DEDICATED TO PROFESSIONAL PROGRESS IN FUNERAL SERVICE

# Dodge

MAGAZINE

WINTER 2020

Dodge

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*from Dodge*

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*{holds 0.7cu. in. of cremated remains}*

*Votive glass and tealight candle included.*

*Item No.* ***941905***
*{holds 200cu. in. of cremated remains}*

Dodge
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**The Cover**
Snowy Mountains by Dodge Sales Rep, Tawnia Steinhoff





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# CONTENTS



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# Crafting a Better Viewing

By Matt Black

**We have all heard that you only get one chance to create a positive first impression. We are uniquely qualified to provide a positive, and lasting, final impression.**

When you consider current practices in funeral service, does anything stand out as "missing"? What have we traditionally done that seems to be fading away? Without question, the open casket viewing would fall into this category.

The open casket viewing is the most "personal" element of any funeral service. One can display all the mementos one wishes, but not including a viewing as part of a funeral service is like having a wedding ceremony without the bride or groom being present. As funeral professionals, we possess the ability to provide an opportunity for the all-important open casket viewing. We allow the family to say, "Hello again, and goodbye." We have all heard that you only get one chance to create a positive first impression. We are uniquely qualified to provide a positive, and lasting, final impression.

We have all witnessed occasions when, in spite of difficult circumstances, a viewing provided comfort and a time for everyone to say goodbye to a loved one in their own personal way. This is especially true in the case of a traumatic or unforeseen death. These open casket viewings provide a measure of social support to the family. Seeing the loved one for the last time and being able to say goodbye can provide real comfort. Regardless of the method chosen for final disposition, the open casket viewing can be of great help to family and friends in navigating the grieving and mourning process.

We are constantly being challenged on the value of open casket viewing. A common problem is a lack of communication between the embalmer and the funeral director making the arrangement, and the family. We all have found ourselves with a picture of the loved one that is many years old and can see a dramatic change in body weight. Photos provided by families usually confirm that a significant weight loss has occurred. While most photos only show the face, if weight loss is shown on the face, we can deduce that the hands have suffered the same effect. But should we assume that the photo provided is a clear indication of the degree to which the family desires feature building restoration? We need an open communication with the family to reach a full understanding of their expectations. Discussion and communication allow the family to open up, which is very therapeutic.

An area I would like to discuss is communication with the family when we are employing Feature Builder to restore a natural appearance. When used correctly, Feature Builder can fill out sunken emaciated tissue of the face, including sunken temporal areas, the cheeks, the lips, the nose, and the lobes of the ears. Don't forget the hands! Restoring flat fingertips as well as the natural features and contours of the face can help give a life-like appearance. Our families deserve as much care given to the hands as we give to the face.

Dodge Feature Builder is available in two varieties: Regular and Firming. Feature Builder Regular is used for plumping and restoration when the tissue is preserved from the arterial embalming process.

Feature Builder Firming is unique in that it has the dual purpose of plumping tissue while imparting preservation due to its chemical makeup. It works well on under-embalmed areas of the hands and face that lack preservation which can lead to decomposition issues.

As embalmers we should not be concerned with leakage from feature building. It is always recommended to use premium feature building products that gel quickly when exposed to moisture. Feature Builder will not change shape, cause discoloration, or affect embalming chemicals.

Let's consider feature building as a post-embalming technique. When feature building emaciated cases, you will encounter tissue with significantly diminished moisture retention. A few techniques that help to control any minuscule leakage during the feature building process on these emaciated cases include:

- Before removing your hypodermic needle, draw back on the syringe plunger 1/8 inch. This will air-lock the opening when removing the hypodermic needle by inducing a small air bubble to seal the exit hole in the tissue.
- Apply a pad of Webril or cotton saturated with water to the exit hole following removal of the hypodermic needle, allowing the water to help gel any liquid Feature Builder.
- Apply a small dab of Kalon Massage Cream over the exit hole immediately after removing the hypodermic needle.

These effective techniques can be used alone or in combination to resolve any leakage of tissue builder while restoring the hands. Best practices when feature building dictate that the fewest tissue punctures we can employ is our goal. Careful consideration when choosing the hypodermic needle will help achieve this goal.

Using an 18-gauge needle that is 6" long or

a 19-gauge needle that is 3" long can reach a lot of areas. Having spoken with many embalmers, a 20-cc syringe seems to be the one most commonly used for control purposes. For example, the entire finger can be treated if you enter around the first knuckle. The temporal area can be plumped by entering the hairline area of temples. Using a hairline area of the eyebrow is advantageous because it's a hidden area and gives you access to a lot of coverage area. Another great entry point to gain access for Feature Builder is through the nose. It allows hidden access for many areas of the cheeks, the zygomatic arch, the nasolabial folds, and more. A longer needle allows fewer entry points and, when restoring the hands, at times the point can be camouflaged by using entry points in the wrist. Remember to include areas of the forehead, neck, nose, ears, and lips for fully effective restorative treatment.

Be cautious and guard against using too little or too much Feature Builder. One example of too little treatment is only filling out the fingertips, while giving no attention to the rest of the finger or the hand. This also can happen in the face if you inject the temporal area of the face and disregard other areas of the face.

Too much feature building can be worse than doing no feature building. The overload of Feature Builder results in stretched tissue resembling an over-filled balloon. We should not necessarily be striving to achieve perfection, but rather to reinstate a pleasing, natural appearance, including lines and wrinkles, and these treatments can lead us to that goal. We have all experienced that situation when we stopped short of what we might have thought necessary, only to have our family thank us for achieving "perfection."

Again, a photo provided by the family, combined with clear and open communication with the family, will provide an invaluable guideline for you to present the family with realistic expectations.

A simple goal for every practitioner is to recreate a natural and pleasing appearance of the deceased entrusted to our care. At times we lose this focus by allowing ourselves to concentrate on only the "big picture" when the small details can be the key to success.

Let's revisit a technique that, in my opinion, seems to be falling out of popularity. To the disappointment of many and the pride of others, wrinkles are a natural part of the aging process. As we age our skin gets thinner and drier, and loses elasticity and some of its ability to protect itself. This leads to wrinkles, creases, and lines on the skin of the face and hands.

In order to achieve success in restoring the face and hands to their normal state one must determine which markings are natural and should remain and which markings are unnatural.

A common pre and postmortem condition is edema in the hands, face, and eyes, as well as many non-visible areas of the body. This is becoming more prevalent with the increased use of intravenous fluids during medical interventions.

Improperly treated, edema can present a host of issues that can keep the embalmer awake at night. However, gross edema can normally be successfully treated with waterless embalming, edema co-injection chemicals, channeling, gravity, and time. The upside of these treatments is we achieve preservation.

Channeling and gravity are highly effective for reducing edema and the resultant swelling. When channeling a hand, select an entry point below the wrist area and move the needle in a fan-like motion. The advantage of this area is that it is hidden and can be concealed with plastic to control leakage if necessary. Once channeling has been concluded and the needle removed, apply a coating of Kalon Massage Cream or Restorative to the hand area. This will prevent any damage to the skin. Digital pressure can be used, physically forcing the fluid out of the entry point. This technique may have to be repeated for severe edema and employed on multiple areas of the body. When channeling is successful, we are left with unnatural wrinkles on the face and hands of the deceased. These wrinkles are from size reduction.

A Dodge Tissue Reducer is an effective tool for treating these unsightly wrinkles on the face, hands, and neck. For those embalmers who may be unfamiliar with this item, a Tissue Reducer is an electric, heated iron designed to be used on the deceased, embalmed body. Admittedly some embalmers find this technique intimidating. But, with some careful practice we can achieve a level of comfort and expertise allowing restoration of a more natural appearance of the hands without hesitation. A critical factor in achieving success with a Tissue Reducer is that the tissue needs to be well embalmed. Spongy or non-fixated tissue presents unnecessary, and possibly insurmountable, challenges to achieving positive results with the Tissue Reducer. The success or failure of employing the Tissue Reducer is directly related to the condition of the skin and the quality of the embalmed tissue.

Using a Tissue Reducer directly on bare skin for the reduction of wrinkles, without any provision for protecting the tissue, is an invitation to disaster. This non-advised technique causes rapid dehydration, physically burns the tissue, and destroys and/or curls the hair on lashes or brows. A popular and strongly recommended technique is to apply a liberal layer of Kalon Massage Cream to the area being treated.

The use of petroleum jelly or similar products is not advised. The petroleum elements, when heated, can cause serious burn damage to the tissue. Additionally, they seem to make cosmetic application much more difficult and the tissue seems to be spongier.

When using a Tissue Reducer, the smaller heating element tip allows greater control and more effective results. Allow the Tissue Reducer to heat up for approximately five minutes and hold it like a pencil. The heating element tip should be hot enough to make the massage cream melt and "sizzle" when touched. Touch the tip in a repetitive manner over the tissue, using light pressure to remove the wrinkle. In severe cases a repeated application of Kalon Massage Cream and treatment with the Tissue Reducer may be necessary. This rapid heating of the

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massage cream will cause the skin surface tissue to tighten. The massage cream also inhibits burning of the skin tissue. When using Tissue Reducers around the delicate areas of the eye, pressure and movement are the keys to success. Use less pressure and quicker movement on contact to the tissue.

