

EMBALMING CASE REPORT

FUNERAL ESTABLISHMENT: _____

DATE: _____ 20 _____

CASE NO.: _____

DESCRIPTION OF SUBJECT:

NAME OF DECEASED: _____

AGE: _____ SEX: _____ RACE: _____ WEIGHT: _____ LBS. HEIGHT: _____ FT. _____ IN.

CAUSE OF DEATH: _____ DATE OF DEATH: _____

CONDITION OF BODY PRIOR TO EMBALMING:

ELAPSED TIME BETWEEN DEATH AND EMBALMING _____ Time Embalming Started _____ Time Embalming Completed _____

CHECK APPROPRIATE CONDITIONS:

Autopsy	"	Emaciated	"	Lividity	"	Purge	"
Edema	"	Skin Slip	"	Stain	"	Rigor Mortis	"
Tissue Gas	"	Mutilations	"	Discoloration	"		
Refrigerated	"	How Long? _____		Additional Factors: _____			

POSING FEATURES: (Check Methods and Materials Used)

MOUTH CLOSURE:	Suture	"	_____	Needle Inj.	"	_____	EYE CLOSURE:	Cotton	"	_____
	Natural	"	_____	Dentures	"	_____		Eye Caps	"	_____
	Mouth Former	"	_____	Other	"	_____		Other	"	_____

EMBALMING TECHNIQUES:

ARTERIES INJECTED: (Circle vessels used)

Carotid	R - L	Iliac	R - L
Subclavian	R - L	Femoral	R - L
Axillary	R - L	Radial	R - L
Brachial	R - L	Ulnar	R - L
Other	_____		
Other	_____		

VEINS DRAINED:

Jugular	R - L
Axillary	R - L
Iliac	R - L
Femoral	R - L
Other	_____

DISINFECTION: (Check appropriate areas)

Eyes	_____	Nose	_____	Mouth	_____
Other Body Orifices	_____				
Remains Bathed With Antiseptic Soap	_____				
Body Orifices Packed	_____				

Condition of Arteries _____ Injection: Intermittent or Continuous _____
Injection Pressure _____ lbs., Drainage: Continuous, Intermittent or Restricted? _____

FLUID DILUTIONS:

Preparation Fluid	_____ oz	_____ gal.:	Index _____
1st Injection	_____ oz	_____ gal.:	Index _____
2nd Injection	_____ oz	_____ gal.:	Index _____
3rd Injection	_____ oz	_____ gal.:	Index _____

Total Concentrate Used:

Preparatory	_____ oz
Arterial	_____ oz
Cavity	_____ oz
Humectant	_____ oz
Other	_____ oz

Hypodermic Treatment

(Check Appropriate Areas)

Arms	_____	Legs	_____
Torso	_____	Neck	_____
Face	_____		
Total Concentrate Used	_____ oz		

Enclosed Remains in Zippered Plastic or Rubber Pouch _____ Length of Time Required to Complete Operation _____

CONDITION OF BODY AFTER EMBALMING: (Include firming action and diffusion characteristics of fluid used)

Condition of Abdominal Area: _____

CAVITY TREATMENT:

Total Cavity Chemical Used _____ oz Index Name _____ Trocar Button _____ Suture _____ Elec. or Hydro Aspirator _____
Total Cavity Chemical Used (Autopsy) _____ oz Index Name _____ Chemical Powder _____
Viscera Treatment _____ Suture Incision? Yes _____ No _____
Were Cavities Treated Immediately Following Arterial Injection? Yes _____ No. If Delayed, How Long? _____
Parts Receiving Poor Circulation _____ How Treated _____

Remarks Concerning Results Observed: _____

ASSOCIATE/FUNERAL SERVICE PRACTITIONER: _____ LIC. NO.: _____

FUNERAL SERVICE INTERN: _____ LIC. NO.: _____

PROTECTIVE CLOTHING/EQUIPMENT USED:

Gloves " Face Mask " Boots "
Goggles " Face Shield " Head Cover "
Gown " Medigard Glove " Other " _____

Describe Other Items Used: _____

Was Embalming Completed Without Incident? ____ Yes ____ No
If No, Give Detail to Complete Operation _____ Ending Time _____ a.m./p.m.

PROPERTY RECORD:

Personal Property Received With Body (List all Items):
Clothing _____

Jewelry _____ Cash _____

Dentures _____ Papers _____

Other Items _____

FINAL DISPOSITION OF PERSONAL PROPERTY:

Property Received by _____ Relationship to Deceased _____ Date _____

ADDITIONAL REMARKS OR COMMENTS CONCERNING CASE:

DISPOSITION OF HUMAN REMAINS:

Cemetery " Mausoleum "
Crematory " Ship-Out " Receiving Funeral Home _____ City & State _____

CASKET DESCRIPTION _____ OUTSIDE CONTAINER _____

IDENTIFICATION ANATOMICAL CHART

**INDICATE IDENTIFIABLE UNUSUAL MARKINGS OR CONDITIONS ON FIGURES
(Tattoo, scar, wound, fractured bone, sore, other)**

1. _____ 3. _____

