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The Cover
It's Spring! Photo by Dodge Sales Rep Tom Randall and his wife Teresa.

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A Friend and Educator to Embalmers

G. WILLIAM MARTIN
1942–2024

"The visual perception of death is the first step in grief resolution."

I heard this phrase for the first time in March of 1987 at the Dodge Seminar in Sarasota, Florida, spoken by G. William Martin (Bill) during an embalming presentation he was giving. I recall thinking that it was an eloquent statement that captured the essence of embalming.

Bill was a much sought-after presenter at conferences and state associations across the United States. He was not as much an advocate of embalming as a crusader. Part of his popularity was due to his engaging style and the genuineness of what he spoke about. Bill "walked the walk and talked the talk," and it was evident by what he said and how he said it.

When I met Bill, I had just started my career with Dodge. At this seminar, I met two of my idols, Don Sawyer, and C. Richard Sanders, commonly known as Dick. I soon found out that Bill had worked with Don prior to starting with Dodge, and that his knowledge and skill mirrored Don's. Bill often partnered with Don at the Sunshine Seminars when the actual embalming took place in front of a live audience. For those of you who have never raised vessels with 80+ embalmers watching you, his skills and composure were very impressive.

His tenure as the Dodge sales representative in Washington, Alaska, Northern Idaho, and Western Montana for 39 years created life-long friendships and respect for his advice across his territory. Bill's appreciation of funeral service education led him to devote time every year to Dodge Day at Mt. Hood Community College where he and Larry Whitaker, from his neighboring Dodge territory would present an embalming and cosmetic program for the students. The Washington State Funeral Directors Association created a scholarship in his name when he retired in 2016.

With a larger-than-life personality and an imposing size at 6'3", Bill could appear a bit intimidating. The true nature of the man was that he cared deeply about what funeral service offered families in grief and the therapeutic quality of good embalming. If you were his customer, or lucky enough to be his friend, his integrity and authenticity are what you remember.

By Tim Collison

The Embalmer and Fingerprint Identification

By G. William Martin

This article was previously published in the September 1992 issue of the Dodge Magazine and, as a tribute to the late Bill Martin, we thought it would be fitting to re-run it as he was credited with the invention of this fingerprint procedure still used by many agencies and funeral homes to help in the identification of loved ones.

As funeral directors, we are routinely asked to handle human remains that are in various stages of decomposition. On most occasions we are competent enough with embalming techniques to carry out procedures that will allow us to show these remains for funeralization. Many of the embalmers that I regularly call on during travels through my territory treat dehydrated and emaciated tissue with special procedures. These procedures usually involve the use of Feature Builder and hypodermic injection. Feature building by hypodermic injection, as we know, usually creates natural appearing facial features. Some embalmers routinely inject Feature Builder into fingertips and hands to create a more natural appearing hand. So why would I be surprised when the Washington State Patrol called me and started asking me questions on how to soften hand and finger tissue that was mummified? I accepted the request for help and, after gathering up some instruments and chemicals, I drove to Olympia, Washington.

During the drive to Olympia, I began to recall as much as possible of what I had learned from Don Sawyer about treatment of dehydrated and emaciated tissue. After all, any procedure I was about to perform would be based on what I have learned from Don.

We know that extreme dehydration prevents decomposition because of the absence of moisture. Instead, tissue grossly discolors and shrivels. It becomes very firm, sometimes very hard. So we actually have unembalmed preservation. We commonly refer to this as mummified tissue.

The embalmer may notice the beginning of this process after removing a remains from refrigeration. Refrigeration causes rapid loss of moisture, and therefore dehydration occurs. The fingertips may turn a brownish yellow, begin to wrinkle, and lose the natural rounded appearance. The lips may also wrinkle, become smaller in size, and turn almost black in color. Embalming procedures that use excessive water and fail to include rehydration chemicals on bodies of this type usually produce a worse instead of better appearance. The embalmer should always be aware of the level of dehydration when embalming any remains. This knowledge will assist him in chemical selection and dilutions. Water and formaldehyde contribute to dehydration, neither water nor formaldehyde will cause tissue to be rehydrated. Most embalmers have already experienced some of the gross changes in human tissue which occur when chemical solutions are not considered properly. Remember that saving the cost of a couple of extra bottles of chemical could result in the expense of a lawsuit. A body in advanced stages of dehydration can be embalmed and properly rehydrated for viewing, but it will never be done with water.

When I arrived at the Washington State Patrol identification section, I was greeted by Tim Taylor. Tim is a fingerprint technician, who showed me the tissue we had to work on. The hands had been removed from the body. This made my work much easier, since I would not have to work around the odor of the decomposed body. The fingertips were grossly discolored and totally mummified. They resembled a prune both in color and contour. The tissue was very hard and would be impossible to fingerprint without first achieving some softening of this tissue.

So why would I be surprised when the Washington State Patrol called me and started asking me questions on how to soften hand and finger tissue that was mummified?

The fingertips were grossly discolored and totally mummified. They resembled a prune both in color and contour.

After mixing a clean solution, one-to-one Metaflow* and Restorative, draw a 10cc glass syringe about half full. Enter the finger with the needle at the first or second joint, depending on the condition of the finger.

The process we used to soften the tissue of the hand and fingers seemed straightforward enough to me. However, I was fascinated by the reaction of those who watched. I soon learned that police and investigative agencies all across the country have never really used a process of rehydrating tissue which was based on techniques that had any real effectiveness. Many of them did use Feature Builder, but the process they used did not involve softening of tissue first. If these tissues are injected with Feature Builder or any chemical before softening, the area can be, in a manner of speaking, traumatized. This trauma will cause the epidermis to separate from the dermis and break apart. This will leave the ridge area in a state of total destruction.

Many agencies over the years have developed some partially successful techniques using some uncommon chemicals as well as some common household materials. One of those materials still used today is fabric softener. All of these products seem to damage the ridge area dramatically, thus reducing the chance of obtaining a good print.

If you are called upon to assist your local medical examiner or police investigation agency in identifying a body with mummified tissue, the following procedure will allow you to complete the task. First of all, if the hands have been removed from the body at the wrist, your work will be much easier. If they haven't, ask if they can be removed. Usually, this body will not be viewable anyway.

Using Metaflow* and Restorative, mix a one-to-one solution in a container large enough to totally immerse the hands. Before immersion, sometimes it is possible to inject the radial or ulnar artery and distribute some of this solution into the arterial system. Now, allow the hand and fingers to soak in this solution for several hours to several days. The length of soaking time depends on how badly desiccated the tissue is. The tissue will soften after a period of time, and then you will be able to proceed with hypodermic injection. The tissue need not be soft to the touch, as you would assume normal tissue to be. The penetrating qualities of Metaflow* and Restorative will cause the tissue to be pliant enough for injection, even if some firmness is still noticed.

For the injection procedure, use a small gauge hypodermic needle sufficiently long to reach to the middle of the ridge area. After mixing a clean solution, one-to-one Metaflow* and Restorative, draw a 10cc glass syringe about half full. Enter the finger with the needle at the first or second joint, depending on the condition of the finger. I feel better if I enter at the second joint: chances are then less that I will puncture the epidermis at the ridge area. (See Figure 1.)

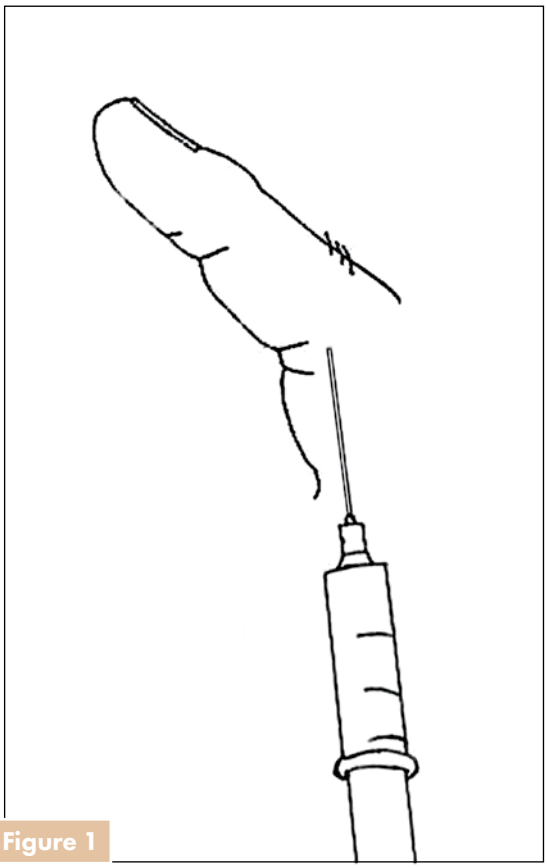

Figure 1

The condition of the epidermis will dictate how much you will inject. If the epidermis is at all moist from decomposition and not mummified, or if mummification is not complete, and the epidermis is beginning to slough away, less solution will be injected to prevent further sloughing. After the fingertip is rounded out nicely, the technician will then be able to take a print. If for any reason the restorative procedure is carried out on a remains that is viewable, the hands may be cleaned with Dry Wash* and gently scrubbed with Germasidol* soap.

Congratulations! You have just helped identify a murder victim! Less glamorous, but equally important, you have identified a loved one of a family you are about to serve.

**Since this article was written back over 30 years ago, a few of the products have changed or we have newer technology. We suggest replacing Metaflow with Proflow. Dry Wash is now Dry Wash II. Germasidol soap was discontinued and would suggest Prep Soap.*

Bill represented Dodge in Washington, Northern Idaho, Western Montana, and Alaska until his retirement in 2016. Bill had been a regular faculty member of the Dodge Institute's Sunshine Seminars and had conducted numerous continuing education programs for state associations across the country.

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Traumatic Injury Restoration

By Vincent Faucher

Sometimes I would say to myself that I couldn't do it. But I would talk to myself and say, who am I to prevent a family from seeing their son or daughter again, because I don't have the knowledge to give them back their loved one?

To begin this article, I just want to say that I don't consider myself an expert in cranial reconstruction. I worked for several years in a rural funeral home and was the only embalmer for miles around. When a case of major cranial trauma came through the doors, I often felt helpless and at a loss, because we didn't have this kind of case in the region on a regular basis. When you open the shroud and see the extent of the damage, you quickly feel a sense of stress, because it's our duty to give a face back to this person who has a family that wants to see them again.

Sometimes I would say to myself that I couldn't do it. But I would talk to myself and say, who am I to prevent a family from seeing their son or daughter again, because I don't have the knowledge to give them back their loved one? As I said this to myself, I tried to come up with tips and tricks, and called on more experienced colleagues for advice.

In this article, I'm going to explain to you the technique I've been using for several years, and which has given positive results in terms of both efficiency and speed. After all, time is money. The first essential tool is a Styrofoam styling head. It's a head that hairdressers use to put on wigs. I always have one or two in the trunk of my car. My friends and family are always stupefied when they open the suitcase in my car and see two heads! They start asking me a lot of questions! I'll get back to you later on how to use this head, but keep in mind that thanks to it, you'll be able to do cranial reconstruction more easily and quickly.

We will go step-by-step. Now that the body is out of its shroud on your table, there's a lot of blood, and it's hard to make out the facial features. It's important to take a deep breath and compartmentalize the steps. You can check them off once you've done them. You'll feel like you're making progress. First, take the time to wash the deceased thoroughly with Prep Soap. Prep Soap will neutralize odors and is gentle on delicate tissue. Remove all surface blood so that you have a clean surface to further evaluate the situation. Once all the blood has been removed, take time to analyze the head injury. Look to see if you have all the skull pieces and check for skin abrasions. Make a complete assessment of the trauma and try to come up with a plan on how you're going to do your reconstruction work.