Some key points to keep in mind when using the Tissue Reducer:

- Only touch the skin with the Tissue Reducer after applying a liberal amount of Kalon Massage Cream.
- Allow the Tissue Reducer to reach its maximum heating temperature. Consider using two Tissue Reducers and rotating them in use to allow optimum temperature. Caution must be employed when using these devices: do not touch with bare hands, and allow for a cooling period before placing them back in storage. Do not touch hair, eyelashes, or flammable materials with the Tissue Reducer.
- Quicken your movement of the reducer when around the delicate tissue of the eyes and decrease pressure.

Using these techniques can make a drastic improvement and make a more natural appearance of the face, hands, and neck.

As embalmers, we should all agree that we need to master techniques to maximize our ability to enhance the open casket viewing. The techniques reviewed in this article are but a few of the many procedures we have learned, and quite possibly forgotten, in our careers, that allow us to offer the best possible service to those families that entrust their loved ones to our care. By keeping our skills sharp and our minds open to processes we have not yet tried, we position ourselves to be able to confidently address any situation we may be presented with. A common adage is, "Your reward is the comfort given by your attention to details."

Every individual that has been involved in the funeral industry for even a short time has witnessed numerous changes and, it is reasonable to assume, that change will continue to inundate us as we strive to meet the needs of all.

But one thing has remained and will remain constant…the expectation on the part of the bereaved to believe that the funeral professional in whom they have placed their trust will possess the skills, abilities, and attention to detail to meet their every need.

Matt Black has been a licensed funeral director and embalmer in the State of Pennsylvania for over 20 years. He represents The Dodge Company in Central and Western Pennsylvania. In addition to being a graduate of the Pittsburgh Institute of Science, Matt also holds degrees in Bio-Medical Engineering Technology and Industrial Management.

# The Viewing of an Unborn Child

By Steve Palmer and Monica Torres, CFSP

Aisha Oravec told of the pain that only a mother can tell of, the loss of her child, to the *New York Times*. Her not-to-be born child came on July 11, 2011.

"Embrace the new, changed you and let go of any expectation of getting over it. There is so much shame that comes in the moment of delivering a dead or dying baby. We feel like we should get the goodbye over too fast. Don't. We have so many hormones and feelings that want us to care for our newborn, but you only get one chance - bathe, diaper, dress the baby, take pictures. Weigh and measure and footprint the baby. Talk to the baby and explore his body. Take lots of photos because you will want to remember the baby. You will need proof that he was really there when you are alone and sad and angry, and milk is pouring out of your breasts. It will all feel like a bad dream and you will need proof. Know that you are forever changed by your loss and you will be hit by it over and over on his birthdays, when you have another baby, when he would have started kindergarten. Develop rituals when you are sad. Talk about the baby. Tell your future kids about it. Tell strangers about it. Get a tattoo in a prominent place to get others to ask you about it. Embrace the new, changed you and let go of any expectation of getting over it."

When funeral home directors meet with these mothers and the fathers and the families, what can you offer them? They need to see their child. A stillbirth or miscarriage rarely produces a child that is easily presentable. Do you tell the family that their best moments were immediately after the birth in the hospital? When they ask about having a visitation for family and maybe for friends, do you tell them this is a sight that should not be seen? But a mother, who has borne this child for however long, may have other feelings which need to be heard.

Monica Torres, embalming industry educator, reconstruction specialist, and owner of NXT Generation Mortuary Support, had seen too many miscarriage and stillbirth children that were placed into a closed casket. These parents were proud of the child they created. They held their child. They knew what their appearance was, but they wanted a way to share this creation with family and friends.

She has learned to help other professionals through the legal considerations to acquire family permission to "rejuvenate" their child to a viewable and acceptable appearance. For sensitive cases such as these, Monica tells us: if you have the strong will and confidence to move through this special ministry, I encourage you to guide the next generation of families who are seeking alternative options for their little ones. The Dodge Company has continued to improve formulations and offer new and exciting products for skilled embalmers to utilize in this next phase of our embalming history. I hope you find value in the following tips and techniques I have compiled for you.

For over two years I have collected data from over 60 cases of infant loss in order to be able to offer suggestions and procedures focused on keeping the casket open for these little angels who are gone too soon. It's time to move past the taboos surrounding loss though miscarriage and create a relevant experience for parents and siblings. One in 25 pregnancies ends in miscarriage in the United States. Women and men suffer in silence, often unable to move through their grief even with the support of family and friends.

How do we as embalmers and funeral directors begin to change our thought process on how infant care has always been offered? Is change necessary? I feel strongly that change, however uncomfortable, is, in fact, necessary. In a day and time when ultrasound technology has advanced to the point where expectant parents are able to view their unborn children in 3D, we must challenge ourselves to rethink some possibly antiquated processes in our prep rooms and around our arrangement tables.

We have the skills and we have the chemicals to provide parents and siblings much more than we once did. We are only lacking the courage and confidence to offer and use our talents to provide a new and unique viewing experience for families. Moms and dads are seeking more than the "free" baby service that many funeral homes have been offering since the early 1900's. Any experienced sales professional understands that "free" is not always the best way to offer a product or service. In the beginning, free infant services were relevant and a sign of the times. Today, free infant services are no longer relevant and, in some instances, may not provide parents and siblings

**It's time to move past the taboos surrounding loss though miscarriage and create a relevant experience for parents and siblings. One in 25 pregnancies ends in miscarriage in the United States.**

with the type of memorialization services they desire or deserve. In most instances, "Free = No Value."

I have had success offering these valuable services to young parents and I am excited to share some ideas with Dodge readers on how I have moved past my own mental barriers and hurdles to help families grieve in this new era of modern embalming.

I would like to mention that these cases are not to be considered "easy cases," and the conversation around the arrangement table should parallel the conversation with any family which has suffered a traumatic death and unimaginable loss. These cases should be considered "hard cases," reconstructive and restorative in nature, and should be addressed with sensitivity and an awareness of legal considerations. Gaining authorization verbally and in writing is the fundamental parameter and should be addressed before any services are rendered. Consulting with the parents and speaking to them sensitively and honestly about the reconstruction and restoration that will be taking place is not optional, it is mandatory. Families must be sensitively provided with information about the embalming and reconstructive process, and clarity regarding expectations is of utmost importance. Managers should consider offering formal arrangement training on how to strategically guide parents through this discussion on embalming. I am developing a seminar that also offers strategic planning and information for funeral directors and arrangers on how to maneuver through this experience with mothers and fathers.

These cases are not to be considered "easy cases," and the conversation around the arrangement table should parallel the conversation with any family which has suffered a traumatic death and unimaginable loss.

I would like to remind the reader that we should not be focused on presenting a final lasting memory of what WE, as embalmers, think is acceptable. This baby, miscarried or arriving into this world without a breath of life, is 50% Mommy's and 50% Daddy's, and regardless of what WE think, this child is 100% perfect in the eyes of the parents. Technically, focus on long term preservation, reconstruction, and restoration, and the rest will fall into place. Emotionally, focus concentration on offering these parents a place to pray, a place to stay with their baby, and just try to give them one more day with their child.

## Decomposition Challenges

Skin slip, discoloration, advanced decomposition, purge, desiccation, possible tissue gas, and odor are all issues we may confront with these little ones. These problems can be overcome with proper technical training. Here are some suggestions on how to deal with them.

Skin slip, discoloration, advanced decomposition, purge, desiccation, possible tissue gas, and odor are all issues we may confront with these little ones. These problems can be overcome with proper technical training.

It may be necessary to do an incision similar to, but not the same, as the "Y" incision used in traditional autopsies and to remove the viscera for treatment. I recommend treating the viscera (without removing it completely from the body) in a high index cavity pack and placing it in a large resealable bag to lower exposure for the embalmer. Set this cavity pack just to the side of the body while embalming takes place. PermaCav 50 is my first choice for this process. Please make sure to utilize your full-face respirator while using this product. For injection, I suggest using very low pressure and low flow. A suggested embalming arterial formula guide:

- 12 oz. Metasyn 35
- 4 oz. of a 30 index humectant arterial, such as Regal
- 16 oz. Proflow
- 16 oz. Rectifiant

After arterial embalming, remove the vitreous fluid from the eyes and replace with a formaldehyde-based preserving and firming agent such as Feature Builder Firming. The insertion point is directly into the pupil. Areas of immediate concern are the facial features and the hands. Your goal is to sculpt, preserve, and "rejuvenate" with filler and an insulin needle throughout the face. Concentrate on the cheeks, the tip of the nose, and the under eye area. Eye closure with adhesive is not recommended. Feature Builder Firming can be utilized to create a seamless closure of the eyes by injecting from the inner canthus outward while releasing the Feature Builder ever so gently.

The head and neck should be hypo injected using a 16-gauge needle with Feature Builder Firming to ensure thorough preservation. Treat all around the neck by hypo injection with Feature Builder Firming. Body preparations include an application of Perma Seel over the entire body of the infant, excluding the face and hands, and gluing a Webril collar around the neck for added protection against weeping.

One such rejuvenating technique utilizes a gentle sanding of the skin with a 240-grit nail block buffer to rid the infant of treated skin slip during the "rejuvenation" process. This technique, based in desairology, will create a natural appearance and set the proper foundation for cosmetics.

