. He included an estimate of the decedent’s weight, the exact amount and index of the formaldehyde product, and the end volume of embalming fluid used. Unfortunately, the body was severely under-embalmed.

As I write this piece, we are witnessing the spread of COVID-19 (coronavirus), and by the time you are reading it I predict that ship-out processing at customs in the destination country will likely take even longer than we are already seeing.

I broke out my old mortuary school primary and secondary dilution calculations (yes, folks, you have to know them long after you pass your boards) and determined that by any measure the body was not properly embalmed. In fact, considering the extremely low amount of formaldehyde at the secondary dilution level, one could argue that the body was not legally embalmed. Simply put, the formaldehyde level was far below acceptable industry standards. Unsurprisingly, when the body arrived in the decedent's hometown in El Salvador the remains were in very bad condition. The *funeraria* videoed and photo documented the decedent's condition. I have to give the *funeraria* credit for the manner in which they preserved evidence. The decomposition was readily visible.

The family claimed that due to the condition of the body they could not hold a traditional visitation. Of course, and you all saw this coming, the family brought a lawsuit against the funeral home that did the ship-out.

### ***Hubris: The Embalmer's Sin***

Anyone who has attended my continuing education presentations has heard me describe hubris as the "embalmer's sin." Too often I run across arrogance (sometimes quite blatant) in embalmers. Now please don't be offended. You have all encountered this person and their hubris. Think, "I know that he is a really great embalmer, because he has told me so many times." While it is good to be confident in one's work, a little humility, no matter how great one perceives themselves to be, is useful. This hubris is exactly what led to the situation I described above. The embalmer thought that he could avoid a problem with the jaundice "green" factor by significantly cutting down the amount of formaldehyde he used. As I noted above, if this had been a viewing the next day he might have been correct. However, that was not the case.

It did not help that during my interview with him as part of my efforts to defend the case he stated, "I know how to embalm. Who are you to second guess me?" As a litigator I can tell you that is the kind of thinking that will ruin you in front of a jury. This is especially true when a first-year mortuary student could easily show the jury the math on the primary and secondary dilution and demonstrate that the amount of formaldehyde used was inadequate.

### ***Embalm Accordingly***

This brings us to my first rule: Embalm an international ship-out as if...the body is going to another country. Profound, isn't it? Over the course of my career I have handled several under-embalmed body cases. Conversely, I have never heard of a lawsuit being brought for over-embalming. This does not mean that one can't over-embalm.

We have all had a ship-in where we said to ourselves, "Wow, they really poured the fluid to 'em." However, over-embalming, while not ideal, it is not something that one is likely to be sued over. Take into consideration, as I discuss below, that

the decedent may not be buried for quite some time, that there may be environmental/climate conditions that require extra prep work, and then embalm the international ship-out case accordingly.

### **Rule #2: Account for International Customs Clearance, Cultural, Religious, Environmental/Climate Considerations, and Delays**

Here in America, we have the well-known concept of the "American Way of Death" (You get to grumble when you read that. I didn't like writing it.). Forgive the Jessica Mitford reference, we do have a general rule of thumb about how a traditional funeral works here in the U.S. Assuming we are discussing a traditional funeral, we have a general scheme that we follow.

Day #1: Death, removal, embalming.

Day #2: Arrangements with family, planning of the service and disposition.

Day #3 or 4: Dressing, cosmetics, and visitation.

Day #4 or 5: Funeral service and burial.

While I am certainly generalizing as a very broad scheme, this is at least familiar to almost all of us as a common timing of funeral service events.

The above timing scheme is not at all what even the most simple international ship-out case will look like. The wise funeral director or embalmer will consider several factors that will change the calculus of the aforementioned timing and, as noted above, embalm accordingly.

First, there may be a funeral or some type of ceremony here and that delay in shipping the decedent out must be taken into consideration. Second, there may be delays due to concerns about the identification of the individual. I recall as a young funeral director embalming an individual who had three different IDs on him at the time of his death and this caused the ME to slow down their own processing in order to investigate. Third, the paperwork (shipping documents) may have to be translated into the native language of the destination country. Another issue, and I admit this seems strange, the death certificate and other documents may need to be "authenticated." This is a process where a government agency has to endorse or otherwise provide a stamp of official approval.

Further, one must consider what the delay or wait time will be for the decedent to clear customs in the destination country. It is axiomatic that some countries are quicker to process paperwork and approve incoming human remains than others are. There is also the issue of language barriers and how communication may slow down the process of the remains arriving at their final destination. In addition, transportation in the destination country may be slower than you would think. Sometimes the family is in charge of transporting the decedent upon arrival and they do such without the efficiency one expects of a professional funeral director. All these issues must be considered as potentially slowing down the process of the decedent arriving in their home country and thus must be planned for.

As I write this piece, we are witnessing the spread of COVID-19 (coronavirus), and by the time

you are reading it I predict that ship-out processing at customs in the destination country will likely take even longer than we are already seeing. Issues like this (or other international concerns like war, embargoes, trade issues that cause customs processing to slow down, etc.) need to be taken into account while assessing what is proper preparation on the front end.