In the example I'm going to give you, the deceased was in a snowmobile accident. The deceased hit a tree at high speed and the helmet broke in two. We had an open wound on the forehead on the right, near the temple, but the face seemed intact. Although when we touched the face, there were no stable bones. There was movement in every bone. The helmet held all the pieces together, but the force of the impact fractured the entire skull, like an implosion, but it was retained within the skin. In addition, he appeared to have a broken neck. Fortunately, the coroner's office performed a full autopsy, so we had access to the inside of the skull. If the head had not been autopsied, it would have been more difficult to achieve a satisfactory conclusion. Once the body had been washed, I disinfected the facial orifices using Dis-Spray and absorbent cotton.

It was obvious upon examination that his maxilla was completely disconnected from the rest of the skull and split in two at nasal level. In addition, both zygomatic bones were detached and the frontal bone was divided into three pieces. The mandible was still in place, as was the parietal bone. So, it's important to analyze which bones of the skull will serve as the base of attachment to restore a face to our deceased. I won't dwell on the injection part. But you must inject your deceased before starting any restoration work. You need to be able to work on a solid, well-preserved base, otherwise all the work you're going to do will be for nothing. So once preservation is complete, it's essential to cauterize all skin, muscle, and tissue on the skull. Everything must be dry. You can't have any oozing or wet tissues or you'll have leakage issues.

I love using Dryene II Gel, it works very quickly, adheres well to tissue, and stays in direct contact with flesh, even in areas where gravity works against you. Gel is sticky and more adherent than liquid. Take the time to do this step properly, as it's one of the most important, in my opinion. Don't hesitate to apply a second coat. If you're worried about preserving certain tissue damaged in an accident, you can use this mix: ⅓ Dryene II Gel, ⅓ Dri Cav, ⅓ Edemaco. I make this mixture in a jar and apply it to tissue that lacks preservation. This blend will cauterize, preserve, and dry the area. It's really effective.

Once you've completed this important step, you can start giving the deceased a new shape. This is when I take out my Styrofoam head. Using a measuring instrument, I take measurements of the inner cranial cavity. I record everything on a sheet of paper. Depth, width, height. Thanks to the photos provided by the family, I can analyze the height at which the zygomatic bones and the bones forming the maxilla are supposed to be located. I then transpose these measurements onto my Styrofoam head. With a long sharp blade/knife, I'll roughly carve the shape I need to fill the cranial cavity, taking care not to distort it by trying to fill it too much. It's often impossible to make just one piece. I first take care of the back of the skull, then add the part that will form the front. The

The extraordinary thing about this Styrofoam head is that it already has the facial features, the cheekbones, the temples, the nose, so you have a very firm base, that is ready to use.

extraordinary thing about this Styrofoam head is that it already has the facial features, the cheekbones, the temples, the nose, so you have a very firm base, that is ready to use. Measuring is extremely important, because this Styrofoam head will fit under existing bones. So you need to take this into account to avoid distorting the features even more.

In this case, I removed the nose from my Styrofoam head, as the nasal bones were still in place and not deformed. I also removed the mandible and neck from the Styrofoam head. So, in the end, I had three pieces of Styrofoam to insert into the skull. The first was the back part of the skull which would sit on the existing, solid bones, and I had the two parts that would form the frontal bone, the zygomatic bones, and the maxillary bone. Once in place, I repositioned the bones that were still in place, but fractured, on my Styrofoam. Using the photo, I tried to analyze the features.

If the face still seems recessed, you can cut slices of Styrofoam and insert them between your three pieces to give more volume. Once you are happy with this stage of your work, you can move onto the next stage, modeling. With the Styrofoam pieces in place, I use the Heavy Compound Injector and the flat tip. I go between the Styrofoam and the bones, and inject a good quantity of Inr-Seel. Don't be shy about using it. As I shape it, it will get lost in the spaces and make the surface under the skin smoother. I can easily use two or three tubes (Quik Paks) or a good half jar of Inr-Seel for this step. Once you've positioned the bones in the Inr-Seel, you can press the whole thing onto your solid Styrofoam base. You should now have a firm, stable surface. Even if the family touches the deceased, it won't move.

With the autopsy of the head, the pathologist had put back three pieces of skull forming the frontal bone, disconnecting the skin from the bones, which found themselves reattached to virtually nothing. For this step, I like to use an electric drill and a small-diameter drill bit. I'll make three or four small holes around the bone, and I'll also make some in the solid bones at the back of the head, in the temporal bone, which is well attached, and in the zygomatic bone. Using a needle injector, I'll start with the lowest bones and reattach them together. I pass my wire through to join the two bones together and turn the two ends of the wire with my two-hole fixation forceps.

Once I've reached the top of the head, I'll pull back the scalp skin to analyze my work. If the bones seem to be recessed, I fold the scalp skin forward, lift my bones which are reattached together from bottom to top, and then inject more Inr-Seel to restore volume. I fold my skin forward once more and model the material by pressing on the scalp. When I'm satisfied, I lift the scalp again and fold it forward again. I finish by binding these bones with a calvarium clamp to the bones at the back of the skull, and also fix them with the zygomatic and nasal bones if possible. I'll then put a good layer of Inr-Seel all over the reattached bones. I need to fill all the gaps, holes and camouflage the pins. For this step, I prefer to use a metal spatula to apply the Inr-Seel evenly. I'll then fold the scalp over this mastic material and smooth it all out.

By folding back the scalp often, you can analyze the distance between the two parts of the scalp. If there's a big gap, you may have left your Styrofoam shape too large, and conversely, if the two parts of the scalp fit one on top of the other, your shapes are too small and don't exactly represent the shape of the deceased's skull. I'm going to suture the forehead wound right away because once the head autopsy incision is closed the forehead wound may be hard to close. For visible areas, I like to use dental floss and make an intradermal stitch that will not be visible. Normally, there's Inr-Seel underneath the wound to protect against discharge or leakage. Before finishing my suturing, I apply a little Aron Alpha and quickly close my incision.

Next, I close the incision made by the pathologist for the head autopsy. Once again, I apply a generous amount of Inr-Seel under the incision. This product is truly magical. Smoothing it over the scalp will make the gap created by the sawed-off bones disappear. Next, I'll take the scalpel and detach the scalp from the skull about an inch along the lowest part of the incision made by the pathologist. This little retention basin under the pathologist's incision will catch any fluid that may leak out. I'm going to fill this whole area with Q-S Powder. It's important not to put too much in, because if there's a large quantity of powder and it leaks out, it could swell up and make a lump, so only use a small amount. Finally, suture to close the incision. It's important to smooth out the Inr-Seel. Then it will penetrate every little hole you made with your suture needle and seal all of the suture holes from underneath.

At this stage, about 90% of the work is done. There's one really important step to take that some people forget. Sealing the ear canals. In the event of head trauma, a great deal of intracranial pressure builds up, and the easiest way for this pressure to escape is through the eardrums. Often, this small membrane will rupture, allowing fluid to leak out. It would be a pity to do all this work and have a pinkish liquid dribbling out of your deceased's ears. Here's an easy way to plug it all up. With the help of a colleague, turn the deceased on their side so that the ear is at its highest point. Clean the orifice well, then using the Heavy Compound Injector with the round tip, preferably, inject Inr-Seel into the ear canal as far as possible, then put Q-S Powder into the ear canal. Then take Aron Alpha and apply several drops of glue. A chemical reaction will take place, and the powder in contact with the glue will turn solid. So, with the Inr-Seel and the mixture of powder and glue, you've got a watertight plug and can sleep soundly, as they say.

Unfortunately, I won't be able to dwell on finishing with wax and cosmetics in this article. The aim today was to explain a quicker method than using plaster of Paris. I know there's a lot of technical details involved and it's difficult to describe this technique well with only words and no visual aids. But I hope I was able to fill your toolbox a little more with this article.

There's one really important step to take that some people forget. Sealing the ear canals.

Vincent is a graduate of College Rosemont's Funeral Service Program in Montreal Quebec, Canada and is fully licensed in Quebec. He is the Quebec sales representative for Dodge Canada.

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Problems Arising Later: Issues and Solutions

By Tom Sherman

The best words any embalmer in funeral service can hear are: "We changed our minds, we want to keep it open." This is the touchdown, the grand slam, the ace serve, all rolled into one. Especially when it was a family that told you from the beginning it was going to be closed casket because of how they looked when they passed away. Simply the best.

The worst words you can hear as an embalmer are: "Can you come look at this? Something's wrong." This is when you embalmed someone and just knew it was a perfect outcome. Then the funeral home or funeral director calls you up because it was not, in fact, the perfect outcome and now there is trouble that needs to be handled. Of course, this call nearly always occurs when time is running out.

So what can we do in cases like these? The answer, naturally, depends on the nature of the issue at hand. The important thing is to have as much information, skill, and, frankly, willingness to make the effort in our arsenal so that when one does come up we can still do something about it. I'm going to write about the issues I'm hearing about most often, whether it's panicked phone calls from my funeral home friends and customers about what to do, or actual cases I've embalmed that I had to race over to deal with when unexpected issues arose.

The absolute, without question, most common call I have gotten in the last few years is about blisters. The regular refrain goes something like this: "I don't think our regular/trade/mortuary service embalmer did a good job. This person looked fine yesterday and today they have blisters on their legs. I'm not going to use them again," or "I'm going to fire this embalmer if they can't embalm any better than this."

I get this call at least every month, if not weekly sometimes. In fact, it has become so common my response is routine. Question 1: are the blisters full of clear-ish, non-odorous liquid, like water, maybe with a little chemical smell, or are they full of brackish, foul smelling, rotten liquid? The answer to this question is 99.9% of the time the former. This is important and the next question will clear everything up. But first we should note why it matters at all. The mostly clear non-odorous liquid is basically water. Moisture in the body being squeezed out by the embalming process has to have somewhere to go. Over time gravity plays its part and that water descends through the dermis to the epidermis. This is why the vast majority of these water blisters are on the back, the sides, and the bottom of the legs. The good news is that the epidermis holds the water in so it doesn't seep everywhere until it is ruptured. The bad news is that this makes blisters that are easy to rupture when moving someone, dressing them, or casketing them.

Question 2: Was the deceased edematous? Again, 99.9% of the time the answer is yes. Now I know that I haven't been doing this as long as many directors and embalmers out there, but I can say that in the 25 years I've been involved in funeral service the bodies we embalm have changed. Not the basic physiology, of course, but the condition in which we receive them. Medical technology has changed, which means that procedures used to keep people alive have changed. So instead of people being told, go home, get in hospice, there's nothing left to do, many more people are getting treatments that didn't used to exist. For the people who this saves from death, which are many, this is miraculous. For the people who do not survive regardless, this causes issues for us on our end of postmortem care. So, while for years a six pack of Edemaco could sit on the shelf collecting dust and be pulled down once every few months, today Edemaco is available in a 24 bottle case that will be used almost daily. This edema has to go somewhere when our chemical injections are doing their jobs. Ironically, these water blisters can be signs of a thoroughly and well-embalmed body!

What can be done about this? In a perfect world, the edematous case could stay on the table for some time and drain right there. I've been a long time firm believer in delayed aspiration, leaving any incisions open, with vessels tied off to keep vascular pressure, allowing an avenue for edema to escape. Also, as the edema moves into the abdomen, over time aspiration can remove it from there as well. While discussion of channeling edema from the face and lips is a common topic in restoration conversations, this same philosophy can be applied to the overall edematous case.

The absolute, without question, most common call I have gotten in the last few years is about blisters.

Given time, one can channel from the extremities as well. Elevate the feet and, using your hypo trocar, enter the back of the thigh just below the hip and make channels from this point. Elevating the arms and hands allows the channels to be made from the shoulder. Now the edema has an avenue for egress that is fast and easy as it is squeezed from the tissue. In the most basic concept of fluid dynamics, a liquid will always take the route of least resistance. We have made pathways for it to travel easily versus having it gravitate down through the dermis. Trocar buttons will close these up easily and cleanly when it is time to dress.