## Autopsied Miscarriage or Unborn Cases

Often the viscera is removed and not returned with the fetal remains. To recreate the form I replace the brain using Inr-Seel wrapped in Webril to fill the cranial cavity and reform the skull. For suturing, use professional grade stitching used by physicians or simply use waxed dental floss.

Use of a full-size baby bath sponge is helpful in preserving the natural form of the baby and is a suggested tool for these cases. Spray the baby's body with a humectant product like Restorative. Place a piece of Webril soaked with Restorative on top of the infant, and place in plastic wrap and store until dressing.

## Treatment for the Unborn less than 20 weeks

Historically the most common treatment used for the unborn is submersion in an arterial solution of the embalmer's choice. I suggest using a more modern technique such as "floating submersion" to minimize exposure to the professional. The unborn child is put in a large resealable bag filled with 16 ounces of full strength cauterant such as Basic Dryene or Dryene II. Maximum exposure is 10-12 minutes in the solution.

There are many ways to display these infants. Small beds and "props" often help. Zeroest, available on Amazon, offers a choice of props and outfits.

The father of the child is often forgotten as a main person in mourning. Ask the father, "How

do you want this experience with your child to be remembered?" Ask the father to write a letter to their child that will go with them, in burial or cremation. A couple created this child and a couple must deal with this loss, together.

"Some people say it is a shame. Others even imply that it would have been better if the baby had never been created. But the short time I had with my child is precious to me. It is painful to me, but I still wouldn't wish it away. I prayed that God would bless us with a baby. Each child is a gift, and I am proud that we cooperated with God in the creation of a new soul for all eternity. Although not with me, my baby lives."

Christine O'Keeffe Lafser, *An Empty Cradle, a Full Heart: Reflections for Mothers and Fathers after Miscarriage, Stillbirth, or Infant Death*.

Monica Torres, the founder/owner of start-up company NXT Generation Mortuary Support, is a CFSP, Licensed Funeral Director, Embalmer, Cremationist, Desairologist, and Reconstructive Specialist.

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


# The Basic Facts About High Pressure/Low Flow Embalming

By Shane A.S. Ritchie, CFSP

I asked, "Why," and discovered a number of truths and principles that explained the rationale for high pressure/low flow embalming and its superiority in imparting thorough preservation and exceptional cosmetic effect.

I've always been a curious person, the type of person who asks, "Why?" I'm certain my inquisitive nature often drove my parents crazy when I was a child. So, when I started to question my early embalming instructors as to why we used the pressure and flow settings that we did, the answers seemed less than satisfactory to me.

"That's the way we have always done it," or, "You have to simulate the working of the living human heart," were common replies.

But just because something has been done one way for some time doesn't mean there might not be a better way. I know that great-grandfather embalmed with a gravity bottle, but he also went to the bathroom outdoors, and we, thankfully, don't follow either routine any longer.

And, of course, it was just as perplexing to me that we were trying to "simulate" the living human heart when the person was obviously no longer living and many changes in the body systems were taking, and already had taken, place. Changes which greatly affected the way the body reacted to the flow and absorption of fluid within the vascular system.

Through study and experimentation, I came to realize that the methods we were taught and accepted as gospel were simply wrong. Naturally I asked, "Why," and discovered a number of truths and principles that explained the rationale for high pressure/low flow embalming and its superiority in imparting thorough preservation and exceptional cosmetic effect. While a complete treatise on the subject is too lengthy for this format, I will touch on the foundational principles and hopefully shed some light on this occasionally controversial subject.

First, let me state that my main concern is the most thorough saturation of cells with fluid while avoiding the adverse effect demonstrated in Pascal's law that establishes that pressure exerted on a confined liquid is transmitted undiminished to every unit of the confining area. It is essential to remember, however, that the pressure indicated on the machine pressure gauge has very little relation to the pressure inside the vascular system as the result of the injection of embalming solution.

Points to Consider…

- In the living body all blood is fluid and is able to circulate indefinitely. One important factor to consider is muscle movement. At first glance this seems simple. The squeezing and subsequent relaxing action of living skeletal muscle contractions helps to "milk" blood along through the circulatory system. Obviously, this does not occur in a deceased body.

- In the living body, local blood flow regulation is also controlled by rapid arterial contraction or relaxation. Although heart output pressure remains nearly constant, blood flow to various body areas may be changed or re-routed drastically via chemical and/or electrical changes in the system.
- Stenosis, arteriosclerosis, etc. create fluid flow problems that are normally automatically adjusted for in the living body via anastomosis (short-circuits) and other homeostasis maintaining systems.
- The arteries into which the fluid is injected have many branches, some 60,000 miles worth in the average adult body, and the fluid will follow all these paths. Thus, the fluid is spread out over a great area. Studies have shown that the pressure loss is generally over 50% and, in some instances, can be as high as 100%, depending on the machine pressure setting, arterial tube size, distance from the injection point, extravascular pressure from edema and other factors, and body fat level of the deceased (each 2.2 pounds of additional body fat adds about 400 miles of additional vessels).
- The velocity or flow of blood in the living body, via the various means mentioned above, is great enough to circulate an approximate gallon and a half of blood a bit less than four times per minute, and the overall volume of liquid is constantly being reduced via respiration and other means, rather than steadily increased as happens when embalming fluid is introduced into the vascular system. If fluid is injected at a high rate of flow, regardless of pressure, all available fluid space will be quickly filled, and, as Pascal's law states, the pressure will be transmitted undiminished and swelling will occur.
- All it takes is 32 mmHg (0.6 psi) of pressure applied to an area for two consecutive hours to overcome capillary pressure and thereby impede perfusion of cells. The typical adult viscera weighs approximately 30 pounds. This alone can greatly hinder the perfusion of fluid into the cells. This also accounts for poor circulation in the back area when the body is positioned "flat" on the embalming table.
- Edema can create pronounced extravascular pressure that will halt flow into an area. This is the reason for the fasciotomy procedure often used in burn cases.
- When embalming a dead body, other liquids besides blood must be removed to allow for deep perfusion into the tissues. While approximately 60% - 70% of body weight is moisture, only about 8.8% of body weight is blood. The blood begins to change both chemically and physically immediately after death and is found chiefly in the capillaries and veins. Because of these changes, much higher pressure is needed to move it than is required in a living body.

With all the above in mind, two important points should become apparent: (1) high pressure is needed to thoroughly remove blood and other liquids to allow full penetration of the preservative fluid; (2) a low rate of flow, in accordance with Pascal's law, will eliminate the danger of swelling and allow the fluid to contact and permeate the tissues more deeply and efficiently than the outdated methods that used open flow and very low pressure.

In addition, using your machine's pulse setting after the first gallon or so has been injected and most blood has cleared has proven to provide even better penetration by utilizing the natural elasticity of the arteries to help move the fluid along, much as in the living body. Lastly, after the first gallon or so, intermittent drainage (alternatively and repeatedly closing or restricting the drainage and then re-opening) will help to expand the vascular system and assist in moving clots and subverting areas of anastomosis short-circuiting, thus helping to insure the most thorough distribution.

So, remember, too fast of a rate of flow, not high pressure, is basically the only cause of swelling. My experience has shown that a pressure setting of approximately 70 to 140 PSI with a flow rate into the body of an average adult set at 12 to 15 ounces per minute (OPM) (5 to 7 OPM for head injection) provides optimal results. I would suggest maintaining the 70 to 140 PSI on infants but lowering the rate of flow to from 3 to 5 OPM on the body and 2 to 4 OPM when injecting the head.

I can hear some skeptics now. "What about the early embalmers who embalmed with only gravity?"

While it is true that early embalmers embalmed many bodies using a gravity bottle, as you might remember from mortuary school, the pressure from a gravity bottle is determined by the height the bottle is raised above the injection point (.43 pounds of pressure for every foot the bottle is raised). This means that most bodies were likely embalmed at something less than 3 pounds of pressure. Tissues could eventually become fairly well saturated at this pressure considering an unrestricted flow and no major blockages, but it would take a very long time to achieve any real distribution and penetration. It is also important to note that most early embalmers used hazardous chemical mixtures that, while imparting decent temporary preservation, were dangerous for the embalmers.

In conclusion, post-mortem changes within the body necessitate special measures to insure adequate distribution and penetration of preservative solutions. Being the modern professional means keeping an open mind and being cognizant of improved techniques for achieving our desired results. And isn't that why we are professionals after all?

**The arteries into which the fluid is injected have many branches, some 60,000 miles worth in the average adult body, and the fluid will follow all these paths. Thus, the fluid is spread out over a great area.**

**Intermittent drainage will help to expand the vascular system and assist in moving clots and subverting areas of anastomosis short-circuiting, thus helping to insure the most thorough distribution.**

Shane A.S. Ritchie, CFSP is the operator of Appalachian Mortuary Services, LLC in Chesapeake, OH and a regular on the lecture circuit. He is currently working on a new book titled, "*Embalming Mom. Discovering Life in the Profession of Death.*" He can be reached via email at *shane@shaneritchie.com*

# Back to the Future: The Return of Victorian Era Diseases

By Kim Collison MSA, M.T.(ASCP)


**The message to healthcare and funeral service is to be vigilant and ready to consider diseases outside the scope of today's modern pathogens. Exotic viruses are as near as the next transcontinental flight.**

The trend in Hollywood is keeping a movie franchise going with prequels and sequels. Arnold Schwarzenegger recently returned in the fifth *Terminator* movie, 35 years after the original. Little did we know that when we officially eliminated measles in 2001, the measles virus muttered the Terminator's famous line: "I'll be back." In 2000, measles was declared eliminated in the U.S. when no sustained transmission of the virus was seen for more than twelve months. Today, however, the U.S. and many other countries that had successfully eliminated the disease are experiencing concerning outbreaks.