Another set of concerns that need to be taken into consideration are the cultural and/or religious customs of the home country. It is actually quite common in some countries to have public visitations that last several days, as compared to our American “calling hours,” or even the “visitation one hour prior to funeral service” that is now so common. These public visitations may occur in an open-air building without benefit of air conditioning. Can you imagine a modern U.S. funeral home without air conditioning? They may even take place outside in a public square. Again, one must account for this when doing the prep work.

Finally, the funeral director or embalmer preparing the body should consider the environmental or climatic conditions in the destination country. I live in Minnesota. As I look out my window at piles of snow and a lake frozen to the point that folks drive pick-up trucks on the ice, I could easily forget that even in February southeast Asia and Central America are hot and humid. The remains that you ship out may sit in an open-air building adjacent to the airport tarmac in extreme heat and humidity conditions for several days as paperwork is processed. Add in the previously discussed customs and funeral rites that may take place over several days in these environmental/climate conditions, and the prep work needs to be sufficient to keep the remains properly intact. Again, these are all considerations that the funeral director or embalmer must take into consideration as they prepare the decedent for an international ship out.

As one can readily figure out from the above noted considerations and issues, the international ship-out case often requires significant time and effort on the part of the funeral home. I suggest that all funeral homes have a line item charge on their GPL for international ship-outs due to the increased work that the funeral director/embalmer will encounter.

### **Rule #3: Consult Your Funeral Service Colleagues**

We are all familiar with the phenomenon that the funeral home which is nearest to yours (i.e. the competition) is not a place you normally call upon for help. Yet the funeral home two towns away is your good buddy and you are always happy to help each other out. I am not foolish enough to advocate for you calling your competitor down the street for advice, but your buddies two towns away can be a real help when handling an international ship-out. Don't be afraid to ask your colleagues about their experiences with a particular destination country.

Many of you are familiar with the Red Book as a guide for consulate contacts and information on

a particular country's shipping regulations. While the regulations may change over time, you should think of your Red Book as a place to keep notes and hints/ideas from your experiences. In doing so you will have provided insight the next time there is a ship-out to a particular place such that anyone at the funeral home can review your notes and tips and get a bit ahead of the game.

Even in 2020, some funeral homes maintain legacy services to ethnic or cultural groups. When you have an international ship-out, consult with a firm that has experience with the particular destination country. A phone call or two may result in you getting the name of a contact person at a particular consulate or embassy who can help you streamline the process in an efficient manner rather than starting from square one. This can go a long way towards making your work easier, the family you serve happier, and possibly help you avoid any pitfalls or “I didn't think about that” incidents that could lead to embarrassment or litigation. At the end of the day we are all in funeral service together. Be willing to help each other out.

### **Conclusion**

The international ship-out case is a chance for the funeral director or embalmer to showcase their skills to their colleagues in another country and can be an appropriate source of “pride in professionalism” for the funeral service practitioner. International travel and foreign residency are not going to change and will only become more prevalent as economic and political shifts continue to bring folks from all over the world to the U.S. In this litigious age of ours the wise practitioner understands the customs process, or gets help understanding it from colleagues, learns about the nuances of the local customs/culture of the destination country, and then embalms and prepares the decedent accordingly. You possess the skills and knowledge to serve the family, avoid litigation, and ensure that the decedent arrives in proper condition. Use them.

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# The Farewell Facilitators

By Glenda Stansbury, CFSP

I quickly became the unofficial parish funeral director. I began my own campaign to convince the church that funeral directors were needed, necessary and vital.

I hate Starbucks. There I've said it out loud. I'm not a fan of their coffee. I think it tastes bitter and a little burnt. I drink black coffee. Without stuff in it.

What is it about Starbucks that sets me on edge? Is it the presumed coolness? Is it because you can sit and nurse a drink for hours while surfing on their Wi-Fi? Is it because you feel proud that you truly can spend \$8.00 on a beverage that should cost a dollar?

But the thing that bothers me the most is their lingo. I don't get it and it's intimidating. How can the small cup be called tall? And why isn't the grande the largest? And what the heck is a venti? And don't get me started on pumps or whips.

When I travel, I am often forced into an inescapable situation where Starbucks is my only option. So, I muster my courage and walk up to the counter and start my pantomime. I hold up my hands to show them what size I want because I cannot for the life of me remember which is which. I just say, "Coffee, black, this size," with my hands in the approximate location of a large cup. Inevitably, the barista will ask, "Do you want me to leave room for cream?" "Nope, coffee, black, this size." Surely, I'm not the only one in the country who doesn't want stuff in their daily required dosage of caffeine?

There are literally websites and posters on Pinterest with instructions on how to order in Starbucks. Really, when did it become so difficult and complicated to order a cup of coffee?

When I began musing about Starbucks and how insecure I feel every time I walk in, I started wondering if that's how people feel when faced with dealing with funeral service? Are we as intimidating to the public as Starbucks? I think so.