Unfortunately, more often than not this opportunity hasn't presented itself and someone goes to dress the deceased and sure enough, the blisters are there. So, what do I do when I get the phone call asking for help, advice, or to let me know that someone I embalmed was experiencing this? How do we fix this so that the person can get dressed, in their casket, and out to their viewing that starts in two hours? I hate to say it, but the answer is pretty anti-climactic. In fact, it's not only anti-climactic, it's so simple that it's easy to look past. It's as simple as burst the blisters that exist and remove the loose skin. Then dry off the deceased and the previously blistered areas thoroughly and treat with your Basic Dryene, Dryene II, or Dryene II Gel.

Next I use Webril and plastic wrap on the affected areas and add plastics. Stockings, capris, sleeves, whatever is appropriate for the issue at hand. Fingers crossed it's not entire unionalls but whatever it takes. At this point any areas already prone to leaking are covered and treated. The good news is if another blister comes up later once they are in their plastics, dressed, and in the casket, blisters are unlikely to break and leak since they will, for the most part, be holding still and covered. As undramatic, easy, and non-time consuming as this is it doesn't seem like the answer, but it is. And that's great news for us! As I go through more issues that have come up, this procedure will be a common thread.

The next most common call I get is dealing with bariatric cases. A couple of years ago I embalmed a bariatric case that seemed straightforward. He was maybe 450 pounds, not 600 or 800 pounds like some I've embalmed. This particular instance was a three-point case. The injection sites were the right carotid and both femorals. It was, all in all, a textbook case, good clearing, some firming, not a big deal. There wasn't any vessel distention in his feet but that wasn't surprising because the vessels were deep and hidden by the size of the feet. The legs and feet felt good when I was done and I had injected the legs directly. It was Sunday evening and I finished up, headed home two hours away, and got ready to go out of town for work the next week.

Fast forward to the following Friday when I got the phone call with those eight fearful words. "Can you come look at him, something's wrong."

"Ok, well I'll get home around six and then I'm two hours from you, can you tell me what's going on?"

"Yeah, so and so went into the prep room and happened to look over at him and saw leaking. Looks like blisters on his legs."

"Ah gotcha, odorless water blisters? I'm not altogether surprised."

"Oh no, they said it's black and smells bad."

"Ok, well before right now when's the last time someone went in, so we have an idea of how long this has been going on?"

"People have been in, but no one looked at him."

"Ok, I'll be there this evening to have a look. When does he go out?"

"Tomorrow morning."

Of course, tomorrow morning, that's how it always goes. So, I got home, changed, jumped back in the car and headed out. I know I've mentioned this before, I'm an embalmer that takes the work personally. When everything is going well or a difficult case comes out well, I'm high on the hog! But when something goes wrong, I figure I just need to quit embalming before I mess up everything for every family out there. The latter is what I spent the next two hours in the car telling myself. "Tom, you're the worst embalmer out there. It's time to stop because one case in 50 had an issue and you're terrible."

I finally arrived at the funeral home and headed back to the prep room just to see how much I'd ruined things. I'm not going to lie, it was pretty bad. The legs below the knees had turned black down to the toes. Of course, there was blistering and skin slip. I had clearly not embalmed the lower legs. It was also interesting, though. The skin firmness and color and embalming were evident all the way down to just below the knees. I mean, it was a straight line someone could have drawn with a ruler.

What had happened was obvious, I had mistaken the "firmness" of the lower legs as embalming, when it was just the size of the legs causing them to feel that way. Since I had injected directly down, I was comforted to believe that everything must be fine. That feeling of firmness, no lividity. And I had been wrong. The situation was exacerbated by the fact that in my feeling of confidence I hadn't mentioned to anyone at the funeral home to check in on him throughout the week. To me, he was well-embalmed and therefore didn't require a special alert. It's possible that at the first sign of trouble it could have been handled and not gone as far as it had, but it just wasn't in the cards this time.

It's time to look at how I tried to fix this issue. Cosmetically it's not going to be difficult because it's the legs, I got lucky on that. I still have to make sure this tissue gets embalmed and the issues don't spread. And, of course, the issue of the odor will need to be addressed as well. This is a time when having that arsenal of experience, skills, and being able to think clearly and to improvise is so useful and important. I decided to treat this issue as I would a decomposition case that I couldn't inject somewhere arterially. Once that decision was made it was a calm, procedural process without panic or fear.

I know those words seem strange in a prep room but it's quite easy to get so stressed by a situation that we make things worse or even give up. I made a strong chemical mix that included Permaglo 35, Halt GX, and Proflow. I hypoed in this chemical mix. With

I decided to treat this issue as I would a decomposition case that I couldn't inject somewhere arterially. Once that decision was made it was a calm, procedural process without panic or fear.

Let's talk about one of the best, but probably least talked about, tools in your arsenal: the "Phone a Friend."

his legs being the size that they were I had to use multiple entry points to make sure I got thorough perfusion and distribution. I was not too worried about how many points of entry there were because I was going to use trocar buttons to close them up, simple as can be. Next I burst the blisters and debrided any loose skin and skin slip and treated the entire lower leg with Dryene II Gel. Then I used a hypodermic needle with a large gauge and length and put Halt GX directly at the line of demarcation between the well-embalmed area and the decomposed area. I was making a fortress wall to be sure that no bacteria that may have escaped the injection could make its way up the leg and cause more problems. Finally, a wrap of Webril and plastic, just like for the blisters before, and, in this case, stockings were all that were necessary. The next morning, he went out for his open casket viewing and funeral and the family was pleased.

Next let's talk about one of the best, but probably least talked about, tools in your arsenal: the "Phone a Friend." Embalmers as a group tend to want to solve issues on their own with no outside help. I know that part of this is the fact that we don't want to tell someone when something we have done has gone wrong. Am I going to be judged as a "less than" embalmer if I call someone and say, "Hey, I embalmed this case and now - fill in the blank - is happening?" The answer is maybe. There are some folks out there who would pass that judgment. That person is not a good part of your arsenal.

But there is someone out there who absolutely will tell you, "Yeah, that happened to me and here's what I did," with no judgment, only advice to help the situation. It is important to find these people. Whether it's your Dodge rep, your friend from mortuary school, or someone you just met at a recent convention, we all need someone to call. Sometimes just talking about it out loud to a fellow professional will get you to your own conclusion. I can tell my husband all day long about tribulations in the prep room and, while he will be sympathetic, it doesn't hit the same way as talking to a fellow professional who has seen it before, or hasn't experienced it but might have some ideas. Fortunately, I have a whole army of "Phone a Friends" that I won't hesitate to call.

A good example of using this was for an autopsy case I'd embalmed. He was a younger man, I think about 30 or so, weighed around 190 pounds. A straightforward case, no restoration or reconstruction involved. After I got done embalming I was pretty pumped with the results. The sutures closing the scalp were perfectly hidden, the eyes had come up during the injection so I didn't even have to feature build them, the lips were together without a drop of glue needed, the hands were clear, the legs firm, just perfect. I even helped dress him the next day when I was there to embalm some other cases and put him in the casket. We didn't even consider plastics because the results were just that good.

Since you're reading this article it will come as no surprise that I was wrong. I was taken down by my own hubris. Two weeks later I was back in to work on a case and they came wheeling in a casket and said, "Tom there's a problem." Imagine my surprise when they opened the casket and there was the man that I was so proud of surrounded by stained clothes and mattress and giving off an odor.

My first question was when does he go out? I had assumed he had been buried last week. He was actually

going out in the morning for viewing, visitation, and funeral all together THEN burial in two days. Using the lift, we got him out and onto the table. After undressing him they took the clothes to the washer and started that right away. Well, his hands, arms, legs, feet, face were still absolutely perfect. Not a speck of dehydration or discoloration. His back, on the other hand, was a mess of skin slip, blisters, and leakage. Once again it was clear that while I had been so certain everything was right, I hadn't treated his back as well as I thought I had and it didn't hold up. Now, my instinct says debride, dry, treat, and wrap in plastic, but there were issues above where the unionalls were going to go.

I thought it through and decided to put my ego aside and chose "Phone A Friend." He was right there with me, nothing but support. He agreed with my initial assessment on what to do, but he added a step that wouldn't have occurred to me. This was to take a large gauge long hypodermic needle and inject Basic Dryene after doing the surface treatment. We turned the deceased over on the table and did the whole process. It took time to make sure we were thorough, but it worked like a charm. When the clothes were out of the dryer we dressed him again over the unionalls (because, of course, at this point we were taking out all the insurance we could) and he went back into the casket. There was no odor or issue after that.

I was able to look in on him the evening before he was buried and checked for moisture in the unionalls and found none. It gets better though. The next time I saw that friend I updated him on what happened and we got into a whole conversation about hypoing autopsy cases and he gave me several new entry points to try out. Then a couple of weeks later I was talking to another friend on a customer visit, and we got to talking about those things and he gave me a whole 'nother entry point to try. I have added all of these techniques into my regular process and haven't had that same problem since. These tips can be found in my previous article series on autopsy embalming.

When I think about other common calls I get, I am often reminded of how so much has changed in funeral service and embalming especially in the last few years. One thing that comes up all the time, even twice in this article already, is the length of time between when someone passes away to when they are buried or cremated. There are plenty of issues that seemed so less common then than they are today, part of which can be attributed to the fact that for years and years the typical situation was: Grandma passed away at 11pm Monday night, was embalmed at 11:45pm, visitation was Wednesday and burial Thursday. Or just as often: Grandma passed at 6am

Monday, embalming was done at 7am, arrangements were made at noon with visitation Tuesday and burial Wednesday. Certainly there were times when there was a week or so wait, but they were uncommon enough back then that we would joke about having to use the "Next Week" mix for our chemicals by adding extra Introfiant.

At this point, I couldn't say when the last time was that I embalmed someone who hadn't been in refrigeration at least one night if not three or even ten. And then the funeral or final disposition wouldn't be for, at minimum, a week if not a month from the time I was embalming. All in all, neither of these things are that big of a deal to work with. As a trade guy I pretty much embalm everyone with these considerations in mind anyway as I never actually know what the plan is.

Sure, higher concentration, hotter mixes, more Restorative, things like that help. Also, being prepared for changes that can occur just because, with all this time, things show up that didn't matter before. Twenty years ago if someone's fingers hadn't been perfectly embalmed, though we thought they were, we probably would have never known because they were in the ground by the time it started to make itself evident. Today we see that result as it shows up in the 10 to 15 days before the burial occurs. The good news is, if caught early, the fix is fairly simple. I'm not even a little bit against putting someone back on the prep table and raising a vessel for a direct injection. With the obese case from earlier in this article had I known there was a problem arising I'd have gone after a tibial artery to reinject before going straight to hypoing. And since I really hate hypoing hands (because I'm clumsy and am likely to stick myself with the needle), I'll raise a radial any day of the week.

You don't really have to worry about opening a vein for drainage since the cavity work has opened up the heart and other vessels, the drainage will just drain into the cavity and you can re-aspirate. So a hand that has started to turn brown, hopefully not black yet, will be firmed and preserved and much easier to cosmetize. And importantly, it won't be bringing any unpleasant odors with it to the church or chapel. As much as I hate to admit it, there are times when the perfect case wasn't perfect after all. It's not every time, or even close to every time thankfully, but it does happen. I've heard people, when asked what they might do in a situation like one of these I've written about, respond that it has never happened to them, never would happen to them, and anyone who worked for them where it did happen would be fired on the spot. I'll admit I'm jealous of their embalming perfection. I wish I could say it never has happened nor will it again to me but that ship has long sailed. So for the rest of us out there who do our best every time but still get caught with surprises that are not the fun kind, here's a little "tool" list to put in your arsenal.