In addition to measles, the U.S. is seeing the return of several other serious diseases. The resurgence of once-rare diseases includes measles, mumps, pertussis, scarlet fever, typhus, tuberculosis, and hepatitis. This wave of re-emerging diseases is largely due to the increase in homelessness as well as the decline in vaccinations. Los Angeles recently experienced an outbreak of typhus, which is a disease spread by infected fleas on rats. The state of Washington has seen a growing number of people infected with Shigella bacteria, which is spread through feces. They have also seen an outbreak of trench fever, which is caused by the bacteria Bartonella Quintana and is spread by body lice. Several states have seen an increase in hepatitis A cases, especially among the homeless. New York City has experienced an increase in tuberculosis in its homeless shelters.

**Another blast from the past is Pertussis. Commonly known as whooping cough, pertussis is a bacterial infection in the airways causing a serious infection in infants.**

The issue is that these are all preventable diseases, in fact, many of these diseases have almost been forgotten by those in healthcare. The message to healthcare and funeral service is to be vigilant and ready to consider diseases outside the scope of today's modern pathogens. Exotic viruses are as near as the next transcontinental flight. Travel, immigration, climate change, deforestation, war, changing human social habits, and many other societal and environmental factors have both subtle and dramatic impacts upon the changing spectrum of emerging and re-emerging infectious diseases.[1]

An unvaccinated traveler caused the year-long measles outbreak in the U.S. He became infected with measles during his trip abroad and carried it home where he infected other unvaccinated members of his community. When measles is imported into a community with a highly vaccinated population, outbreaks either don't happen or are usually small. However, once measles is in an under-vaccinated community, it becomes difficult to control the spread of the disease.[2] Unvaccinated children were the largest group affected during this outbreak and experienced the most severe complications. On October 31, 2019, two research studies presented biological evidence that measles infections in unvaccinated children wipe out immune memories of other pathogens, which puts children at risk of other deadly diseases.[3] This information is alarming when considering the ease at which infectious pathogens travel around the world.

Measles, caused by the Rubeola virus, is an extremely contagious illness. The disease is transmitted through respiratory droplets and aerosolized particles that can remain in the air for up to two hours. Measles can also be spread by touching contaminated surfaces and through skin-to-skin contact. Characterized by a red rash, other symptoms include fever, nasal congestion, cough, and conjunctivitis. The Rubeola virus settles in the mucus membranes of the nose and mouth as well as the nasopharynx lymph nodes. Measles can cause serious complications and be fatal in infants, people with immune deficiencies, and other vulnerable populations. Measles is one of the most easily preventable contagious diseases. As levels of vaccine coverage fall, the weakened umbrella of protection provided by herd immunity places unvaccinated young children and immunocompromised people at greater risk.[4]

In addition to measles, the U.S. is seeing a resurgence in mumps cases. The development of the mumps vaccine in 1967 resulted in a greater than 90% decline in mumps cases, and the disease remained rare until 2006. As the number of unvaccinated children has grown, so have the incidents of mumps. Although mumps is rarely fatal, this painful and highly contagious viral infection can cause serious complications among the unvaccinated or immunocompromised individuals. Mumps is caused by the Rubulavirus, which is spread person to person through contact with respiratory secretions. Mumps is also spread by direct contact such as kissing or by sharing contaminated cups or silverware. The virus can also survive on surfaces and be spread by

*continued on page 15*

Dodge

# Using Dodge Injection Chemicals

Occasionally we are asked, “Why doesn’t Dodge print the directions for use on the labels of their products?” This question deserves an answer.

As experienced embalmers, each of you has developed your own skills and techniques to assess the requirements of the case at hand. Due to the variables in every situation, the information necessary for the use of the product could not fit on the label.

## Chemical Indexes

### Arterials:

Chromatechs—all colors ..... 21.5
Freedom Art ..... 0
Humeglo ..... 24
Introfiant ..... 30
Jaundofiant Basic ..... 19.5
Metasyn Normal ..... 20
Metasyn Accelerated ..... 24
Metasyn Firming ..... 30
Metasyn 35 ..... 35
Permaglo ..... 24
*Permaglo is also available in 30 and 35 indexes.*
Plasdo 25 ..... 25
Plasdopake ..... 18
Regal ..... 30

### Cavities:

DeCeCo ..... 25
Dri Cav ..... 21
Freedom Cav ..... 0
Halt ..... 21
Metafix ..... 20.5
Mylofix ..... 10.5
PermaCav 50 ..... 50
Permafix ..... 22.5
Spectrum ..... 5
SynCav ..... 5

### Autopsy related products:

SynGel LV ..... 10
SynGel HV ..... 10

This informational bulletin will help answer questions you may have on the use of Dodge injection chemicals for a variety of cases. If you still have questions, call Dodge’s technical assistance line at 800-443-6343 and speak to one of our on-staff embalmers or contact your Dodge representative.

PLEASE keep in mind that index doesn’t tell the whole story. Products vary due to ingredients other than formaldehyde and how they react in the body can be very different. Consider Metasyn Accelerated and Permaglo - they are radically different from one another in action yet they have exactly the same index.


**For Professional Embalming Use Only.** These are not consumer products. Use only as directed for the stated intended purpose and only in conformance with directions given in the applicable technical manual and/or product facts sheet. Comply with all instructions and warnings contained in each product’s SDS.

Dodge

# Using Dodge Injection Chemicals

| Case Type | Standard Solution | Superior Solution | Waterless |
|---|---|---|---|
| **NORMAL CASES**<br>Also infants, emaciated cases, or individuals with thin, delicate skin. | 10 oz. Arterial<br>10 oz. Proflow<br>10 oz. Rectifiant<br>+ water to make 1 gal. | 1 btl. Arterial<br>1 btl. Proflow<br>1 btl. Rectifiant<br>+ water to make 1 gal. | 1 btl. Arterial<br>1 btl. Restorative<br>2-3 btls.Proflow<br>2-3 btls. Rectifiant<br>NO water |
| **MODERATELY DIFFICULT**<br>Some chemotherapy, autopsied, jaundiced, some putrefaction. | 12 oz. Arterial<br>12 oz. Proflow<br>12 oz. Rectifiant<br>+ water to make 1 gal. | 1½ btls. Arterial<br>1½ btls. Proflow<br>1½ btls. Rectifiant<br>+ water to make 1 gal. | 2 btls. Arterial<br>1 btl. Restorative<br>2½ btls. Proflow<br>2½ btls. Rectifiant<br>NO water |
| **VERY DIFFICULT**<br>Advanced putrefaction, gas gangrene, skin slip, heavy chemotherapy. | 16 oz. Arterial<br>16 oz. Proflow<br>16 oz. Rectifiant<br>+ water to make 1 gal. | 2 btls. Arterial<br>2 btls. Proflow<br>2 btls. Rectifiant<br>+ water to make 1 gal. | 3 btls. Arterial<br>1 btl. Restorative<br>2-3 btls.Proflow<br>2-3 btls. Rectifiant<br>NO water |

### Standard Dilutions vs. Increased Concentrations

All Dodge arterial chemicals can be used ten ounces per gallon, which has been the most common dilution rate for the last several generations. At ten ounces per gallon, Dodge chemicals will produce results which are unequaled. However, Dodge's more sophisticated formulations can be used in higher concentrations without fear of the problems you might expect. For more secure, professional, long-lasting results, we'd recommend you try higher concentrations. This assumes however, that you are using a coinjection chemical such as Metaflow in equal proportion with your Dodge arterial chemical. If you are not using a coinjection chemical, we would recommend you use no more than twelve ounces of arterial per gallon of solution.

### Total Solution Volumes

Before listing the volume of solution recommended by body weight, we should stress that all embalming guidelines are subject to the discretion of the embalmer. These recommendations are approximate; the embalmer must use his judgment based upon the situation at hand. For a 150 pound body, we would suggest a total injected solution of two gallons. For each additional 50 pounds of body weight one should increase the solution by one-half gallon. As examples, for a 200 pound body, two and one-half gallons of solution would be recommended, and for bodies weighing 300 pounds or more, approximately three and onehalf gallons. Incidentally, we recommend warm (not hot) water be added to the chemical dilution on the vast majority of cases.

### Changing Concentrations During Injection

By preparing and injecting your preservative solution only one gallon at a time, you give yourself additional control over the concentration of the chemicals you are using. After you have injected the first gallon, examine the body carefully. If you are achieving too little tissue fixation, the concentration of arterial should be increased. If too much firming is present, in your next gallon you can determine whether to include less arterial, an arterial of lower index, or perhaps an increased proportion of coinjection chemical.