Recently I conducted a funeral seminar at my church. For those of you who do not know me, it may come as a great shock that I am a regular and involved member of a church. I run the homeless program. I am on the Care Team. I chair the Columbarium Committee. I am the church

pianist! It is a suburban UCC congregation with 800 members. Liberal, social justice types - lots of lawyers, doctors, social workers, educators. The cremation rate among the parishioners is about 99%. In the twenty-two years that I've been a member, I have assisted, played for, or attended only two services where a body was present, and one was my mother. The senior minister was a huge proponent of cremation and insisted that the church could handle a funeral. The deacons could usher, the Ladies Guild could provide the reception. Just go to the direct disposer guy and then come to us. We all know this story.

I quickly became the unofficial parish funeral director. If there was a question about funeral processes or difficult situations, death, dying, all that icky stuff, call Glenda. I began my own campaign to convince the church that funeral directors were needed, necessary and vital and they couldn't just rely on myself or other volunteers to take care of the important elements of a funeral service.

My ministers were not convinced until we had a huge funeral for a 10-year-old boy who died of cancer. Over 400 people attended and the funeral directors were there doing what we do best. Handling everything. After the service, the ministers looked at me and said, "That was amazing. Can they come every time?"

"Well, only if you impress upon our members how valuable their presence is."

They became true believers. So, slowly over the years the response from the ministers when they were called about a death in the congregation was, "And what funeral home are you using?" Subtle but effective.

Of course, part of the challenge to overcome was the fact that none of my ministers had ever had any training in the funeral process or even in the aspects of grief. The senior minister, who just retired after 35 years, has a degree in English, an M.Div from seminary, and a doctoral degree. Our

associate minister is 36 years old, has a degree in social work, a law degree, an M.Div, and will complete her doctoral degree in May. What an overachiever! The associate minister before her had a degree in social work and a seminary degree. Not a single one of them had ever had a class or any training in pastoral grief care or funeral preparation. So, it is no wonder that none of them knew how to talk to funeral directors or how to create a meaningful service.

I have done on-the-job training with each of them on how to have a family meeting, how to coordinate and cooperate with the funeral professionals, and how to ask the right questions to get the desired results, because they certainly did not get that from any of their formal preparation.

After dealing with so many parishioners who were caught unprepared at the time of a death, we decided to offer a seminar that would answer all the questions and equip people for making plans and looking ahead. My minister called it *The Faithful Farewell* because she didn't like my suggestion—*Fun Funeral Extravaganza*. Some people have no sense of humor.

We gathered on a Saturday morning and 45 people attended which was a great turn out for a first-time effort. And, while I tried to give them all the information possible about how to think about funeral planning, what to consider, how to prepare, I learned a great deal at the same time. What I discovered was that for the general public, a funeral home is a lot like Starbucks. Lots of unfamiliar terminology and very intimidating. Where do they keep the dead people?

We talked about the value of the funeral and gathering and sharing of grief. We talked about the value of viewing, which was uncomfortable new territory in this cremation-centric population. We talked about the value of the funeral director. I pointed out to them that in today's environment, most of our deacons had full time professions and couldn't show up to usher for a 2:00 service on Tuesday. The median age of our Ladies Guild is 80 and they are certainly no longer interested in punch and cookie duty. The Guild no longer has a Funeral Reception Committee. We are doing funerals for the Funeral Reception Committee. Our church secretary does not have the time nor the software to print service folders. Our IT specialist is not going to create your video tribute. No, we do not have books for guests to sign.

Guess who can take care of all those desired details and make sure everything goes smoothly? The funeral director. After I made those statements, our minister, who was sitting at one of the tables, said, "Say it again for those in the back." She is determined to get across the message that the church is not equipped to fulfill all those specialized needs nor should they be expected to. I have completely converted her.

We talked about all the options for final memorialization. We talked about costs. When I explained that a full-service funeral experience with all the bells and whistles they could ask for,

not including cemetery costs, would be somewhere between \$8,000 and \$10,000 in our part of the country, one sweet lady said, "Well, that isn't that expensive at all!" Bless her.

I pleaded with them to let the minister or the Celebrant help them craft the order of service. I showed them a GPL, of course, first having to explain what that stood for, and they were shocked. So many strange words, so many options, so many things to think about. And why exactly do we call it a video tribute anyway? Isn't that just a slide show with music? What's the difference between a visitation and a viewing? What is an immediate disposition? Isn't that something that happens when you are called to testify in front of an attorney? Exactly how temporary is a temporary container? What is so alternative about a cardboard box? We do like our secret code language even if it confuses the rest of the world.

But the most intriguing thing happened when I told them that they could go to a funeral home and just make plans. They did not have to fund their decisions right then, but what a good idea it was to have things written down and in a safe place so their family would know where to start. I gave them a list of all twenty-seven funeral homes in the metro area and invited them to choose one and spend some time getting to know a firm and the directors. Of course, we discussed the benefits of pre-funding and why it could be beneficial and a cost savings.

But my goal was just to get them headed on the pathway of planning and taking that first step—*walk into a funeral home*. Break that barrier of no man's land. Go there when you are not under duress. What?? We can do that? I don't have to have all the answers? I don't have to worry that they are going to pressure me into purchasing something? I won't die tomorrow if I make funeral plans today? I don't have to know what size a venti is?

