

EMBALMING CASE REPORT

NAME OF PERSON REMOVING BODY _____ CASE # _____
 DATE OF REMOVAL _____ NAME OF DECEASED _____
 PLACE OF DEATH _____ DATE OF DEATH _____
 TIME _____ AGE _____ EYES _____ MOUTH CLOSURE _____
 GLASSES _____ DR/CORONER _____
 PERSONAL EFFECTS _____

(CONDITION OF BODY- PRE-EMBALMING)

NORMAL _____ ABNORMAL _____ EMACIATED _____
 EVIDENCE OF DISEASE _____ EVIDENCE OF SURGERY _____
 EDEMA _____ TISSUE GAS _____ TUMORS _____ ULCERATIONS _____
 PURGE _____ MUTILATIONS _____ RIGOR MORTIS _____

(EMBALMING TECHNIQUES)

INJECTION ARTERIES _____ INJECTION VEINS _____

INJECTION	CHEMICAL	INDEX	OZ	GAL H2O	TOTAL VOLUME
PRE-INJ.					
1-INJ.					
2-INJ.					
3-INJ.					
4-INJ.					

(CAVITY TREATMENT)

CHEMICAL _____ INDEX _____ OZ _____

(AUTOPSY CAVITY TREATMENT)

WAS VISCERA RETURNED? YES _____ NO _____
 CHEMICAL POWDER _____ HYPO _____ HARD. COMPOUND _____

(EMBALMING RESULTS)

WAS EMBALMING COMPLETED WITHOUT INCIDENTS? YES _____ NO _____

REMARKS _____

TIME EMBALMING BEGAN _____ TIME EMBALMING ENDED _____

EMBALMER'S NAME (Please Print) _____

EMBALMER'S SIGNATURE _____ LIC. # _____