*continued from page 12*

contact with the contaminated surface. In addition to the usual symptoms of fever, headache, and swollen parotid glands, people can experience complications including testicular inflammation and swelling in men, ovarian inflammation in women, and an increased risk of spontaneous abortion during pregnancy.

Another blast from the past is Pertussis. Commonly known as whooping cough, pertussis is a bacterial infection in the airways causing a serious infection in infants. Bordetella pertussis infects the mucosal layers of the respiratory tract and produces toxins that cause swelling of the airways. Pertussis is spread by inhaling the bacteria when an infected person coughs or sneezes. The TDaP (Tetanus, Diptheria and Pertussis) vaccine is given to children between six months and one year of age, and a booster shot is given after six years of age. Due to the increase in pertussis cases, physicians are now vaccinating expectant mothers during the third trimester of pregnancy. The goal is to prevent the spread of pertussis in infants less than six months of age until the baby is old enough to receive the vaccine.

Once a major cause of illness and death in U.S. children, diptheria has been brought under control with the widespread use of vaccines. Prior to the advent of the vaccine, almost 50% of the infected people died. However, Corynebacterium diptheria, the bacteria which causes diptheria, can be found worldwide. This infectious disease is mainly found in underdeveloped countries and in tropical regions creating a risk for the unvaccinated traveler. Transmitted primarily through respiratory droplets from coughing or sneezing, diptheria can also be spread through touching open lesions or contaminated objects, including clothing. Once inhaled, the bacteria attach to the lining of the respiratory system and begin to produce a toxin. The toxin kills the tissue, which begins to form a thick covering in the back of the throat and nose causing difficulty breathing and swallowing. If the toxin enters the bloodstream, it can cause damage to the heart and kidneys.

Historically, the human pathogen Streptococcus pyogenes (group A Streptococcus), was a major cause of death as a result of sepsis and fatal epidemics of scarlet fever. Despite a decline in the incidence and severity of these toxin-mediated diseases over the past century in developed countries, group A Streptococcus is still among the top ten infectious causes of human mortality, with more than 500,000 deaths annually.[5] Over the past 20 years, scientists have seen a global resurgence of scarlet fever and severe invasive group A Streptococcal infections. Since 2018, developed countries, including England, mainland China, and Hong Kong have reported an increase in the cases of scarlet fever. The leading cause of death in children in the early 20th century, scarlet fever most commonly affects children between the ages of five to 15 years of age. The bacteria are spread through the air by respiratory droplets created by infected people coughing or sneezing. It can also be spread when a person touches a contaminated object then touches their mouth or nose.[6] This disease is treatable with antibiotics, but the best prevention is frequent handwashing.

Polio, first reported in England in 1789, began causing outbreaks in the U.S. in 1843. Polio reached its peak in 1952 but rapidly declined following the introduction of the first polio vaccine in 1955. Rarely seen in the U.S., this crippling and potentially deadly disease is causing an outbreak in the Philippines. The CDC is recommending that all travelers to the Philippines be vaccinated, including adults who completed their routine polio vaccine series as children. The current outbreak in the Philippines is caused by vaccine-derived poliovirus, a sign of low polio vaccine coverage in the country.[7] The poliovirus is an enterovirus, which can live in the gastrointestinal tract. The virus is spread person-to-person primarily via the fecal-oral route, although it can also be spread by the oral-oral route. Poliovirus is highly infectious and is usually found in the throat and stool. It is important to note that the virus continues to be excreted in the stool for several weeks after the onset of symptoms. The poliovirus can be inactivated by heat, formaldehyde, chlorine, and ultraviolet light. Good handwashing is critical to prevent the spread of this disease.

It is easy to think that many of these diseases are gone and the vaccines are unnecessary, but that is definitely not true.[8] The diseases discussed in this article caused serious illnesses and deaths during the past 300 years. Thanks to the availability of vaccines, many of these diseases have almost disappeared, or have they? Many strains of these bacteria and viruses are still active in many parts of the world and are re-emerging due to the decline in vaccinations. With the ease of worldwide travel, these diseases are only a plane ride away. Funeral service must join the medical community and be ever-vigilant for the arrival of a centuries old disease.

**It is easy to think that many of these diseases are gone and the vaccines are unnecessary, but that is definitely not true.**

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# Artie and Alice

By Dennis Daulton

For many of us older funeral directors, it was common to have the funeral home telephone line in our bedroom, bathroom, kitchen, and the basement of our residence, regardless if we resided at the funeral home or not. An outside bell was often installed to alert us to calls when we were in our yard. This might still be true for some. However, today we are able to forward calls to a cell phone in our pocket, and to experience a freedom which was unthinkable years ago.

My red funeral home phone…red to distinguish it from our white residence phone…is long gone. So are those middle-of-the-night phone calls since the funeral home I was associated with for many years has been sold.

When our home phone rang several years ago at 2 AM on a Sunday morning, I thought I was dreaming. All phones in the bedroom were and are situated so that I must get out of bed, walk across the bedroom floor, and turn on a low watt light. This is to ensure that I am fully awake, and also to eliminate some of the disturbance to my wife. Our spouses, or partners, endure much as we care for others, and they receive very little recognition for it. Without their support and encouragement we would not be able to do our good work. This might well be another article for another time.

I know of several funeral directors who took a death call during the night only to hang the phone up and go back to sleep. When they awoke in the morning they initially thought they had a dream about a death call. When they realized it wasn't a dream, it was a relief to know that the deceased was actually at a hospital where the timing of the transfer was not as crucial as it would have been if it had been a house or nursing home death, or a call from the police.

This night the voice on the other end of the phone was that of a woman who spoke very softly. I asked her to please talk louder. I was somewhat embarrassed to admit that I normally wear hearing aids.

"Dennis, this is Alice…from…" She mentioned her maiden name, her married name, and my hometown. Her voice then broke when she said, "My husband, Arthur, has died. I'm not sure if you remember us from high school, but Artie always said that if anything ever happened to him that I must call you. When hospice told me Artie didn't have much time left I called one of your colleagues in our hometown who knew how I could get in touch with you. Dennis, I'm so sorry to wake you at this hour, but I just don't know what to do. We have nothing. Can you help me? Artie always said…."

How many times have we heard someone say that when their days on earth have ended that we are to serve their family? Now I deflect that by saying, "I can't! I've got you marked down as a pallbearer at my funeral." I was an apprentice at the funeral home in our hometown that handled Artie's grandfather's funeral. His father's unexpected death followed several months later. As I recall, this was a rough time for Artie. He was extremely close to both his dad and his grandpa.

When I asked Alice where Artie was at the present time, my mind was racing back to 1964–1965, our senior year in high school. I inquired about her wishes since I needed to know if Artie was to be embalmed. He wasn't. I assured her that I would arrange for a colleague to come to her home to remove Artie. We concluded by agreeing upon a convenient time when I would come to her home later that morning.

Like so many others in our class, they too had moved from the old hometown. It was a bustling city of over 40,000 up until the early 1960s. Then several factories, mills, and offices either closed or moved south. Empty store fronts soon became an unwelcome sight on Main Street. I have noticed somewhat of a revitalization during my infrequent visits back there. Actually there is no reason for me to return. Most of my relatives and many of the people I once knew there are either in Forest Hill Cemetery or have moved away. When I do return, the cemetery is often my first stop. It is truly a place of reflection, renewal, and healing.

Following college, marriage, and mortuary school, our move was east toward the ocean. Artie and Alice's move was northwest to a small town where a river runs through, and where railroad tracks follow its course. For many years Artie had worked long and hard hours in a local paper mill where he became an assistant foreman. Alice worked as an aid in a nursing home. Both were able to walk to work which saved on gas. Artie was a U.S. Army veteran, having served during the Vietnam War. He saw combat and was awarded the Purple Heart.

When the mill abruptly closed several years ago the town fell upon hard times, as did many of its residents. Fortunately, Alice was able to continue to work. This paid the rent, bought the groceries, and fed their cat. They had an old secondhand car which took them where they needed to go, except for when it was in the garage for repairs…which was often. They never had much because they never really needed very much.

*continued on page 20*

**Artie and Alice were scorned and ridiculed when it was learned that they took a bus (public transportation) to and from the high school senior prom.**

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*continued from page 17*

Suddenly it all came back to me. I remembered, with discomfort, that others laughed at Artie and Alice those many years ago. I was never sure they even realized it. At times high school, any school, can be a cruel and uncomfortable place for some. Artie and Alice were scorned and ridiculed when it was learned that they took a bus (public transportation) to and from the high school senior prom. Alice's dress was made by her mother, and her corsage was fashioned from flowers her father had bought at the local grocery store.

**The ride northwest gave me time to think about old times, old places, and high school friends of years gone by, many of whom have died. We thought we'd live forever.**

Artie didn't own a suit, but he was able to borrow his uncle's dark sport jacket for the event. No one would ever notice that his pants didn't quite match the jacket. Renting a tuxedo was out of the question. The lights were low in the high school gymnasium which had been decorated by the prom committee. When the prom ended, their meal was at a place called *The Lunch*. This was located on Main Street, a short walk from the old high school. You would not have eaten there.