We spent an hour presenting the seminar. I invited the organ and tissue donation community representative to talk about the process and the need for donors. The questions came hard and fast for the final 30 minutes. And the bottom line to most of their questions was fear. Afraid to talk about death. Afraid to talk to a funeral director. Afraid to talk to their families. Afraid of the unknown. Afraid. Afraid. Afraid. Just like I feel when I must walk into a Starbucks.

One woman told me the next day at church how much she enjoyed the presentation and how much she learned. She called her son that evening and told him where she had been that day and his response was predictable, "Mom!! What's wrong?" because no one thinks talking about death and dying can happen in a normal setting. There must be a crisis looming. She assured him that she was fine and asked him if he, a fifty-year-old married man with children, had made any plans. We know the answer.

There has been an increased interest in the past few years in having these types of conversations. Death Cafés have become more popular and, while I am familiar with a few funeral homes who

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Maybe it's time to create a coalition of funeral homes in your community which will offer a speaker's bureau of professionals who could make presentations to interested groups.

have actively supported, promoted, or facilitated these opportunities, for the most part these are happening outside of our involvement. Most are set up by individuals in the death doula or home funeral movement. Perhaps that's an option and outlet for having conversations with people who have self-selected to be intellectually curious and open to the concept of death, and to be a source of information and guidance. If you Google *Death Cafés* you can find locations of current ones or suggested guidelines for setting one up.

The age-old Lunch and Learn with the pre-need or Community Outreach specialist, is, of course, the model we have clung to for years but unless we are very clear and specific that we are there for information only and not to sell something, then the participants feel like they are attending a Tupperware or Mary Kay party. The sales pitch is coming. Just wait. And your target audience can't come to lunch—they are working.

After our time on that Saturday, the spokesperson from Life Share, our organ donor program in the state, was impressed and amazed. She said more churches and organizations should be doing this. Yes, they should, and we should find a way to facilitate that. Yes, it's tricky to come in without promoting just your firm or having an agenda.

Yes, you want to spend your time handing out pens and calendars printed with your logo. Yes, it is difficult to think of collaboration with "my competitor."

However, here's a crazy thought. Maybe it's time to create a coalition of funeral homes in your community which will offer a speaker's bureau of professionals who could make presentations to interested groups. Church classes. Book study groups. Retirement facilities. We could call these speakers *The Farewell Facilitators*. *The Panel of Death*. *Travel Agents for the Big Trip*. *The Death Whisperers*. See, those are catchy titles, too! I don't know why my minister is so hesitant to let me name things.

The promise and purpose would be funeral professionals who are dedicated to educating and informing without baggage or bias. Because honestly, the more people know, the more engaged your future families are, the more empowered the public is, the better off we all are. At the end of the day, we will survive or die together. Literally, no pun intended.

And maybe you can offer refreshments at your event like donuts and Starbucks coffee. If you do, please let me know how it goes. The seminar, not the Starbucks.



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# Vampire Hunt

By Duncan Norris

Avery cleaning a skeleton.

It probably says something about the nature of my life that when I announced to family and friends that I was going to Poland to dig up vampires not a single one of them questioned the veracity of my statement.

This expedition started at an Australian Institute of Embalming conference. I was outside the *Titanic* (we Australians are ever prone to jump on a sinking ship, which in this case happened to be a themed restaurant) and fell into conversation with two colleagues, Suzie Korszky and Robyn Williams, from one of the local Melbourne mortuaries. It turned out we had a mutual interest in Egypt, and I had recently returned from a trip there. We kept in touch afterwards so when Suzie decided to undertake a degree in Archeology and Anthropology, I was quick to jump in with unsolicited advice and an overwhelming number of course-related textbooks. Sometime later Suzie mentioned she was off to Poland to dig up Bronze Age vampires. Biting back my jealousy, I was genuinely effusive in my congratulations. A day or so later my brain perked up and asked an obvious question: How are there Bronze Age vampires? The mythology of the vampire in Europe is separated by well over a millennium, perhaps two, from the Bronze Age. In fact, I posed Suzie this question and she replied offhandedly, "Oh, didn't I send you the course information?" I eventually tagged along on Suzie's great adventure and found myself in Poland alongside her, undertaking a course in Archeology and Human Osteology.

My return to school was literal as well as figurative. The site of the dig was located in rural western Poland, and our accommodation was in the

village primary school, which was closed for the summer holidays. Here is a little-known fact about archeology and osteology: those who study these topics are overwhelmingly female. In fact, other than my roommate Martin Bach, there were no other male students. This had a few interesting side effects in group dynamics and such, but mostly it meant that Martin and I got to have a huge room to ourselves. The gender disparity was an interesting differential, but it was nothing compared to the fact that I was the oldest person there, in most cases significantly so. This included the staff and instructors, not just my fellow students. I was most certainly Indiana Jones in *Kingdom of the Crystal Skull* rather than Indy in *Raiders of the Lost Ark*. Digging in the summer sun is definitely a younger person's game. Speaking of my fellow students, except for Suzie and I, everyone was from North America (shout-out to Britney Joy from Yellowknife for coming from the coolest sounding place) and not from a funeral service background. Most were pursuing various degrees in archeology and physical anthropology.