1. Flexibility and creativity

Creativity isn't the first thing people from outside of embalming would expect us to talk about but it will be the lifesaver in many cases. In a perfect world any time an issue arose we would have all the time in the world to solve the problem, but in reality we often have only hours or minutes. Having the flexibility to try something new and the creativity to take what you have around you and make it work to solve the problem are true necessities.

2. Friends and Mentors

It can be easy to see something go wrong and fall into a panic or, just as bad, shut down and say, "Well too bad, it can't be fixed, I won't even try." Even the most experienced professionals can benefit from having someone to talk to. Like I said before, it can be the talking that provides the solution even if your friend doesn't know the answer. Just talking to someone who can understand, can calm me down, and lead me to finding an answer just because I was able to sort it out aloud. And, of course, they may well know exactly what you need to do and talk you through it.

I have stood in the meat section of the grocery store talking a friend through raising a radial for the first time. She was able to have the success of both doing a procedure she'd never done before, and also making a young man's hand look great for his family to be able to hold and say their goodbyes. Find someone that will do this with you if you need it. I mean, you've got me if nothing else. But your Dodge rep can, your mentors can, your friend that you went to a Dodge Seminar with five years ago can help or at least listen.

3. Knowledge of Basic Procedures

When I say basic, I mean simple. Things like wrapping cotton and stretching plastic wrap around seeping areas to treat with embalming gels or cauterants. Or how to get unionalls on by yourself without ripping (baby powder can be a real winner here). Little things like that can be applied in many of the cases where problems arise, and can be built on logically when further steps need to be taken. If an occasion comes where you can't get ahold of your "Phone a Friend," going back to the basics can calm and focus you. Then use your flexibility and creativity to take it over the finish line.

Just remember that these things happen. Always do your best and learn from the mistakes. That's how we get better so there are fewer instances of trouble. Every time a problem occurs that you can fix, that's another tool in the belt. Another idea we can offer other embalmers. Another story to tell at that convention. In the end it only matters that we make it over the goal line and the family is well served, an accomplishment we can be sure of when we hear: "We want to keep the casket open."

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

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You're a WHAT?

By Lincoln Plain

"You're a WHAT?" A question that all of us get asked at some point in our lives once someone finds out for the first time about our chosen profession. Followed by the all too expected subsequent questions: "Is your family in the business?" or "You touch dead people?" Maybe it's just me, but sometimes it's hard to refrain from smirking because the look on some people's faces is priceless. You always have that one person that has a "reliable source" that they witnessed a body sit up in the casket. Many times I play along with it solely for my own entertainment. One thing that I can always count on when asked about what I do for work is that everyone is curious as to how I became a mortician, so for this article I've decided to take a different approach and tell you my story, along with some helpful tips I've picked up along the way.

It was December 1989 in the small college town of Menomonie, Wisconsin when fate crossed my path. I had taken a death and dying elective to fulfill a psychology requirement because I thought it would be a lot more interesting than learning about Sigmund Freud or B.F. Skinner and whatever theory they came up with that I would have to try and remember for a test. On the last day of class, we had a field trip to the local funeral home and our class had a full tour of the facility. As disappointed as I was that we didn't get to see any bodies, I still walked away intrigued.

I gave it a lot of thought and a couple of weeks later, I decided to go back to the funeral home and inquire about how I could see if this profession was for me. I met with the owner, and we sat down and talked about the job, the hours (I didn't pay enough attention to that one), and Wisconsin law. Finding out that I had enough college credits already to get an intern license was super exciting. The owners, Dick and Karen, told me that if I was willing to shave my goatee and get a "normal" haircut (side note: I was rocking a killer mullet with frosted tips. It was the 80's so don't judge and yes, I do have photos and no, I will never show them to you), that they would hire me part-time. After thinking about it for a day or two, I decided to jump in with both feet and I walked into the funeral home on January 5, 1990 as an employee, and my journey was about to begin.

I was fortunate. I learned a lot the first few months on the job, starting with the basics of washing the vehicles the "correct way," mowing the grass, sitting visitations, and helping on removals. I'm reluctant to mention this, but in hindsight I guess it is a funny story. About four months in, I was asked by my boss to go check on the grave for the funeral that we just set up for at the church. I drove out to the cemetery, located the grave, and inadvertently got too close, and the grave collapsed and yours truly found himself covered in clay and mud at the bottom of the grave wearing my new funeral suit. Thankfully the Wilbert Vault guy was just a few minutes behind me and helped me get out.

Fast forward a couple of hours and we were all gathered at the committal service at the grave. The casket was on the device, the flowers were set up, and the minister was saying his closing prayers when, lo and behold, a pager started beeping…in the grave. It dawned on me that I didn't have my pager on me, and I panicked. It sparked some laughter from the attendees, but you could see the sheer horror on the face of my boss. Who didn't see that coming?

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Certainly not me and I thought for sure my career in funeral service was going to be short lived. Somehow, I survived that one.

Once my intern license came in the mail, the interesting stuff began. I remember the first time I assisted on an embalming. It was bizarre and a bit creepy and if someone tells you differently, they are not being completely honest with you. I recall vividly the first incision I made and the attempt at raising the carotid artery and jugular vein. It didn't go smoothly and was kind of a disaster but after what felt like three hours, I found something that I thought was the carotid but was heartbroken to be told it was just a nerve. The good news was that I was close, or at least that's what I was told to make me feel better. I didn't get any prior warning about the process of aspirating, so when the trocar came out of its holder and I was told what I was going to do with it, I remember immediately saying, "You want me to do what with this thing?" That was a day I will never forget.

I am blessed to have worked alongside some very talented professionals in my career. They have helped mold me into the funeral director that I am today.

We all have our ways of doing things and we get into a routine. Some ligate off the vessels, others don't, some swear by a drain tube or maybe an angular vein forceps and others use nothing. Is there a right way or a wrong way? I don't know but I guess ultimately the results of the embalming speak louder than any technique that is used. It is interesting to work side-by-side with other embalmers because I'm always curious about their habits or process. I often ask questions, not because I'm judging (trust me, I'm not that smart) but rather because I'm curious as to why they do what they do, and if it makes sense and the results are good, I might incorporate that into the way I do things. I try to be forever learning from other professionals.

I am blessed to have worked alongside some very talented professionals in my career. They have helped mold me into the funeral director that I am today. Here are some pointers that I learned from some seasoned vets over the years.

Most of us have a tissue reducer in our preparation room. Many know where it is located but have never taken it out of the box for fear of doing more harm than good. I would encourage you to take it out and give it a try. It is a useful tool for reducing swelling in undesired areas. Just remember these four things: make sure the spatula is hot, use plenty of Kalon Massage Cream over the area you will be reducing and continually reapply, keep the spatula moving and never stationary in one place and, lastly, use light pressure, gliding over the skin. I hold the handle just using my thumb and index finger so as to remind me to not apply heavy pressure. If you follow these simple steps, you will be a tissue reducing maniac in no time.

Autopsy cases take extra time, injecting, treating the viscera and repacking and, of course, lots and lots of suturing.

Feature building can be a bit tricky and even scary to some who aren't secure in their skillset for fear of overfilling an area. After all, once it's been injected, good luck getting it back out. When working on an emaciated case, controlled swelling while injecting or the use of Restorative is typically only going to get you so far, which will typically lead you to having to do some feature building. I have always preferred to feature build immediately after the embalming is completed and before the tissue has time to fixate or firm. I find that if I inject filler early on, I eliminate those unnatural pockets that typically show a distinct line around the area I just filled. This is even more evident when the body is severely emaciated, and the skin is typically very thin.

While we are on the topic of tissue building, filling sunken eyes can be a challenge when you inject through the inner canthus. It's a challenge to try to get your needle perfectly positioned behind the eyeball in hopes that you can evenly push the eye out a bit to make it not so sunken in the socket. What inevitably happens is the eye stays put and now you have filler pushing out the top and lower eyelids. Raise your hand if you've been there. I'm hoping I'm not the only one this has happened to.

There is another option that works well and minimizes your chance for undesired swelling that you can't reverse and, if you inject too much, you can easily remove some. This is a procedure that I recently learned from a funeral director who also happens to work for Dodge. Use a dissection tool and carefully dissect the connective tissue away from the eyeball and inside eyelids. Treat the tissue with a small piece of Webril and some Dryene Basic to cauterize and prevent leakage. Then grab your Heavy Compound Injector loaded with Inr-Seel and inject a small amount into the eye socket and then, using your finger, move the Inr-Seel into the desired position. If you need to raise the orbit of the eye even further, coat the inside of an eye cap with a little Inr-Seel and place it in the eye as usual. The nice thing about Inr-Seel is that it won't shrink, expand, or dehydrate the eyelids over time. And as a bonus, if you use too much, you can easily remove it with an aneurysm hook or cotton swab.

Who doesn't love a good autopsy? Murphy's Law says that you will get a Medical Examiner release at 4:30 PM on the night you are on call. If you have plans for the evening, it's all but guaranteed. Autopsy cases take extra time, injecting, treating the viscera and repacking and, of course, lots and lots of suturing. I wish I had a good shortcut for that one but unfortunately, I don't. However, I will cover a few helpful tips that will eliminate any potential leakage down the road.

I may be a little touched in the brain, but I have always preferred to sew the head rather than the torso. Give me the option and I will certainly take the former. Before placing the cranial cap into place, I like to take a scoop of Viscerock FF and place it in the base of the skull and seal off the spine stem and Circle of Willis by using some Inr-Seel just to assure there won't be any leakage. Lastly, as an added safeguard, I place a ball of Webril into the cranial vault to wick any moisture. Before getting ready to start suturing, the use of Inr-Seel in the forehead where the skull and cranial cap meet will help prevent any line showing once the skin is pulled back into place and, as mentioned earlier, it won't promote dehydration in that area and is easy to manipulate into the desired appearance with your fingers. If you want to add more protection against dehydration, use a brush and apply some Kalon Massage Cream directly onto the skull before you pull the skin back into place.

I typically use Dryene II Gel on the inside of the skin, particularly on the lower skin flap closest to the neck. Cauterizing that area will prevent leakage and help keep things dry. For added protection,

use a little Q-S Powder to help trap any fluid. If the deceased has long hair, there are several tips to help make suturing less of a struggle. Inr-Seel watered down with warm water or Prep Soap and a comb will help keep the hair away and out of your incision line of sight. If you have any hair clips available, they can come in handy as well. I always double layer my ligature and then soak it in Prep Soap to give it some lubrication prior to suturing. A bonus is, because the ligature is now wet, it gives it added strength while pulling your suture tight. Nobody likes snapping a thread while you're rounding the left side of the skull and inches away from the left ear.

If you are on torso suturing duty or maybe you're going this one solo and lucky enough to do all the suturing, making sure the skin flaps have been treated with Dryene II Gel is a good idea. Use a brush and apply the cauterant to the inner walls of the chest and allow it to sit for a few minutes before you start closing things up. You will almost immediately start seeing the tissue turn a grey/white color. By cauterizing this area, you will prevent any potential leakage. When re-inserting the viscera after chemical treatment, I always prefer to layer the viscera back into the abdomen while using a combination of Viscerock FF and Action Powder. These two products will help to continue to dry out the viscera, add additional preservation, and give you some odor control.

Layering the viscera (sometimes referred to as "dry-packing") as opposed to keeping the viscera in a bag, will allow you to minimize the size of the abdomen once you've sutured everything back together. I know many embalmers prefer to keep the viscera in the bag as a safeguard against leakage and odor and by no means am I saying that it's a bad practice, but I have always preferred this way so as to minimize distention in the abdomen. When you have the chest plate placed, use some plastic wrap and position it so it sits under where the incision suture will be once everything is pulled together. This will block any leakage or odor, especially when moving the body around for dressing or casketing. For good measure, I always apply some Q-S while suturing and a liberal amount at the end of the suture up by the shoulder.