*The Lunch* was a popular after-school and Friday night hangout for those who did not participate in sports. There were no waitresses. One would order their meal at the counter. When the food was ready they would call out your ticket number over a loudspeaker. Hearing aids were not needed. One would then carry a metal tray to a metal table with metal chairs which screeched loudly as they moved across the tile floor. A faint odor of bleach permeated the air. There were no linen tablecloths and napkins, but the food wasn't bad, cheap, too.

For those who were contemptuous of others who might appear to be different (aren't we all?), it was evident that Artie and Alice had something many others didn't have, and never would have. Their eyes seem to lock onto each other's and there was always that smile. I'll never forget "that smile." I thought about Artie and Alice over the years and sometimes wondered whatever happened to them. Our 50th high school reunion was five years ago this coming fall. I don't recall them attending any of them.

Artie had promised Alice that he would marry her when he returned from Vietnam. Fortunately, he did return. So many, too many, did not. They never had children.

* * *

"Of course, I will help you Alice," I replied. I offered my assistance even before I could think this all through. Our profession is all about serving, and respectfully caring for the living and the dead. Let the critics talk, but never stop doing what you believe is the right thing, the kind thing. When we do good, only good will come our way. Maybe not at the time, but down the road it does.

Following a short illness, Artie died at home under hospice and Alice's care. Alice explained that the hospice nurse who pronounced him had come and gone. It was now 2 AM and I was about two and a half to three hours away from their home, from people I had no contact with for over 50 years.

My guess is that many of us in this profession are much alike. By that I mean we are willing to help mostly any colleague at any time if we are able to, but are reluctant to ask for help. I now had no choice. I had committed myself and was in need of professional assistance.

I remembered a classmate from my embalming school days in 1970–1971 who was a second generation funeral director and who lived not far from Artie and Alice. He, too, had the funeral home phone in his bedroom. I didn't have to go through an answering system and wait for a callback. I apologized for calling at that hour. He has a "funeral director's heart" and made me feel welcome, that I was not a bother in any way. We must never give the impression to others that they are bothering us. Sometimes this is a challenge, but one which we all must perfect in order to be successful.

My friend said that he would promptly make the house removal and bring Artie back to his funeral home. I explained that this would be his death call, and that I was only trying to help someone from my distant past. I explained that I would drive to the deceased's home later in the morning to gather the information and would touch base with him soon thereafter. His funeral home's name would be listed on the death certificate, and in the newspaper death notice as handling the arrangements.

With the ocean in my rearview mirror, the ride northwest gave me time to think about old times, old places, and high school friends of years gone by, many of whom have died. We thought we'd live forever. Who in their right mind, who has more years behind them than ahead of them, would wish for that now? There were 492 students in our senior class. Next to their yearbook photo I have noted those who are deceased, including faculty members and our beloved and respected coaches. The number is growing.

Artie and Alice's residence was in north central Massachusetts, just off Route 2, which is also known as the Mohawk Trail. This was the original route used by Atlantic Native American Indians to trade with tribes in Upstate New York. My GPS directed me to the front door of the two-family, brown asphalt shingled home in this seemingly run-down town, a town which definitely had seen better days. I learned that Artie and Alice had rented their apartment for many years and were content and comfortable there. I've also learned over the years that one cannot correctly judge the inhabitants of a town by the appearance of the town. The inside of their home was tidy and spotless. One might have thought they had been robbed due to the absence of those non-essential items (kitchen gadgets, electronics, etc.) which are so prevalent today. It seems now that there is a cell phone in most everyone's pocket and a television set in most every room.

Although many years had passed, I easily recognized Alice, she still had that warm, welcoming smile. The information for the death certificate and the obituary notice was gathered at her kitchen table by a cup of coffee and a toasted English muffin. I was treated as a welcome guest.

My colleague knew this couple. After explaining the circumstances he mentioned that there would be no charge for the removal and the trip to the crematory. His offer was most kind and generous. He awoke his 16-year-old daughter from a sound sleep to assist him on the house call, hoping that if someday

she takes over the family business she just might realize that sometimes we do things for little or no compensation. "A worthwhile lesson is often in the watching." *(Unknown)*

A graveside service was scheduled for the following Saturday morning at 11:00 AM in the veteran's section of the town cemetery. The only charges incurred by Alice were the wholesale cost of the cremation tray, the crematory fee, the opening of the grave at the cemetery, the medical examiner's fee, a certified copy of the death certificate, and the newspaper notice. The hospice chaplain declined her honorarium. There was no insurance, but it is always best to have a certified copy of the death certificate on hand.

I provided an urn that Dodge would not sell because of a minor scratch. I had a brass plaque engraved by our engraving department with Artie's name and dates of birth and death. The plaque was applied to the urn along with a U.S. Army Medallion which covered the minor imperfection. "It is better to give merchandise away than it is to throw it away, if someone can benefit from it," Mike Dodge used to say.

I returned to my friend's funeral home on the morning of the committal service and transferred Artie's cremated remains from the temporary container into his urn. I was then off to the cemetery with the urn, a folded U.S. American Flag, several floral arrangements which had been delivered to the funeral home, and a small portable table to place the urn and flag on during the service. I was taught early on to always be ready one hour prior to a scheduled service.

Alice had already visited the funeral director with cash in hand. Friends, neighbors, and former employees at the mill gave her cash and checks knowing what she needed the most. She signed the Statement of Goods and Services, the Cremation Order, and the Interment Order. A copy of the funeral home's General Price List was attached to the Statement of Goods and Services. Federal law was covered by giving her the funeral home's General Price List, although it didn't mean much under these circumstances. A government flat granite marker would be ordered to mark his grave. Previously I requested that she keep the financial arrangements confidential. I had no interest in becoming the new village undertaker, or putting my colleague in an uncomfortable situation with other town folks on future death calls.

On this clear, crisp, sun-drenched October day, where the countryside was ablaze in all its fall colors, friends, neighbors, and former employees at the mill gathered at the cemetery to support Alice and to honor Artie's life. At the conclusion of the committal prayers, military funeral honors were rendered by members of the local VFW Post. On behalf of Alice I thanked the hospice chaplain, members of the VFW, and all those in attendance. A collation (memorial luncheon) followed at the VFW Post which Alice encouraged me to attend. She said she wanted to be sure that I had something good to eat before my long drive back home.

As Alice attempted to slip some money into my suit jacket pocket, I gently pushed her hand aside. We both smiled. She said it was to cover the cost of my gasoline for the two trips out there. I'm sure she knew I wouldn't accept it, but it was just her nature to at least try. Alice always appeared to have an attitude of gratefulness. Perhaps this is why she always seemed to be at peace. "If you concentrate on what you have, you'll always have more. If you concentrate on what you don't have, you'll never have enough." (Oprah Winfrey, talk show host, and Lewis Howes, author, b. 1983).

The VFW Ladies Auxiliary provided the food and refreshments. As a member, there was no charge for the use of the facility. Except for Alice, I knew no one there and felt somewhat out-of-place being the only one wearing a suit, white shirt, and tie. However, I observed and rejoiced in the celebration of Artie's life, where folks shared memories, partook of food and drink, and where Alice received comfort and support from so many. There were no snide remarks or ridicule directed towards her and Artie, which I clearly saw years ago. It could be said that I had waited over 50 years to witness this.

The ride back home was somewhat melancholy. Hard as we try, there is no way to figure out how life will turn out for some folks, most folks, including ourselves. Those who laughed at Artie and Alice many years ago, for taking a bus to the senior prom and for sharing an inexpensive meal at *The Lunch*, probably thought they didn't have a chance in life. They were wrong. Then there were those who were silent and understanding, who undoubtedly saw them on a different path.

Perhaps it was Alice's smile. Or maybe it was the unmistakable respect and love they had for each other which set them apart. They never had much, but they had each other. In the end, this is what matters most.

It was a privilege to have helped Alice when she needed it the most. If the truth be known, she did more for me than I ever could have done for her, because now I was a witness to the end of their story, a beautiful one at that.

The funeral profession is all about what we can do, what we should do, if we are able to.

Prior to my departure, Alice wondered out loud how she would survive now that her partner was gone. Speaking no words, I paused, smiled, and nodded as if to say, "You'll be okay." But what did I know? I still had mine. I then realized that Alice has always been a survivor, and that she will do whatever needs to be done. Many have. Many will.

In Memory of
"Artie"
March 3, 1947 – October 15, 2017
U.S. Army, PFC
Vietnam War / Purple Heart Recipient

On this clear, crisp, sun-drenched October day, where the countryside was ablaze in all its fall colors, friends, neighbors, and former employees at the mill gathered at the cemetery to support Alice and to honor Artie's life.