The site itself was an easy mile or so walk from the school and located in a farmer's field. The excavation location was a cemetery from the late Middle Ages roughly dating from the 17th and 18th centuries, based on coin finds and dendrochronology. This cemetery had a few curious anomalies. It was not located near a known village, and had no associated chapel or religious structure, or boundaries, all unusual for the time and locale. There was no obvious reason why burials had commenced here nor why

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interments had later ceased. Most curiously, it was also the site of Bronze Age cremation pits and urn burials, which raised the question in my mind, “Why did people start using this spot as a graveyard again after an interval so many years?”

The term “dig,” in archeological usage, is far from an empty phrase. The amount of dirt and sand we collectively shifted measured in the tons and it was all manual labor. I imagine most everyone has used a spade to dig a hole, but even this basic task had to be relearned. Digging straight down, with the risk of damaging what lies beneath, is prohibited, so one must dig on a flatter angle and bucket chain the dirt out of the resulting hole. First using the laws of stratigraphy to determine previous disturbed soil indicative of graves, then the tedious drudgery of troweling the area perfectly flat begins.

One of the cardinal rules of the dig is: Don't Collapse the Walls. The digging of excavation pits results in walls that are not secure and they tend to destabilize quickly if one walks too close to their edge. Such collapses can destroy remains located inside unexcavated walls and damage the specimens being worked on in the pit. At the least, it forces hours of extra work re-cleaning a partially exposed but now reburied skeleton. More importantly the dangers of being caught inside such a collapse cannot be overstated. Every few years one reads about tragic cases of people, often children, playing in the sand or digging tunnels that collapse, leading to fatalities. The *New England Journal of Medicine* has a 2007 article, “Sudden Death from Collapsing Sand Holes,” if you wish to learn more on this grim subject, and I have personally attended scenes where the partial collapse of an excavated trench wall in building works has resulted in death. Such collapses are thus a very real danger. I was even told of a high-ranking professor banished from their own University's dig site for committing this very sin. So, in short: Don't Collapse the Walls.



Author cleaning a skeleton.

The initial rules, broad excavation and groundwork having been laid in the first few days, we were sorted into pairs and assigned a section that would be our excavation. I was partnered with Avery Lawrence, a very fit Canadian and not shy of hard work, which is probably why we were assigned the largest (horizontal) area as our workspace. Remember that the entire area must be leveled down as a unit, rather than just dig in the area like children on a treasure hunt.

Suzie was assigned Martin as a partner, presumably with the understanding that if she could handle me as a friend Martin would be a piece of cake. Now I must confess to a new and curious fear that started to creep up on me, namely, “What if we didn't find any burials?” This fear became more acute as other people swiftly located clear outlines of graves in their excavations. Our larger area meant a slower descent. We had unearthed a cremation pit, but that is small beer when one is on the hunt for vampire skeletons.

I suppose an explanation about the “vampires” is in order. Firstly, I am sorry to report, several centuries of scientific inquiry have been rather conclusive that vampires are mythical. However, this has not stopped those in previous ages who did believe in the walking dead from taking countermeasures against such creatures, which resulted in the treatment of the suspect deceased in a manner that would prevent their return, the most infamous treatment being decapitation. No burials of this type had been unearthed at our site in the previous decade since dedicated excavation began, but a number of anomalous or atypical burials had been discovered, such as those with apotropaic (having the power to avert evil influences) materials surrounding them, or with large rocks placed in the mouth of the deceased. One rather dramatic case had the deceased buried with a sickle across their throat, presumably a defensive booby-trap against a potential undead rising. These atypical burials were the subject of the doctoral thesis of the dig supervisor, and her conclusions thus far were that it was not typical anti-vampire ritual but aspects of folk magic and protective demonology lingering into the post-pagan Christian age.

Eventually all our digging paid off, and Avery and I located the likely outlines of three graves. All were intersecting, and our first task was mapping the area both with scale drawings and special surveying equipment called the Total Station, before commencing a more careful regime of digging until we came into contact with the skeleton in the grave itself. Yet suddenly and unexpectedly in leveling down to the first, smallest grave we came across an inverted adult mandible. This particular mandible had a rather unnatural flat edge to the underside. The fragility of the bone was such that even excavating carefully with an unsharpened trowel, it still left a surgical-like cut. Further excavation revealed the full mandible, but, rather unusually, no other bones. This was even more unusual as the uppermost grave was, by size, likely that of a sub-adult. The working theory was that in the interment of the sub-adult the gravediggers had unintentionally dug directly into a deeper existing grave, accidentally removing the lower jaw of the

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Cut the end of the Quik-Pak  
and screw your preferred  
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Minimal waste.

person there interred in the process, and that it was later reburied in the back fill of the sub-adult grave.

I am sure you have noticed my use of the term “sub-adult.” Its persistent usage on site struck me as interesting. The term juvenile, or infant, or child, could, in many instances, have been substituted but was not. I see similar behavior concerning the use of euphemisms in funeral service. How many people in our community pass away rather than simply die? This is especially true when dealing with the death of a child.