So, you are finishing up on the "case of the month" embalming and everything went great except you can't get the fingernails to clear. You take the required step and inject the radial artery, but you are still not getting those nailbeds to cooperate with you. We all know that cosmetics on the fingernails look bad and are not at all natural for viewing. When faced with this, take a few extra minutes and try this trick to increase your odds of a more natural appearance. Inject Dryene Basic or Dryene II under the nailbeds using a small gauge hypo needle and syringe. Depending on the severity of the discoloration, you may need to apply it more than once, but the Dryene will help bleach out the nailbeds and, at the very minimum, make it easier for you to make them less noticeable for viewing.

Lips can always be a little tricky. The shape, the size, the color…it all comes into play. Whether you are a seasoned vet or just getting started, lips are the most recognizable feature on the face with the eyes coming in a close second. So, paying attention to the details of these important key features is obviously high on everyone's priority list. In the embalming world, it is typically divided between "waxers" and "non-waxers." I see the benefits to both approaches and I am certainly not here to claim that one is better than the other. In my opinion, certain cases can benefit from using wax while others may not require it. It should be considered another tool in your toolbox, and you should be comfortable using it because at some point, it will be required.

Many families will bring in a favorite lipstick of the deceased for the funeral director to use in preparing the body. Now, Helen might have worn bright red lipstick every day of her life and even when running to the grocery store but somehow laying in the casket, those lips are out of control bright. Sometimes the intensity of the color needs to be knocked down a few pegs. Using a small amount of White Kalon Massage Cream and mixing it with the lipstick will help lower the intensity by making the color a bit more translucent, but it will also help you evenly apply the color to the lips (waxed or not). A quick shot with your powder blower to take a little more of the shine and intensity away and you should be finding yourself in a good place lip color-wise.

Obese cases can be tricky. However, I will say that I have on more than one occasion stressed myself out that I'm going to be chasing vessels deep into the abyss of a neck or leg only to be pleasantly surprised that I somehow got away with a one-point or two-point injection and a well-preserved body as the end result. You feel kind of invincible at that point and feel you cheated a potential disaster. It's always a good idea to work smarter than harder, so when raising vessels on an obese body, do it before setting the features. This will allow you to tilt the head back and expose the area of the neck so you can make your incision and access the arteries and veins easier. I also like to insert my arterial tubes and vein spreader at that time. With the neck tilted back, it is also a good opportunity to get your shaving knocked off the to-do list. Once you have the vessels ligated off, position the head by using a headblock and then start setting the features as usual.

In this profession, we should try to learn something new every day. With cremation rates across the United States at 70%, the new generation of funeral directors don't have the same number of opportunities to get in the preparation room like we did back in the day when every call was an embalming. It makes it that much more important for those of us that have gained the experience through learning from our predecessors and our own successes and failures over the years, to share our knowledge with the younger generation. If you have a newly licensed staff member at your funeral home, take the time to share the wealth of knowledge that you have gained during your career and, likewise, if you are just getting started, ask the questions, start the discussions and don't be afraid to make your own mistakes with the commitment to finding a solution.

Lincoln is the Dodge Representative for Minnesota and Eastern North Dakota. He is a licensed funeral director in Minnesota and stays active in the preparation room helping clients on a regular basis.

Pushing Out of Your Comfort Zone: Wendy, You've Got This!

By Mike Cloud, CFSP

This article is going to focus on you. It's not going to discuss refrigerated or autopsy cases. Although I'm a Dodge Sales Representative, I'm not opening a catalog of our offerings.

Do you remember your first kiss? Was it exhilarating? Or was it more nerve-racking? Do you remember the first time you got behind the steering wheel? Was something as small as turning the key to crank the engine scary or exciting? What about the time someone showed you how to make an incision and raise a vessel? Was it intriguing or perhaps something just shy of frightening?

Everyone knows unseasoned drivers have higher insurance rates because their inexperience is a factor in accidents. As to that first kiss…most of us would agree we didn't move heaven and earth, but with the right motivation we got better. And sooner or later, you're going to raise a ligament thinking you've got an artery.

I'm confident most of you have gone back for another kiss. I'm sure you now take driving as a normal, daily activity, as easy as breathing. Now, you and your scalpel and aneurysm needle are like a well-oiled machine. You deftly identify, elevate, and clean off an artery with the same assurance as tying your shoes.

This article is going to focus on you. It's not going to discuss refrigerated or autopsy cases. Although I'm a Dodge Sales Representative, I'm not opening a catalog of our offerings. I'm selling *you*. A major key to success in the embalming suite is you. No one was born with an aneurysm needle in their hand, not even someone as renowned as Dennis Daulton or Jack Adams. There are several things that made Dennis, and many people like him, exemplary embalmers. And, like they did, with the right education, experience, knowledge, and motivation, you can expand your comfort level and elevate your skills in the embalming suite. My goal for this article is to give you encouragement to push the envelope and to provide some pointers while you're on the path to improvement.

Before we delve headfirst into this, I think it's necessary to give context to the title of this article. While I was out visiting my customers, I met a very nice young lady who was an embalmer at a funeral home. Wendy had completed her funeral service program and her apprenticeship and was licensed. I could tell right off that Wendy was well-spoken, bright, and was considered a valuable team member at this funeral home. As we stood in the hallway, she was eager to tell me how she resolved the conundrum of massive edema and jaundice. I could hear in her voice her pride in facing and overcoming this challenge. I asked her how she went about it. As she told the story, I would ask her why she chose to do this or that. My goal wasn't to judge her with my questions, but rather to help Wendy uncover her critical thinking and decision making process. Just by hearing the motivation and pride in her voice, her description of her actions, and her sound reasons for doing what she did, I'm confident she did a fabulous job.

A little background on me. I started Funeral Service Education in 1983 in Fayetteville, NC. I had recently reenlisted in the Army and was afforded the opportunity to go to school full-time for six months. Throughout my career, wherever possible, I'd work part-time in funeral homes. The day I retired from the Army I went full-time at Platt's Funeral Home in Augusta, GA and I immediately enrolled at Gupton-Jones College of Funeral Service in Atlanta. After completing school, I ended up at McKoon Funeral Home in Newnan, GA. It was my preference to be in the prep room as much as possible. In 2008, I opened Cloud Mortuary Services, a trade embalming business. I ran CMS for 15 years until I was selected to represent the Dodge Company in 2023.

During those 15 years of running my service, most of my cases were of the "non-standard" variety. Children, accidents, bone & tissue donation, and autopsy embalmings were the common fare. I was comfortable embalming autopsies. Practice enough and you'll improve your techniques and achieve better results. But that took experience and it began with the first one. My first autopsy was a six-month-old boy. At the time my oldest son was

three months old. And like many of you may have experienced, when I got home that evening, I shut the door to my bedroom, got undressed, got in the shower and let the water mix with my tears. I didn't quit though. Throughout my time in a funeral home, I'd always want to be the one to embalm an infant or child. "Want" may not be the right word but it's the closest I can come up with. I wanted to get better. I also understood there were teammates that would prefer someone else do it.

The first area I'm going to discuss is your formal education. Here in the United States, any funeral service program has to be accredited by the American Board of Funeral Service Education (ABFSE). Some of you may not know the curriculum is ever evolving. Every year they meet to review the various subject matters. Every five years they've gone through the entire curriculum. I mention this to let you know techniques are not stagnant. A person that has recently been in a funeral service program is being exposed to the latest techniques. I'd encourage those of us that have many years or decades in the field to take the time to talk to one of the more recent graduates and pick their brain about what they have learned.

Here's what I'm saying. I was given a textbook, *The Art and Science of Embalming* by A.O. Spriggs, circa 1963 when I was a young teenager. When I went to Fayetteville, I used *Principles and Practices of Embalming*, 4th Edition (Red Book). Later when I went to Gupton-Jones we used *Principles and Practices of Embalming*, 5th Edition (Brown Book). Now most schools are using *Embalming: History, Theory, and Practice*, 6th Edition. The differences between my first textbook and the current one are marked. There's so much more information being presented than when I went to school.

Depending on your state requirements, you may have done your apprenticeship prior to going to school, while you were enrolled, after you graduated, or a combination of the three. Here you're putting the theories into action. Some of us are stronger in a classroom environment. Some of us can't make sense of what they're saying until we're in the embalming suite, seeing it and doing it. I'm the kind of guy that can read a recipe, and other than knowing eight fluid ounces is a cup, I have no idea how this is going to turn out. I have to get in the kitchen and actually do it to find out if it's going to work. And just like recipes, the more I challenge myself in the prep room, the more comfortable I become and usually better results will follow. As your experience in embalming expands so does your comfort zone. Ben Franklin said, "Tell me and I forget. Teach me and I remember. Involve me and I learn."

I owe so much of my career to my mentors. Just the mention of their names brings a sense of gratitude throughout me.

My hope is that by combining your formal education, your experience, your knowledge of supplies available, and taking advantage of continuing education you, too, will become a better embalmer.

You're not alone starting out in the prep room or trying something new. Usually someone is there to help walk you through it. Your mentors are there to teach, to bounce ideas off, and to help you develop. Mentorship is near and dear to my heart. For me, and I believe for many of you, I owe so much of my career to my mentors. Just the mention of their names brings a sense of gratitude throughout me. I spent many hours standing next to mentors, listening to their instructions, watching their actions. I want to highlight a couple of my mentors that have taught me, encouraged me, and shaped me.

Merrill was one of them. Merrill was a great embalmer and made the prep room engaging. Later, when I had my embalming service, Merrill would call me, asking about a certain product and what he could expect from it. What a vote of confidence. Although Merrill is no longer with us, his knowledge, his techniques, and his persona are still with me, and with many others.

Lamar was my latest mentor. Lamar is class with a capital C. He not only taught me, he molded me in many other ways than just in the prep room. A short story about Lamar and his mentorship. A beloved preacher, Travis, the one the funeral home would call to officiate a funeral when the family didn't have a personal relationship with a church or minister, died unexpectedly. All the embalmers raced to the funeral home. We wanted to have some part, no matter how small, in the last acts of kindness we could give him. As we were all standing there with tears in our eyes, Lamar started delegating tasks to every person in the prep room. Lamar, with no words needed to be spoken by us, knew how to meet our needs, to help soothe our sorrow, and ensure the best possible care for Travis. This mentorship developed into friendship and mutual respect. In December of 2021, I experienced a loss in my family. Although Lamar was an hour away, it wasn't long until he was knocking at our door, with food, compassion, and love.

The person who brings on an apprentice does so with a desire to help mold and develop those under their tutelage. This relationship doesn't end when the apprenticeship program is completed. There is no statute of limitations. Sean Sweetman is a Dodge Sales Representative and is on the advisory board at Worsham College in Chicago. In the fall 2023 issue of the *Dodge Magazine*, Sean wrote an article called, "It Takes a Village." In it Sean says, "So I did what any smart embalmer would do and I phoned a friend. I am a very fortunate embalmer because that friend is none other than my mentor and predecessor, Jack Adams." This highlights the special relationship between mentor and mentee.

It's important to me to get to as many continuing education opportunities as I can. While there are things online that may satisfy your state's requirements for renewal, I believe you will get the best bang for your buck in a seminar environment.

Not only have I learned from the actual presenters, but I also picked up pointers from others in attendance. I have made it a point to always take a new technique home with me to put in my toolbox. It's positive proof to others that I am committed to continue to try to improve. If you have attended a Dodge Seminar in the past, I'm sure you'll agree.