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

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# The Lorax

By Glenda Stansbury, CFSP

*Do you remember The Lorax?*

*The book written by Dr. Seuss about the funny little guy who speaks for the trees? He overcomes all the dangers, the objections, the apathy and the opposition of those entities and enemies who are intent on destroying what he holds dear. What he knows is valuable and essential to life.*

*In many ways, each of you in this room is the Lorax. You stand up bravely and fiercely to speak for the dead and speak for the bereaved.*

*No matter how many people denigrate our profession, no matter how many people wish to ignore us, no matter how many people think we are unnecessary or a nuisance—we speak for the dead, we speak for the bereaved.*

*It is a most important and sacred calling.*

*It requires vigilance and determination.*

*It requires passion.*

*It requires a voice.*

*It requires action.*

*Whether you hold the hands of a family as they dissolve into tears, or you skillfully take care of the body, or you sit patiently as they try to plan for the future, or you prepare the final resting place, or you create a gathering with comfort food and friends—you speak for the dead, you speak for the bereaved.*

*You have spent the past three days experiencing the challenge, the fears, the joys, and the responsibility of being the voice for the family, to carry the stories, to create an incredible sacred space for the memories, to honor the life, to mourn the death, to create journeyers on the path of grief—to speak for the dead, to speak for the bereaved.*

*So, as you go home and back into the day-to-day demands, grief, chaos and busyness of your lives, remember the Lorax. Stand up. Be proud. Be brave.*

*Speak for your profession.*

*Speak for the dead.*

*Speak for the bereaved.*

*Because you know it is valuable and essential to life.*

This is a final blessing that I wrote this year to read at the end of our Celebrant trainings. To remind the new Celebrants that they have an important job and many people depend upon them to take their responsibilities seriously. But it can apply to all of us who work in this profession.

Sometimes it's good to stop and remind ourselves why we do what we do. Sometimes we become discouraged or cynical or frustrated or just bone-tired.

So, perhaps, as we begin a brand-new year with a name that insists that we look at our profession and our work with clear vision, 2020, it is a wise thing to look back and see what has been accomplished and the work yet to do.

**Celebrants**—2019 was our 20th year of Celebrant Training. So hard to believe that it was 20 years ago when we gathered in the Dodge Auditorium at Mt. Ida College with Arnold Dodge sitting at the back as we took our first shaky steps toward creating this vision. We ended this year with a total of 4,054 Celebrants trained from all over the world.

We held fourteen Celebrant trainings and 260 people were certified. We began the year with a sold-out training in Bogota, Colombia, sponsored by ALPAR. We had thirty participants from twelve Latin American countries. They came with interest and skepticism. How could they put together a service in the few hours they had between the death and when their families expected to arrive for a visitation and service?

At the end of our three days together, during which they patiently listened to the translators on headphones, each group presented an amazing practice service, full of ceremony and meaning and stories. They understood that every person needs that touch of personalization and customization, no matter the time frame.

In November I received an email from one of the Celebrants in Brazil. It said, "Since I came back from your course, I worked together with the psychologist team and we adapted what I learned with our reality. We trained two persons that started to do quick speeches for the families last month. They are quick but personalized. And, this week, we were in one of the biggest journals of São Paulo State. It's making our service better."

It's making our services better. Isn't that always the goal?

After Bogota we had trainings in New York, Minnesota, Iowa, Ontario, British Columbia, Ohio, Kentucky, Wisconsin, Illinois, Virginia, Tennessee, and North Carolina. We trained funeral directors, pre-need staff, part-timers, students, pastors, rabbis, hospice professionals, real estate agents, nurses, doctors, writers, cemeterians, musicians—a wide range of talented individuals who understood what it means to stand with a family and be their voice.

Until our last days on this earth, we will always

*continued on page 26*

**We ended this year with a total of 4,054 Celebrants trained from all over the world. We held fourteen Celebrant trainings and 260 people were certified.**

**In October of 2019 the first ever Green Burial Conference was held in Albuquerque, New Mexico. It was a fascinating gathering of people from so many aspects of death care.**

# Join us

## 2020 DODGE TECHNICAL SEMINAR

*Royal Lahaina Resort — Maui, Hawaii*

*February 3-5, 2020*

Full information regarding hotel rates, registration, and speakers is available on the Seminars tab at ***shop.dodgeco.com***.

# 2020 DODGE TECHNICAL SEMINAR

## *February 3-5, 2020 — Maui, Hawaii*

***Continental Breakfast** will be available each morning*
*for all seminar attendees when you arrive at the meeting room.*
*A **Reception** will be held **Monday, February 3rd** at **6:30pm** on the **Villas Lawn.***

| TIME | MONDAY<br>FEBRUARY 3RD | TUESDAY<br>FEBRUARY 4TH | WEDNESDAY<br>FEBRUARY 5TH |
|---|---|---|---|
| **9:00am - 10:00am** | **Tom Buist**<br>Embalming Infants and Children | **Duane Hedrick**<br>Back to Basics | **Jack Adams**<br>My Most Challenging Restoration Cases |
| **10:15am - 11:15am** | **Kim Collison**<br>Know Your Bugs: A Closer Look at Bacteria & Viruses | **Stacy Miles**<br>Vintage Techniques in Today's Reconstruction | **Kim Collison**<br>The Resurgence of Preventable Diseases |
| **11:30am - 12:30pm** | **Steven Labrash**<br>The University of Hawaii's Willed Body Program | **Matt Black**<br>Embalming Challenges for the Organ & Tissue Donor | **Tom Buist**<br>What Would You Do If Presented With This Situation? |
| **12:30pm - 1:30pm** | **LUNCH For Registered Seminar Attendees** | **DONE For The Day - Enjoy The Afternoon!** | **MEETING ADJOURNED - Enjoy The Rest Of Your Stay!** |
| **1:30pm - 2:30pm** | **Duane Hedrick**<br>Let's Talk Mortuary Cosmetics | | |
| **2:45pm - 3:45pm** | **Matt Black**<br>Tissue Gas! What Do I Do? | | |
| **4:00pm - 5:00pm** | **Jack Adams**<br>Shipping Human Remains by Air | | |

**CEU's:** Continuing education credits for licensed funeral directors and embalmers will be available, pending individual state/province approvals. Due to high fee filing requirements, we no longer apply for credits from Virginia.

**We'll be applying for a total of 12 credits** - 6 for Monday and 3 each for Tuesday and Wednesday.

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Dodge

The way that we save our profession is to understand that the needs and expectations of the customer are more complex and diverse than they've ever been.

be in awe of the power of Celebrants and what they have done to change the face of funeral service. But I continue to be amazed at the number of firms who steadfastly hold to the belief that Celebrants are not necessary or vital to their future.

As a Celebrant, I've had the honor of serving 75 families this year. Traveling 20 weeks out of the year limits my availability to the firms who refer Celebrants, but somehow, I've managed to get in a lot of services in the 32 weeks I was home.

The youngest was a 15-week gestational baby. The oldest was 90. There was a two-month-old who died in his daddy's arms. An eight-year-old who succumbed to cancer just two months after his diagnosis, a twelve-year-old who loved Spiderman and who battled cancer for a year, and a young man who died while attending a University of Oklahoma football game at Kansas State. There was an overdose, a suicide, and a homicide. There was a person who died in a car wreck, one who died of cancer from Agent Orange, one who died of Alzheimer's, and one who had a heart attack. There was sudden death and illness that spanned 40 years. I traveled to Virginia to conduct a service for the mother of a long-time colleague in this business and performed the funeral for the father of my teaching colleague who died suddenly. The spectrum was wide. The needs were so very similar.

*Please tell the story of my loved one. Please help me establish this one day, this one hour, when everyone is gathered together and honoring this life. Please give me the first steps on this scary path of grief so I'll know where to go.*

Even on those nights when I'm up all night writing, or those days when I have two services back to back, I still cannot believe that I am so blessed to be able to do this. Every service is such a privilege. This work makes my heart sing.

**Hospice**—Doug Manning is still writing. At the age of 87, even though he no longer travels, his heart is still in the work and he is always thinking about what the next steps should be. This year he wrote a book for hospice to use with their patients titled *A Journal for the Journey* and we developed Hospice Notes much like our Grief Notes, which are brochures that cover a particular topic specific to hospice families.

I had the privilege of traveling to Wilmar, Minnesota to speak to 300 hospice professionals about listening to their patients and families, about being present in those final moments, and about the value and power of the funeral process. And, of course, about the value of using our resources. Hey, if I have a captive audience, I have to at least tell them what we have, right?

Funeral Service should be using every opportunity to build those bridges with hospice, to offer to provide books and resources for them, to honor the gifts that each of our professions offer to families and to find ways to work together.

**Green Burial**—In October of 2019 the first ever Green Burial Conference was held in Albuquerque, New Mexico, sponsored by CANA and Passages. It was a fascinating gathering of people from so many aspects of death care. The two-day meeting had presentations from green cemeteries, the Green Burial Council, alkaline hydrolysis manufacturers, engineers who discussed the ecological impact of cremation, and folks who discussed the legal and ethical aspects of offering green options. It was a conversation that was important, but it also pointed out the need to have an on-going dialogue and discussion.

In the room were embalmers, cremation specialists, green burial proponents or practitioners, vendors, and funeral professionals who were just interested in what everyone had to say.

There was still a lot of "us vs. them" between some of the parties. At times it got a little tense and testy. Thankfully, as the moderator/MC, I had control of the microphone as people around the room asked questions or posed their opinions. It was fun to have that ultimate power deciding who got their time on the mic. My life is very busy. I find my joys where I can.

It was clear from the conversations that everyone thinks their way is best. And we're a little bit uppity about it. But we run the risk of falling into the same traps that cremation presented to us, lo, those many decades ago. We ignore each other at our own risk. The way that we save our profession is to understand that the needs and expectations of the customer are more complex and diverse than they've ever been, and we should be learning, embracing new ideas, and offering every option that is possible in our communities.