There was also another prohibition which I took particular note of, this time concerning the respectful treatment of the deceased. This is, of course, a core of funeral service, but not all deceased are being treated in a funeral setting. The differences between what constitutes genuinely respectful treatment in an anatomical lab, for example, can be jarring to those of us with a funeral service background. The prohibition with the deceased we were excavating and examining was that we were not to give them names or nicknames. The names and identities of the people in question were unrecoverable in this instance, but it was made clear that they had once been people with their own names and personalities and beliefs, and we were not to potentially offend against them or be disrespectful by arbitrarily assigning them new ones.

Further down from the mandible we eventually located the largely intact sub-adult coffin. Or so it seemed to my inexperienced eye. In reality much of the wood had disintegrated and was being held in shape by the absence of movement, being in places paper thin and coming apart at even the gentlest touch. Likewise, the occupant had a recognizable face and skull as we slowly cleared the debris away, but this disintegrated as we moved it. This is a common happenstance in these circumstances, which is why all the photography and initial analysis is done with the skeleton in situ rather than after removal.

But there was one final curiosity about this grave. As we cleared the edges of the coffin we encountered more of the skull outside its confines, which was perplexing given that we had largely accounted for the necessary pieces of the sub-adult cranium. Further investigation solved this mystery, as it was apparent this was the skull of an unrelated adult upon whom the coffin had been directly placed. The positioning of the two was such that it remained me of Goya’s painting *Saturn Devouring His Son* and it was a disconcerting image. Because of this unanticipated discovery, instead of going to the lab to do further cleaning and analysis of our first skeleton, Avery and I continued on excavating the second, as it is unwise to take overlong in the recovery process for obvious reasons. The summer sun is not kind to centuries-buried bone.

It is worth mentioning that in the afternoons we had theoretical and practical classroom instruction. For the third time in connection with this dig I was the odd man out, being the only person who had not taken at least one course in Human Osteology. I was in a scramble to keep up. Embalming school was a long time ago for me and then bone was mostly focused upon as non-embalming material, which is to say not so much. I know all the main bones, of course,



Suzie and Martin mapping.

and even some of the more specialized areas: the temporal, frontal, and occipital bones of the cranium, for example. But the amount of knowledge required to truly understand them for identity purposes was way above my level. The aforementioned temporal, frontal, and occipital bones alone required the ability to remember and identify 63 different structures, not just as part of a whole, but often when only given small fragments of that bone to examine. The usefulness of such an understanding in reconstruction cases is self-evident.

Meanwhile back at the dig while Avery and I started upon our second skeleton, Suzie and Martin were still digging down for their first. And I mean down. We were two tiers in height separated from them, with our position angled and elevated above them, yet when they started to bend to dig they disappeared from view. It was an awful lot of digging, but they were ultimately rewarded with a unique find. Although their skeleton had been largely reduced to more imprint than extant bones, it had unequivocally been deliberately decapitated, with the head placed between the legs and buried with a sickle. Suzie and Martin had discovered our first vampire!

While I admit this did momentarily make our second skeleton seem an also-ran, there was much excitement and a genuine sense of accomplishment as Avery and I unearthed our first adult. As we had correctly predicted, the deceased was missing his mandible and had suffered some serious damage to the splanchnocranium (face-bones is what I called them before all my Osteology learning), but was otherwise in remarkable condition. Then came the time to slowly remove the surrounding sand, and the mental image you probably have of careful scraping with non-metallic blunt instruments is accurate. What you are probably not imagining is how tedious it was. Haste is counterproductive in this endeavor, but the reality was trying, competing as it does with the excitement of wishing to make more discoveries.

All of this was made worse by a rookie mistake I made. Space to access the skeleton was limited, and

decisions on one's physical placement in order to work were necessary, and without thinking it through, I volunteered to excavate the ribs. Now most bones in the body are structural, solid, and support the tissue about them, and thus in decomposition post-interment they remain in place. However, the ribs are also partially defensive in nature, forming a non-rigid protection for the soft tissues of the thoracic cavity. Naturally, under the influences of time, decay, and the pressure of soil, they inevitably collapse. This makes the process of excavating and cleaning the ribs, which requires that the soil be removed but the bones be left precisely in place, frustrating and finicky.

All seemed to be progressing in order, yet our skeleton held two more surprises. His right arm was entirely absent, and we would later discover it as we excavated down into the third grave which lay underneath and to the right of our second skeleton. In a surreal chance positioning, the fingers of this detached arm were splayed in the form commonly seen at heavy metal concerts and known colloquially as "the devil's horns," although the gesture originates in Italian folk practices as a protective custom against malediction. A salutary reminder that it is always important not to ascribe significance to the whim of happenstance.



Skeleton with head between its legs.

More singular was the rather un-academically named "shark bone." I'm sure you can guess which non-academic called it that. This anomaly was a several

inch-long triangular projection of ossification on the lower part of the left femur and caused much delight to the assembled anthropologists. Our final excavated skeleton held no especially noteworthy aspects, save for the imprint of an oxidized coin against one of the ribs. What was interesting was to see the speed with which Avery and I were now able to progress, and the sensitivity we had to excavate the bones intact.