Now let's get to the obvious, the products you decide to use. Dodge offers many products. There are several folks who stay in their comfort zones regarding them as well. They have their "go-to's," and they don't see the need to find out if there is something that may be more effective. Dodge has a few resources for you to learn more about situations and possible solutions. I encourage each of you to continue to read the *Dodge Magazine*. You can glean so much information from it. They're kept online so you can always refer back to an article. Another resource is our customer service. If you have a question about a product, you can call. You'll be put in touch with someone that can answer your questions. Lastly, and definitely not least, is your Dodge Representative. Their experience in the field, their connections with other professionals, and their working relationship with you make them a trusted advisor.

I'm a quote guy. I have memorized many different quotes that I carry with me and use in my daily life. Just recently I found a quote about pushing your comfort zone.

> *"Move out of your comfort zone. You can only grow if you are willing to feel awkward and uncomfortable when you are trying something new"* – Brian Tracy.

Just like that first kiss, your first drive, and your first embalming, you have to be willing to step into an area you've never been before. But sooner or later you'll look back and see your personal and professional progress.

My hope is that by combining your formal education, your experience, your knowledge of supplies available, and taking advantage of continuing education you, too, will become a better embalmer. In short, this article personalizes the Dodge tagline of "Helping You Make All The Difference."

Wendy, you got this. Keep pushing yourself. You're doing great.

Mike Cloud, CFSP is the Dodge Representative serving Northwest Georgia and Alabama. His is a Board Member of the Academy of Graduate Emblamers of Georgia.

The Value of the Embalmer

By Duncan Norris

I imagine the average reader of this magazine would, after seeing this title, be expecting a formulaic article reminding them of the benefits of embalming. You know, the standard things: better appearance, restoration of that taken by the hand of death and decomposition, beneficial final memory picture. The regular. Now there is a place for such articles. I'll probably write a few of them myself. Yet that is not what I wish to talk about today. Today I want to talk, not about the value of embalming, but the value of the embalmer. Not the process, but of the person who performs it. Wander with me back a little in time and allow me to tell a tale which will hopefully demonstrate what I mean.

It was at the end of a long day, in fact a long week, when the following happened. I was about to leave to go home when one of the other employees came up to me at a trot and said those dreaded words no embalmer wants to hear: there is a problem with the viewing. You have to come down. Now, I didn't panic. I've been in the embalming profession a while now. There are a great many things, a ridiculous number, as we all know, that can go wrong with the preparation and care of a deceased person. Without even consciously trying I immediately brought to mind a few of the more likely scenarios. In my experience, most of the time such issues are minor, and frequently nothing at all to do with the embalming per se. Quite often it's people wanting to ask a question, or to give a specific direction. Why does Mum feel so cold? Can you put Dad's watch on so that the face is on his wrist - he wore it that way so it wouldn't get damaged when he was working. Can you make her smile more? His face looks funny. Can you fix it? That kind of thing.

Death is the ultimate loss of control, the ultimate loss of power. It's common for people to want to try and reassert some sense of control, and this is frequently by asking that small things are done for the deceased, to make them "right." I've lost count of the times I have, at a family's instructions, done something as simple as move the position of the deceased's head on the pillow, dabbed a miniscule amount of cosmetic at a directed place, shuffled a collar, repositioned a hand, or some such minor change and had the family go from fretted and tense to so very pleased with how their loved one now looks after the change. So, it was with these experiences in mind that I approached the family in the viewing room.

The deceased in this case was an older, but not elderly, male, who had died a natural death in a hospital setting. He was a larger gentleman, enough so that an oversized coffin was required, and as it happened, the coffin chosen was not in stock in that size, so there would be delay in procuring it. The family was aware of this issue and were content to first see him on our purpose-built viewing board. In fact, the viewing was initially scheduled for the following week, but the family were so keen to see him that the funeral director asked if I could push up the viewing by a couple of days. That's Embalming Rule #1, is it not: everything changes and there is never the right amount of time. I agreed, but we still had a full schedule, which meant that I was unable to perform the embalming until the day of the viewing. This is against both my personal preference and best practice, but we have to work within the constraints of our job. Besides, I am a professional. This is not an insurmountable issue. Merely not the best option.

By and large the embalming went well. My biggest concern was some swelling in his face. As I mentioned, he was a larger gentleman, and that often happens in such cases. To my eye it seemed his neck was particularly full, and his lips had certainly plumped considerably. In the normal course of events while he rested for a few days before the viewing that swelling would naturally dissipate as the tissue continued to fixate and dehydrate under the effects of the embalming solution. Nothing much further remarkable occurred, good distribution to his limbs, excellent clearance in his hands, little else to note, as it were. He was in his suit and looking rather dapper. His color and general appearance had significantly improved from when he had been received into our care. It's not a logical equation, the reaction to seeing one's loved one deceased, but, all things considered, I had high expectations for a successful viewing. And so I walked into the viewing room.

As I have said, there is usually a routine set of questions and moods in these situations. Normally. I was introduced to the deceased's wife, who was the only family member there. By specific design. She wanted to make sure everything was perfect before she allowed anyone else to see him. And she was clearly upset. She wasn't aggressive or hostile, as bereaved people sometimes are, but she was forthright with her opinions and questions. She asked a lot of them, but as people often are in such moments, she wasn't too keen on hearing the answers. Her complaints

Today I want to talk, not about the value of embalming, but the value of the embalmer. Not the process, but of the person who performs it.

continued on page 27

It’s been a long day.

Your family is waiting for you at home. Even though you’re tired and hungry, there’s one other feeling—**satisfaction.**

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were oft repeated and all the more piercing as they were the very issues I myself had with his appearance. His face was too round and his lips were wrong. I heard this dozens of times as we talked. Other issues were mentioned, but she didn't care about any of that, any more than she cared about how fantastic his hands looked or how great his color was.

Two main issues were apparent. He was a businessman, a respectable member of his profession, and to not have a well-fitting shirt and tie was an affront to everything he had been in life. And those weren't his lips. She was adamant about that. All she had wanted to do was give him a kiss goodbye and now that was impossible. It was a grueling half-hour of conversation I can tell you. I was wrung out at the end of it. She told me about the dreams she had been having about him, wanting her to come and kiss him goodbye, and now she couldn't. She pulled out her phone and showed me the dozens of photographs of him taken immediately after death, still lying in his hospital bed - photos which incidentally she had not given us to help with his embalming - which she had been looking at for days. This is what she wanted him to look like. I was at pains to explain that there were certain issues I could absolutely fix, and now knowing exactly what she wanted for his appearance, I would do everything in my power to make that happen. At the end of it all, we organized a rescheduled viewing for the following Monday.

In a state of dejection, I returned him to the mortuary and began my assessment, both of what I had done and how to correct the issues before Monday. My first action wasn't, as you might imagine, attending to the body. Instead, I made a phone call. It was to a friend and fellow embalmer of long experience, Kiera Rae. She also happens to be the head honcho of Dodge here in Australia, and I gave her a detailed and unvarnished account of what had just happened. This gave me a moment to decompress and to try and see how badly I had erred, from a technical level. Embalming relies on confidence and skill, and I had far less of the former and was having big doubts about the latter in this particular moment.

Another experienced embalmer and friend, Alistair Shaw, has a saying about our work: you are only as good as your last embalming. Given the preceding experience, I needed to recalibrate. There were not any major disagreements with Kiera about how the embalming was performed, which helped restore my equilibrium, but frankly that wasn't the problem now. I asked her what she would do to fix the issues. Her first question was what I expected: have you got a tissue reducing iron? Sadly, my answer was no. Following that disappointment, which I felt hard, her advice was, almost verbatim, what I had mentally decided on as a course of action, with some further refinements I had not calculated in. Deeply appreciative, I ended the call and set to work.

Having precise goals in mind, I was able to tailor my actions accordingly. To deal with the issue of the swollen neck I reopened my carotid incision and carefully inserted my trocar up into the throat and buccal tissues to break apart the fixating tissues, loosen the fluid therein, and create channels for it to drain downward into the thoracic cavity. Then liberally coating the same areas in Kalon, I massaged the fluid from all of these areas by hand. For the lips, I made long incisions with a scalpel behind the swollen tissue inside the mouth, and, again using a lot of Kalon, actively massaged the excessive fluid and swelling out. I then arranged the body in what amounted to a seated position to encourage gravity to take any fluid downward away from the face, taking care to reposition the hands up to avoid such setting into the extremities. Finally, I placed the deceased into the fridge for the weekend, to allow the cool dry air to enhance the potential dehydrating effect of the fluid.

Monday afternoon came, after a very long weekend, and, I must admit, I was not confident in how the viewing would go. The swelling of both lips and neck had certainly diminished, but at this stage I could not be certain of anything. Given that I might not be the most favorable sight to the family, the funeral director again took charge of the viewing. So, as you might imagine, when that funeral director came up to the mortuary and said you have to come down to see the family, I marched in with a sunken heart and deep feeling of dread, even though the funeral director was at pains to say it was nothing bad.

I walked into the viewing room and the wife of the deceased gentleman was again there. She walked straight up to me, said my name - which is unusual in my experience, as grieving people are understandably forgiven for not remembering a person they often only meet but once - threw her arms around me in a hug and started to cry. She was so pleased with how her husband looked, so very happy that she could say goodbye properly. Furthermore, she was profuse in apologies for how she had spoken to me and assured us all that everyone would hear about what a wonderful service we did. She then introduced me to her daughter, who had not been present at the initial viewing. That she had brought her daughter to this second viewing, after being so unhappy with the first, struck me as a little askew, but I soon found out the reason why. She told me that during our conversation the week before, she could see how upset I was, how much I cared, and how important it was to me that her husband look right to her. She knew I was going to fix all the problems and bring her husband back to her. After speaking to me, her haunting dreams stopped.

I have been in this profession a long time, and many of my friends are embalmers of similar long-standing. I've been to a lot of conferences, and met a huge number of my colleagues. As a group I find we are not that similar as people. Yet I have found the one thing all the embalmers who stick around, who persevere through the difficulties and problems and horrid realities of our work, have in common is that they care. Truly, deeply, and genuinely care about the work that we do. You can see that we care, and that we are going to fix it. This is the value of the embalmer.

I was at pains to explain that there were certain issues I could absolutely fix, and now knowing exactly what she wanted for his appearance, I would do everything in my power to make that happen.

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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.

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Who Is the Enemy?

By Glenda Stansbury, CFSP

" The best way to bring folks together is to give them a really good enemy."

I love musical theater. I know that people have different reactions to that statement, but I am a true, proud, diehard fan. I know all the songs and stories and have spent more money than I even want to think about on tickets for my family over the years. When I die, the memory take-away gift for guests will be the hundreds of Playbill programs that I've collected.

One of my favorite shows for the past twenty years has been *Wicked*. For those of you who are not familiar with the story, a reimagining of *The Wizard of Oz*, it's about a young green witch, Elphaba, who tries to find her way in a world that judges her by the color of her skin. She ultimately finds her voice and her power, supported by the beautiful blonde protagonist witch named Glinda who becomes her best friend. Same name, unfortunate spelling. And, yes, I've spent my entire life being introduced as Glenda, as in the good witch. My response has always been, "Whether I'm a good witch depends upon who you talk to."

I was lucky enough to see this production on Broadway with the original cast and have seen it on tour three times. I'm definitely a *Wicked* fangirl. I've indicated in my pre-need plans that we will be playing the song *For Good* at my funeral. There is an increased level of interest right now as the movie, which is coming out in November, teased the trailer during the Super Bowl this year.

The themes of this show focus on class and race and privilege and the dangers of unquestioned power, represented by the Wizard. The above quote comes from said Wizard, as he explains how to control his Ozian community by focusing their efforts on a mutually accepted enemy. In this case, Elphaba the "wicked" witch.

And, once again, the question is posed - what exactly does this have to do with the funeral profession? I'm getting there, I promise.

Who is the enemy?

Recently I attended a symposium that focused on green practices. There were several presenters and vendors who provided information and products that covered embalming, green burial, alkaline hydrolysis, and natural organic reduction. Everyone brought their best attitudes and willingness to learn about new ways to consider how we serve our families.