There were numerous other interesting discoveries happening about us as the dig drew to a close, including another near-perfectly preserved decapitated vampire burial, a skeleton with an intact and extremely modern-looking metallic upper denture and a far more intact coffin that Suzie and Martin uncovered with recognizable drapery and even intact leather shoes on the deceased.

On the final day we were to finish off cleaning of our skeletons in the lab, but Avery persuaded me to go to the site and map out the position of an urn which had been visible in the walls of our dig area. It had been a rather poignant image quietly hovering in the background as we toiled, and it was easy to talk me into doing the job. Vertical mapping is even harder than the horizontal version and while Avery was sighting with the survey machine I stood atop the wall and held the corresponding reflector. As the base of the reflector needed to be exactly atop the piece of pottery jutting out from the wall, one needs a second person holding it in place, and as I apparently didn't understand how the chain of command worked, I called over the boss of the whole dig to do so for me as she happened to be free. So it was that she was directly beneath me as, you guessed it, my weight collapsed the wall! Fortunately the wall wasn't high, and the boss was standing rather than lying prone so there was no real danger. Yet as I looked down in horror, she reached into the pile of thoroughly destroyed dirt layers and picked up what had landed at her feet, an item which appeared to be an almost completely intact 3,000-year-old burial urn. Ending with a bang indeed.

My month at the dig was an incredible experience on a number of levels, yet like many things its true and hidden value was not immediately evident. A few weeks after my return to Australia I was called out to attend the scene of a fatal house fire. The blaze had been so intense that one of the limbs of the deceased had exploded, sending charred and cremated bone into the mixture of burnt wood, plastics, and other less identifiable objects in the mostly gutted house. It was a great comfort to have the knowledge to be able to sort through that debris and confidently state what was human remains and ensure that the recovery process was as thorough as possible in the circumstances. The value of education and expansion of knowledge can yield unexpected and positive results in unforeseeable ways.

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Duncan Norris is a practicing embalmer at Kenton Ross Funerals in Brisbane, Australia. A Fellow of the AIE and former BIE Divisional Secretary, he has also served in numerous other roles including that of coronial agent, anatomical lab assistant, and in international mass disasters.



Although their skeleton had been largely reduced to more imprint than extant bones, it had unequivocally been deliberately decapitated, with the head placed between the legs and buried with a sickle. Suzie and Martin had discovered our first vampire!

A woman with blonde hair, wearing a black dress and high heels, stands in a church aisle. She is looking towards a large, elaborate floral arrangement on the right. In the foreground, the wooden pews are visible, with an older man and a woman seated in the one behind her. The background features a large, dark screen mounted on the wall.

Dodge

Another family got on with  
their lives, thanks to you.



# The Wishing Well

By Jerome Burke

*“Sometimes the Little People or the old gods, or whatever, have a cruel way of making wishes come literally true.”*

The week-long lawn fete for the benefit of the American Legion’s new clubhouse was an unqualified success. Monica and I went over every night, rode on the miniature railroad, pitched balls at the Artful Dodger . . . which convinced me both my speed and control aren’t what they used to be some twenty years ago...took chances on washing machines, TV sets and half a hundred other things we needed about as much as we did another hole in our heads, and had a grand time altogether. On the final night we came to the wishing well. This was a fifty-gallon tank camouflaged to look like an old-fashioned well curb with imitation stone, and had a sign above it proclaiming in big, black letters:

*Drop a coin and wish well too,  
And your wish will e-en come true.*

“Come on,” urged Monica. “Let’s risk two bits to have our wishes.”

Just as I reached into my pocket for some loose change, I heard a little girl call to another, “Come on over here, Dolores; they’re starting the Punch ’n Judy show!”

I brought my hand out of my pocket empty and took Monica by the elbow. “Let’s have none of it, acushla,” I told her.

“Now what’s on you, Jerry avick?” she protested. “Is it clean daft you’ve gone? Why shouldn’t we —”

“Listen to me, pulse o’ me heart,” I interrupted. “Sometimes the Little People or the old gods, or whatever, have a cruel way of making wishes come literally true.”

I steered her to the refreshment pavilion, and

presently we found ourselves with two pyramids of vanilla lime ice and two huge wedges of angel food cake between us. “And now,” she told me as she sampled her ice cream daintily, “you might as well be telling me.”

“Tell you what?” I asked.

“When that child called her little playmate I could see you fairly stiffen. What memory did it bring back?”

I bit into my angel cake and grinned at her. “There’s no use trying to hold out on you,” I admitted. “It was the name Dolores that stopped me at the wishing well. Once on a time I knew a girl of that name. She trusted to a wishing well to make her dreams come true, and...”

“And what?” asked Monica.

“And I buried her. In a greenlace robe, with an orchid pinned to her shoulder. She had a casket fit for a queen, for there was a thousand dollars on her when they found her...”

“Found her where?” demanded Monica. “Why don’t you start at the beginning, if there was one?”

“All right,” I gave in. “Here’s the story.”