As the presentations continued, it was clear that many people in the room had their preference and could argue clearly for that method. It occurred to me while listening to these discussions, that we have to have something to be against in order to have something that we support.

Now, isn't that the truth for humanity throughout our collective experience? In every story there is a bad guy and a good guy. A right way and a wrong way. This is how countries, political parties, religious denominations, cults, and, even, sports teams gain their followers. We're number one and everyone else is a loser.

Enemies in Funeral Service

In the 60's Jessica Mitford was the objective of our collective anger. In her book *The American Way of Death*, she pulled the curtain back on the practices of the day. Some of her assumptions and accusations were inflated and unfair. Some of her statements were correct and on point. The funeral profession was guilty of some less than transparent approaches to pricing and unfair treatment of families.

This exposé that outlined many problematic business practices drew the attention of the FTC and funeral service was put on notice that someone was watching. So, then we had a second point of pain and an enemy that we could all agree on. That meddling FTC that makes our lives so difficult.

And then, along came cremation. Now this was something threatening that we could all rally against. What do you mean that you do not want to embalm the body, buy a casket and a vault and a burial plot? This is what we do. This is our entire business model. This is how we survive.

So, for another two decades (and, for some much longer) many funeral professionals were less than engaged with the cremation family. The famous professional shrug and eye roll as we referred to the request as "just a cremation." We hid the urns in a closet and only brought them out when we had to. I know a funeral professional who would say to families, "We bury our dead, we burn our trash." OMG. We had no imagination when it came to changing offerings and creating meaningful services for families who were not interested in the traditional services that we offered. They became second class citizens in our sphere. It's just a fad. It will go away.

Recently I attended a symposium that focused on green practices. There were several presenters and vendors who provided information and products that covered embalming, green burial, alkaline hydrolysis, and natural organic reduction.

For those whose business practices relied on embalming or cremation, green burial became a threat to their established models and frustrating in the limitations of offering.

As cremation continued to increase and it became clear that it was going nowhere, many funeral professionals learned to embrace and adapt and have successful businesses serving the cremation customer. But, if you listen closely when a group of funeral directors get together, there is still that group sigh as they remember the good ol' days.

Just as we thought that we had figured out how to sleep with that enemy, along came green burial. What? What kind of hippy dippy, tree hugging stuff is this? And, of course, Jewish and Islamic families all over the country gently reminded us that they have been honoring their dead in this manner for 2000 years.

And this is when the enemies became divided. For those who were promoting and encouraging the natural disposition choices, formaldehyde and caskets and fuel-based cremation became the enemy. Bad for the environment. Bad for practitioners. Bad for the land.

For those whose business practices relied on embalming or cremation, green burial became a threat to their established models and frustrating in the limitations of offering. Sure, I am happy to support a family's wishes, but how do I find a cemetery that accepts natural burial? Or dealing with green identified cemeteries that won't allow burial of an embalmed body which means that families cannot be buried together? And what does green burial mean? A wicker casket? A shroud? Formaldehyde-free embalming? So confusing. Perhaps we can just ignore it and hope it goes away. Another fad.

In the last decade, the landscape has gotten even more crowded with the introduction of alkaline hydrolysis focusing on the enemy of flame-based cremation. So much better to utilize water and sodium hydroxide and not pollute the air or use large quantities of fuel. At this writing, twenty states have legalized it which indicates a lag in professional support and urgency for making this available for families who would like to have that choice. Why create yet something else that we must deal with?

Why can't we open up those doors and become proficient and conversant in every option that is allowed in our states?

And, then, in 2019, natural organic reduction came on the scene. You could feel the collective gasp all over the country. What? Another option? Turning bodies into soil? A truck load of remains? Are you kidding me?

A February 2023 article from the *CNBC Make It* website about natural organic reduction stated: "Burials and cremations carry heavy environmental tolls. Burials require embalming bodies in toxic solutions, plus an indefinite use of land, and cremations result in millions of tons of carbon dioxide emissions annually." There are no citations or notations of research for these facts. They have just become the accepted and stated arguments for making burial and cremation the enemy.

Again, at this writing, six states have legalized this process and much of the pushback has come from religious and funeral professionals. We've never done it this way before and it just doesn't feel right. The best way to bring folks together is to give them a really good enemy.

Are we the enemy?

What became so clear at this most recent conference as I listened to a wide variety of professionals speaking about their product and process and how they have offered these options to their communities, each of them had established what was good and what was the enemy.

Personally, I am a fan of all of the above. I have had the privilege of working with such talented and dedicated professionals in all of these fields - embalming, cremation, green/natural, alkaline hydrolysis, and natural organic reduction.

I am completely convinced that their life's work has been focused on serving families in dignified and honoring ways and of supporting a funeral practice that serves the community.

My question is - why does anything have to be the enemy? Why have we been so resistant to accepting and enthusiastically embracing ALL of the options? Why must one thing be bad in order for our preference to be good? Clearly each method has pros and cons that must be considered, but there is no one method that owns all the pros nor one that is inherently bad.

In one of the courses that I'm honored to teach in the funeral service programs, the students are required to research on all of these options. I want to assure you that we are graduating future funeral professionals who are not afraid of new approaches. Recently I had a conversation with a funeral director where one of our students was apprenticing. The director said, "Why is my apprentice talking about green burial?" I said, "Because we learn about all the professional disposition methods." The director said, "Quit teaching them that stuff. I don't want to have to deal with it." Ok then.

Why can't we open up those doors and become proficient and conversant in every option that is allowed in our states? Why are we not having full and informative conversations with professionals, law makers, religious and lay communities as we consider what it means to take care of a person's final disposition and honoring those wishes? What message are we sending to families who are seeking the best alternative that fits them and their lifestyles and convictions when we refuse to be the professional experts in all the ways we take care of bodies?

Perhaps it is time to put down our *We're Number One* foam finger and consider ourselves part of the death care team with everyone pulling in the same direction. Perhaps the best way to bring everyone together is not to create an enemy but to create a vision of progressive inclusion and expansive imagination. In that scenario, no one has to be wicked. Everyone can be the good witch. I'm happy to lend you my wand.

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

"O Absalom, My Son"

By Jerome Burke

Mike looked at him, and all the sorrow of frustrated hope was in his eyes. Then he turned and walked away without a word or backward glance.

Today we buried Mike Shane in Holy Cross Cemetery, laying him in the center of his little three-grave plot, with Kathleen on his right and Paul, their only child, on his left. It was a grand funeral, with the Police Commissioner and the Deputy Mayor and the captains and lieutenants from half a dozen precincts out to do Mike honor.

Mike Shane had been a "tough cop." There were few barroom fights and grocery store hold-ups, and fewer still "drunk and disorderlies" on his beat, for he was quick to swing his nightstick and seemed to have an uncanny knack for appearing on the scene when he was needed. Four years after he had donned his uniform they made him a plain-clothes man.

He had just turned thirty, been promoted to detective first class, and had every prospect of receiving his sergeant's gold badge when he married Kathleen O'Leary. She was a tiny thing, with hair as black as any raven's wing, eyes the color of the first spring violet, and lips as pink as pigeons' feet. Mike worshipped her. When she told him blushingly that she was going to be a mother he took her in his arms, kissed her first on one cheek, then the other, and finally on the lips. "Glory be to God, now we'll be three!" he exclaimed.

But he was wrong. "I'm sorry, Mr. Shane," the doctor at St. Bridget's told him, "she's gone, but she's left you a fine son. Wouldn't you like to see your baby?"

Mike looked at him, and all the sorrow of frustrated hope was in his eyes. Then he turned and walked away without a word or backward glance.

* * *

Kathleen had a married sister living at Weatherford, and despite the fact that she already had six children of her own, Mrs. Lowman undertook to add Baby Paul to her flock. At first Mike couldn't bear to visit his son - but for him he'd still have his adored Kathleen - but gradually his thinking changed. Slowly he came to realize that this baby for whose life Kathleen had given hers was the fruit of the flowering of her love for him. He went to Weatherford as often as his duties allowed, and on his visits made clumsy, ineffective efforts to win young Paul's affection. How could it have been otherwise? Mike had no notion how to talk to a two-year-old boy, and his long absences forbade any growing intimacy between him and his son.

Then suddenly the situation changed. Mrs. Lowman's husband was offered a much better-paying job in North Carolina, the Lowmans moved, and Paul came to live with his father.

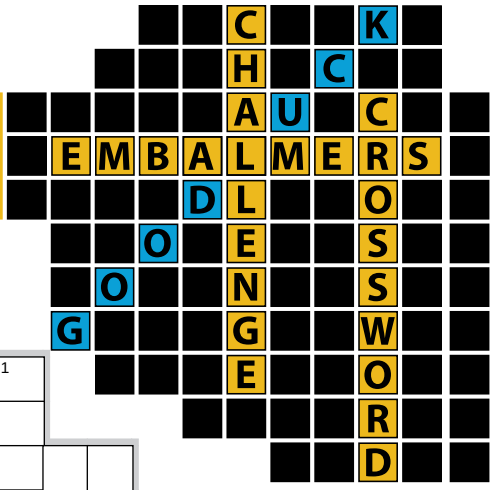
He was 16, halfway through high school and a little on the headstrong side. His father's attempts at camaraderie struck him as being slightly ludicrous. Mike was seldom home until late in the evening, but Paul found plenty of diversion with his classmates, and sometimes with older men and women who, to use a timeworn expression, were not "good influences."

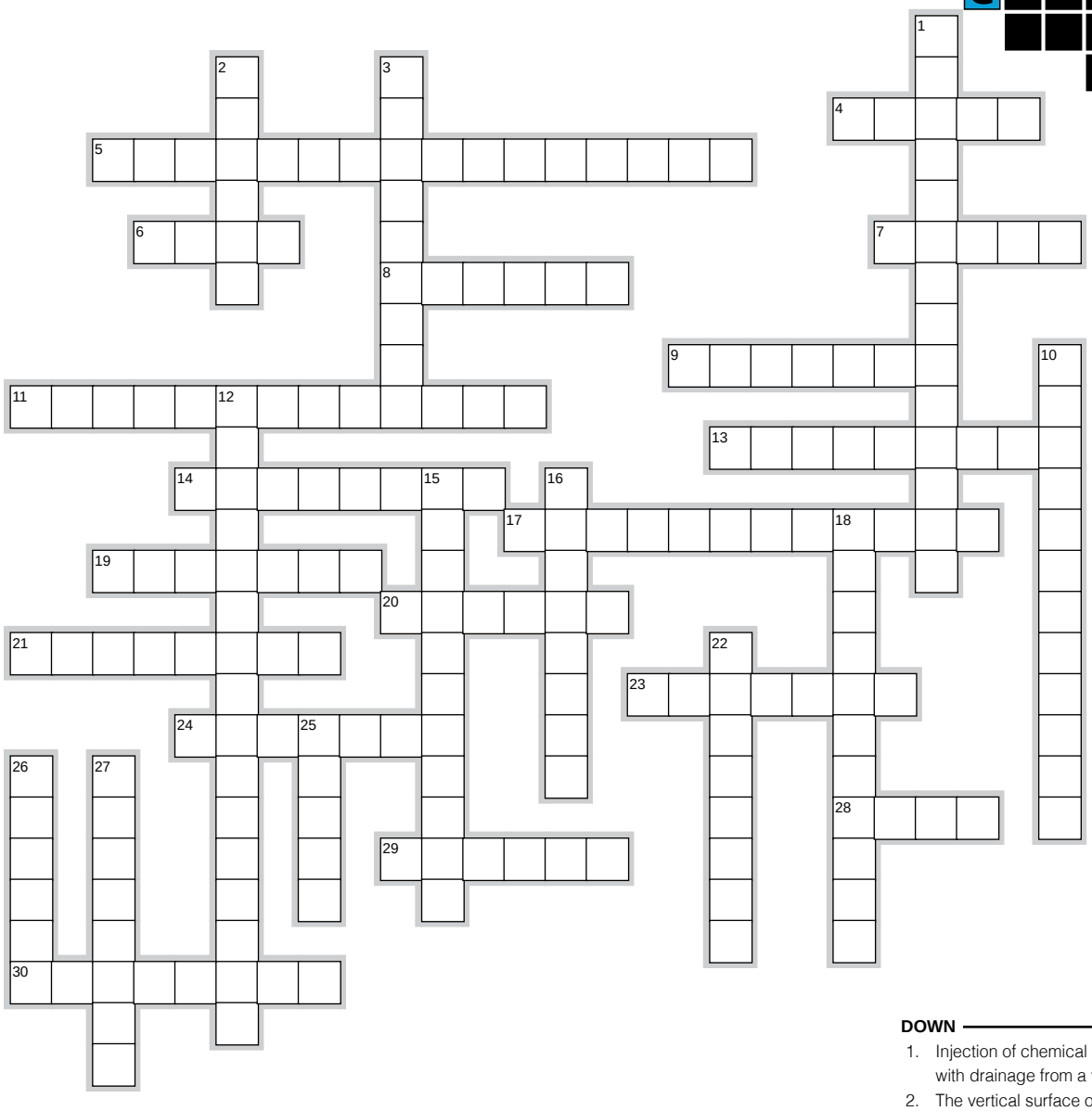
There was little father-son warmth between Mike and Paul. When Paul made good marks in school - as he almost always did - rewards were quickly forthcoming, but never did he hear a word of actual praise. Mike seemed to think the bills he plucked from his wallet spoke for themselves - and him.

Paul couldn't know the times his father tiptoed into his room late at night to look at him a moment as he slept in graceful young man's beauty; he couldn't

continued on page 33

Challenge your funeral service knowledge with the Embalmers Challenge Crossword.





ACROSS

4. The outer rim of the ear
5. Anatomical structure that forms the base of the femoral triangle
6. A chamber excavated from the earth for the placement of the dead
7. A space in a wall or structure to hold urns containing cremated remains
8. The chamber in which a body is cremated
9. Funeral procession
11. The horizontal arch of bone which extends along the side of the skull from the cheekbone to the temple
13. Chemical that increases the ability of embalmed tissue to retain moisture
14. Result of excessive buildup of bilirubin
17. Skin slip
19. Medical procedure to determine cause of death
20. A gathering of crows
21. Dodge's concentrated arterial dye
23. Anterior; view of face and features
24. Arterial tube
28. Common funeral flower
29. A speech at a funeral to commemorate an individual's life
30. To remove a body from its burial site

DOWN

1. Injection of chemical into an artery at one location with drainage from a vein at another location
2. The vertical surface of the temporal bone
3. Dodge Company's home city
10. The process of rotting or decay in a body
12. Points of origin and termination in relation to adjacent structures
15. A structure used for above ground inurnment
16. A person who has suffered a loss
18. The study of death
22. A building used for the sole purpose of embalming, arranging, and conducting funerals
25. A mole or birthmark
26. Sheet type of burial garment
27. Bluish discoloration due to lack of oxygen

•Answers on page 34

continued from page 31

know that after each such visit Mike took Kathleen's picture from his dresser and told it, 'I'm doin' the best I can for our boy, Kathy darlin'."

Paul graduated with distinction, and the hundred-dollar bill his father handed him sent ripples of delight up his spine.

"About the future, Dad. I don't think I'll go to college. One of the boys has promised to get me a job in a broker's office, and the salary's too good to pass up."

Mike swallowed his disappointment. Sending Paul to college - making him "an educated gentleman" - had been one of his dearest hopes. But finally he answered, "O.K., son. If that's the way you want it, you want it that way. If this job they've offered you really has a future, maybe you ought to take it. I've got by pretty well with no more than a grade-school education; you've already got a lot more."

* * *

January 1920 came, and with it Prohibition. Everything was going to be just fine. There'd be no more drunkenness and since, as everybody knew, the only cause of crime was liquor, there'd be no more crime.

Somehow, things didn't work out quite that way. A new class of criminals came into being. Not only did they flout the law and peddle alcoholic beverages at outrageous prices to a public which seemed eager for their wares, but they took to bribing theretofore honest policemen to look the other way while they plied their illegal trade.

Meanwhile, Paul's brokerage job seemed to be paying well. He had acquired a car - a long, high-powered black job which was definitely no second-hand model. He was seldom home, but when he was he radiated prosperity, and the presents that he gave his father made Mike wonder - the boy must have hit it rich!

* * *

A rash of warehouse burglaries had broken out in the city. Bonded warehouses, bulging with whiskey, brandy and other medicinal liquors, were broken into almost every night. Several watchmen, too stupidly honest to accept bribes, had been shot dead by the burglars. Detective Lieutenant Mike Shane was put in charge of a detail to patrol the warehouse district.

* * *

It was two o'clock in a snow-filled, pitch-dark morning when Mike posted his detail around Milford & Sons warehouse. A stool pigeon had passed a tip to headquarters that the Milford storehouse had been "cased" by members of Little Billy McFee's gang and a burglary was imminent. "Don't argue with them hoods," Mike told his men. He took his station in a spot of shadow opposite the warehouse main gate and waited.

He had not long to wait. A long, low, shiny black car drove up and stopped before the warehouse and a man in a black overcoat alighted, walked to the warehouse door and rang the night bell.

"Funny," Mike muttered to himself. "That car's the spittin' image of - aw, heck, there must be a thousand cars like that in town!"

The sharp staccato of a fusillade of shots sounded from the alley behind the warehouse and the man in the black coat turned and ran for his parked car.

"Hold on there, bozo," Mike challenged. "You and me got some talkin' to do-"

A gleam of metal flashed in the black-coated man's hand and a bud of fire blossomed at the muzzle of the pistol he aimed at Mike. The whinn-n-g! of a ricochetting bullet sounded.

Mike raised his gun and fired three quick shots. The man in the black coat stopped suddenly, as if he had collided with a solid wall, then turned half-way round and fell upon his face.

"Try to shoot it out with me, will you, you half-baked larrikin?" Mike asked as he ran across the street. "Let's have a look at you!" He turned the prostrate man over with his foot and played the beam of his flashlight on his face. "Not quite so cocky, now, are you?" he asked. Then: "Oh, dear Lord in heaven - no!" The flashlight shone full into Paul's face and on the forehead showed a little dark spot such as could have been made by rubbing a soiled eraser on the flesh.

* * *

I stopped in for a quick drink at the Pequot House Men's Bar on my way home after Mike's funeral, and who should be sitting at one of the tables with nothing but a Scotch and soda for company but Dr. Worthington, the Rector of St. Simon and St. Jude's Episcopal Church. "Mind if I join you?" I asked. Dr. Worthington is one of my favorite people, for he's at once a worldly man of God and a Godly man of the world.

"Glad to have you." he answered.

We fell to talking about Mike Shane as I clinked the ice in my noggin of John Jameson. "Maybe you can tell me something, Reverend," I hazarded. "I noticed an inscription on young Paul Shane's tombstone today. Somehow, I can't seem to connect it with anything I know. It was 2 Samuel, 18:33."

He gave me a long look before he answered, "Yes, I recognize the reference. It's from the first chapter of the Second Book of Samuel. Absalom, King David's favorite son, revolted against his father and almost succeeded in dethroning him. But he was defeated and killed by loyal troops. When they brought the news to David, instead of rejoicing that the rebellion had been crushed and his traitorous son killed, the aged king burst into tears and sobbed, 'Would God I had died for thee, O Absalom my son, my son!'"

A gleam of metal flashed in the black-coated man's hand and a bud of fire blossomed at the muzzle of the pistol he aimed at Mike.

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

Jerome Burke

Dodge

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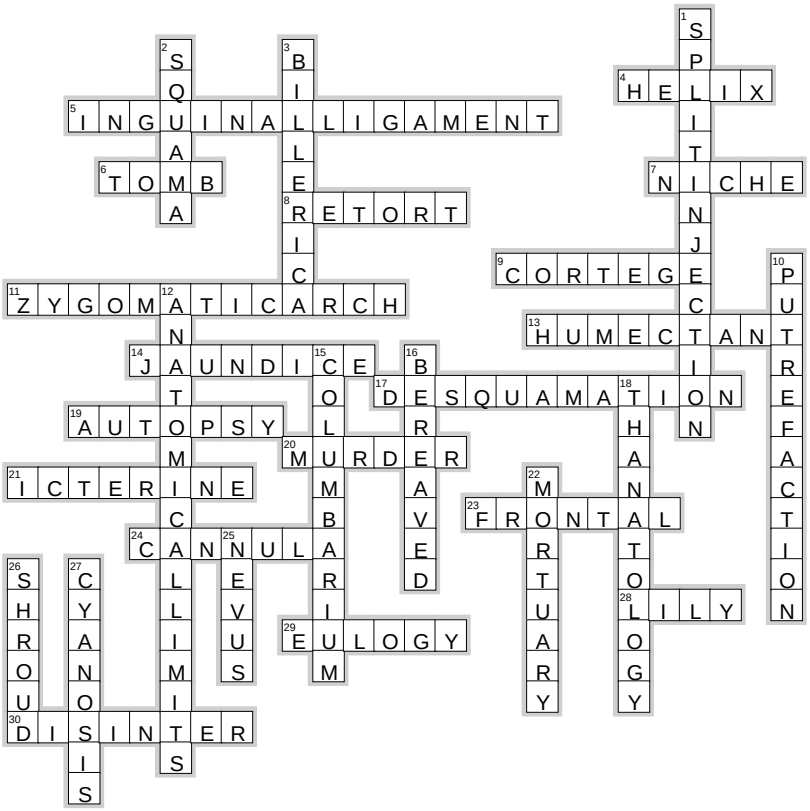

ACROSS

4. HELIX—The outer rim of the ear
5. INGUINAL LIGAMENT—Anatomical structure that forms the base of the femoral triangle
6. TOMB—A chamber excavated from the earth for the placement of the dead
7. NICHE—A space in a wall or structure to hold urns containing cremated remains
8. RETORT—The chamber in which a body is cremated
9. CORTEGE—Funeral procession
11. ZYGOMATIC ARCH—The horizontal arch of bone which extends along the side of the skull from the cheekbone to the temple
13. HUMECTANT—Chemical that increases the ability of embalmed tissue to retain moisture
14. JAUNDICE—Result of excessive buildup of bilirubin
17. DESQUAMATION—Skin slip
19. AUTOPSY—Medical procedure to determine cause of death
20. MURDER—A gathering of crows
21. ICTERINE—Dodge's concentrated arterial dye
23. FRONTAL—Anterior; view of face and features
24. CANNULA—Arterial tube
28. LILY—Common funeral flower
29. EULOGY—A speech at a funeral to commemorate an individual's life
30. DISINTER—To remove a body from its burial site

DOWN

1. SPLIT INJECTION—Injection of chemical into an artery at one location with drainage from a vein at another location
2. SQUAMA—The vertical surface of the temporal bone
3. BILLERICA—Dodge Company's home city
10. PUTREFACTION—The process of rotting or decay in a body
12. ANATOMICAL LIMITS—Points of origin and termination in relation to adjacent structures
15. COLUMBARIUM—A structure used for above ground inurnment
16. BEREAVED—A person who has suffered a loss
18. THANATOLOGY—The study of death
22. MORTUARY—A building used for the sole purpose of embalming, arranging, and conducting funerals
25. NEVUS—A mole or birthmark
26. SHROUD—Sheet type of burial garment
27. CYANOSIS—Bluish discoloration due to lack of oxyg

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