\* \* \*

It was shortly after she was seventeen, and just out of St. Bernard’s High School, that Dolores Shaunessy left home to seek her fortune, as the saying has it. There’d been a graduation party at the school, and she threw her last dime into the wishing well as she whispered, “I wish that I may find him and that he may love me and that I may wear fine clothes and ride in fine cars...”

"No wish that you may be a good girl and bring true happiness to others?" asked Sister Mary Paula.

"Oh, everybody wishes things like that," said Dolores. "I'm different."

She was, indeed. Her parents were respectable, hard-working people, with no more claim to distinction than two sacks of potatoes. Her father was night watchman in a box factory with no more education than a tinker's dog and no ambition but to do his humble job efficiently. Her mother was a cleaning woman in an office building, crooked-backed from bending over miles of marble corridors, red-handed from soap powder and hot water. She was old-appearing for her forty years, but there was a kind of beauty in her wrinkled face, for the simple love between her and her man had imparted something neither time nor toil could take away.

They lived in three rooms on the top floor of an old house where the air was never quite free from the smell of boiling cabbage, and Dolores hated it. She seemed out of place in those surroundings for she was beautiful. Her hair was the color of new copper wire and her skin was white as milk. Her eyes were green as moss agate, and she had long, slender legs, a high, firm bosom and a little head poised proudly on a full, round throat.

So shortly after graduation from St. Bernard's she left the little flat that overlooked the railroad tracks and went to work as a model for Madame de la Côte who was in fact no woman but a man, and a man of most uncertain ethics. Every day she posed and preened and postured in the most expensive of expensive clothes for women who had or controlled fat bank accounts, and she loved her work. She never visited her parents, never sent them money or even a card on anniversaries or holy days. She was trying to forget that she had lived down by the railroad tracks, and on the wrong side of 'em, at that.

One day as she was walking home from work she stopped for a traffic light and looked with casual, approving interest at a long, red Cadillac convertible that had drawn up beside her. Then she raised her glance to meet the smiling eyes of a young man who sat behind the wheel. Her breath stopped with a quick, soft sob and her eyes widened, for it seemed to her she had been waiting all her short life for just this young man. Her green eyes showed the flicker of a twinkle and a little dimple pushed itself into her cheek as she smiled. When the traffic lights became green she was seated beside him on the red-leather cushions of the convertible.

In the days that followed, Dick Truman's car was parked before Madame de la Côte's establishment with the persistence of a delivery truck. Each evening she rode home in it; on her days off they drove out into the country and lunched, dined and danced with the happy abandon of children playing truant. They

had known each other almost a month before she went to his apartment.

He lived in a penthouse perched on the roof of a loft building, four big rooms facing a tiled terrace hedged with clipped hornbeam. It was the sort of place she'd dreamed of; she saw her wishes coming true...luxury, sophistication, all the things that went to make up gracious living...now she had them in her grasp, almost.

Presently the moon came up and they sat in low chairs on the terrace drinking pink champagne, which she had never tasted before, and listening to seductive music from the record player. She felt her head begin to whirl. The champagne, Dick Truman, the low, soft music, the moonlight, brighter than any she had ever seen before. She heard him whisper, "I love you, Dolores. I love you." His voice drained her of all resistance.

Morning came, lovely and cool. While she was in the bathroom Dick made coffee, toasted English muffins, and spooned marmalade from a glass jar into a silver dish. She was late to work that day, but "the light that never was on sea or land" shone in her eyes.

Summer ripened into autumn, chestnut vendors replaced flower sellers at street corners, and the sunshine seemed to change from gold to minted silver. One afternoon as she let herself into the penthouse it seemed to hold a strange, foreboding quiet. "Dick!" she called. "Where are you, darlin'?" She looked around the living room for a note, for when he could not meet her he always left a message. There it was, a big, white envelope tucked under a small ivory peacock on the coffee table. She tore it open eagerly, took out the folded paper and glanced at it. And as she read her heart gave a cold, nauseated lurch:

*Thanks for the memories. We did have fun, and no harm done. I'm giving up the penthouse on the first, but you may stay on till then. Meantime, here's a little something for your trouble. Thanks again for a most interesting summer - Dick.*

From the opened letter there fluttered another bit of paper. Something she had never seen before in all her life. A thousand-dollar bill.

She dropped the note beside the money and half-blindly, half-resolutely, turned toward the door that led out to the terrace. Then, with Irish practicality, she stooped, picked the bill up and tucked it into her stocking top. "For my buryin'," she whispered, and closed her eyes again as she walked slowly toward the terrace.

The wishes she had made beside the wishing well had all come true. She had met "him," and he had loved her. She had worn lovely clothes. She had ridden in fine cars.

The wishes she had made had all come literally true, but with a bitter, ashy taste to their literalness.

Her eyes still tightly shut, like someone playing blindman's bluff, she stepped through the French doors to the terrace, walked across the tiles and right through the knee-high hedge of clipped hornbeam.

The street was fourteen stories down.

Her breath stopped with a quick, soft sob and her eyes widened, for it seemed to her she had been waiting all her short life for just this young man.

From the opened letter there fluttered another bit of paper. Something she had never seen before in all her life. A thousand-dollar bill.



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

Jerome Burke

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