So, teaching twelve hours a semester in the Funeral Service department, attending all three major conventions as a vendor, presenting at the CANA Symposium, and at an ICCFA Arranger Training, and at a Kates-Boylston seminar, it's been a full and hectic year. My sweet, patient husband introduces himself to me when I walk in the door after yet another trip. And that's how you stay married for 33 years. Never be home.

But this year, once again, reminded me why we do what we do. Why we are called to this work. Why what we do every day is so vital and precious and meaningful.

*So, as you go into this new year with the day-to-day grief, demands, chaos and busyness of your lives, remember the Lorax. Stand up. Be proud. Be brave.*

*Speak for your profession.*

*Speak for the dead.*

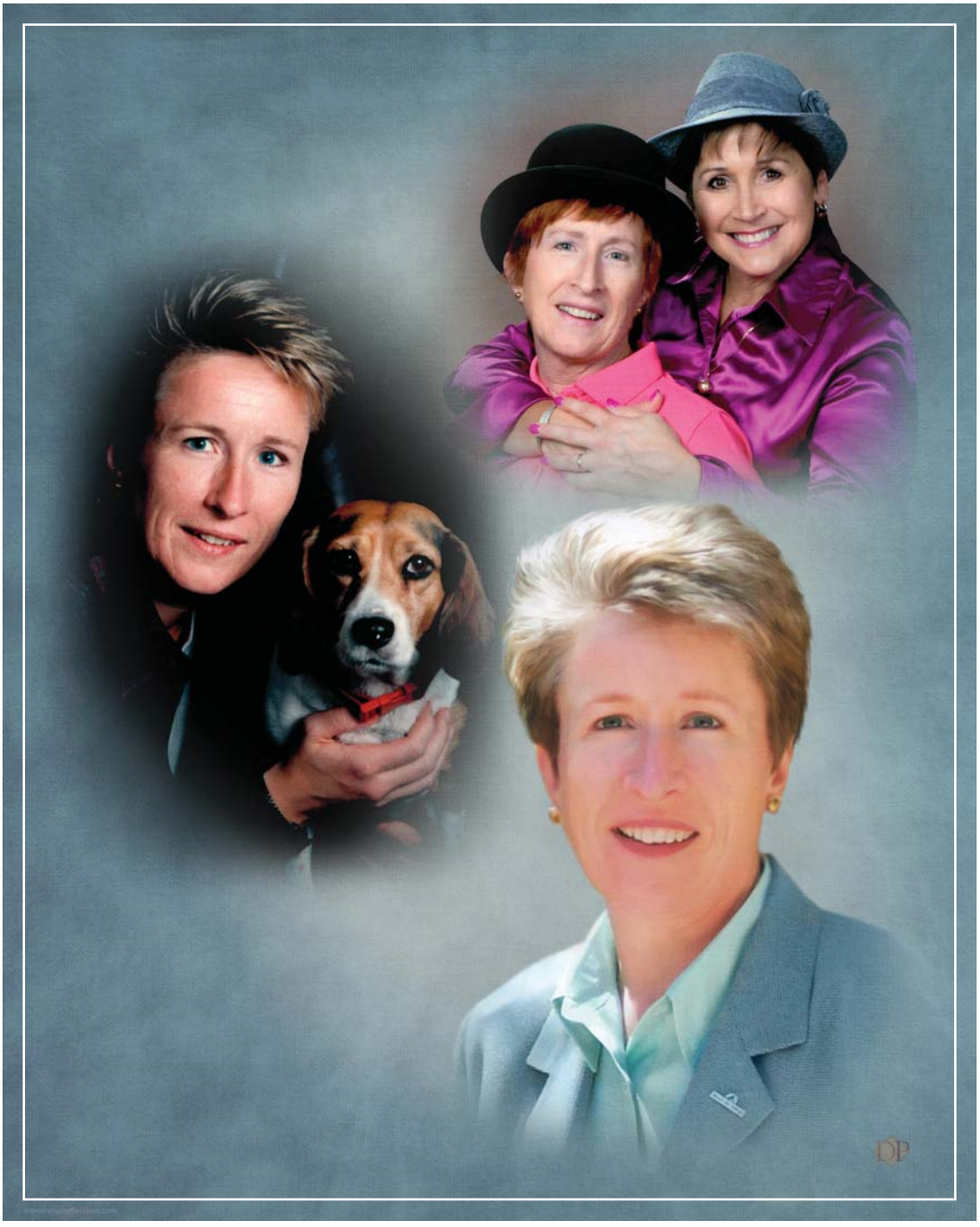
*Speak for the bereaved.*

*Unless someone like you cares a whole awful lot, nothing is going to get better. It's not.*

Happy 2020, friends!

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

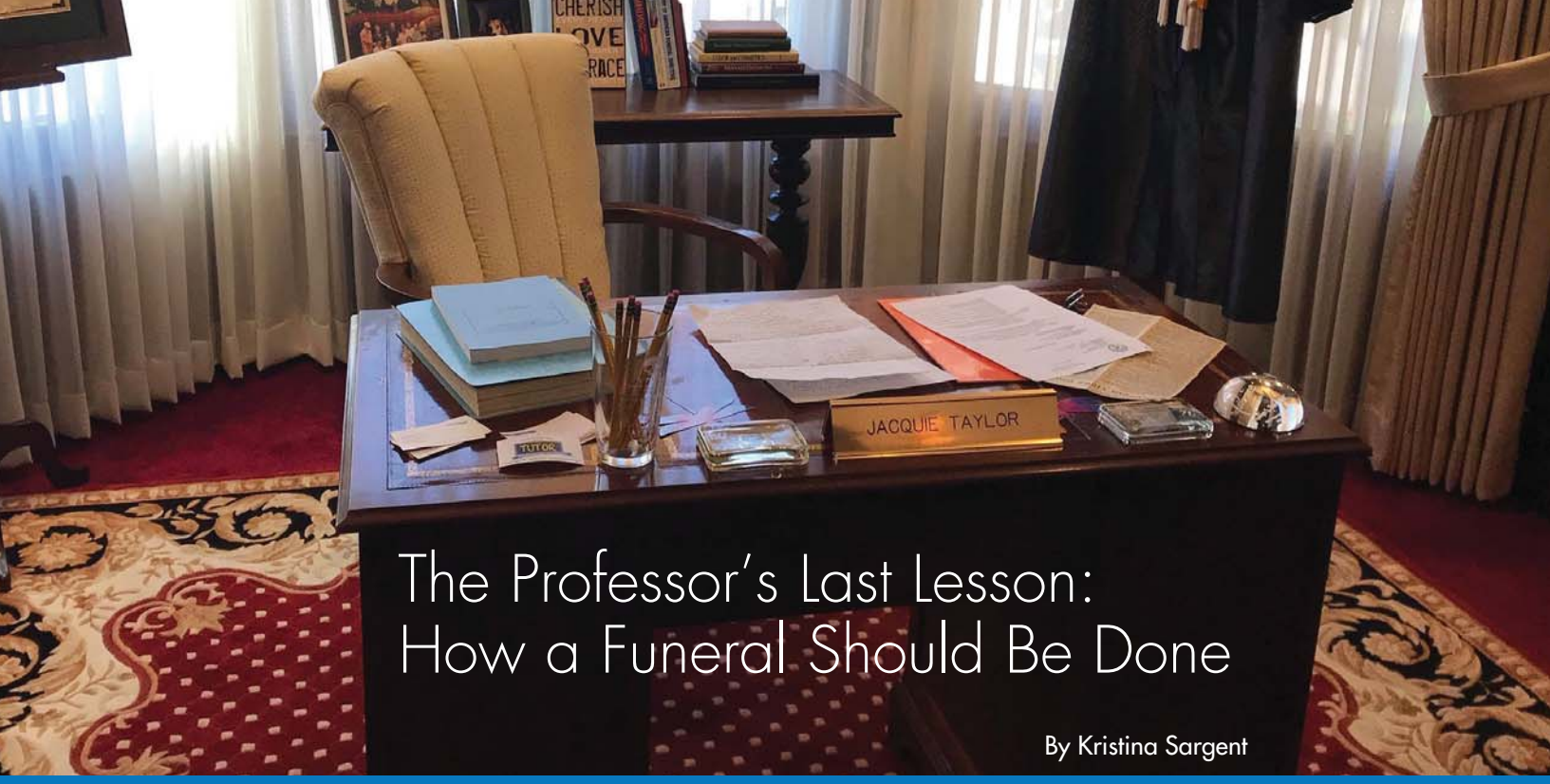
"LOOK What We Found!"



Courtesy of DodgePortraits

# Jacquelyn S. Taylor, PhD

July 14, 1953 ~ October 20, 2019




# The Professor's Last Lesson: How a Funeral Should Be Done

By Kristina Sargent

Photo courtesy of Lindsay Lincoln

For many years Jacquie Taylor educated the minds of aspiring future funeral directors. So, in some poetic way I find it fitting that her death delivered her last lesson. I didn't meet Jacquie in a classroom like most of her students. I met her in a prep room. I was just starting out in the funeral profession when a call came in that a young woman was in a fatal automobile accident. Jim Delaney was the funeral director who took the call. I remember getting back to the funeral home and unzipping the body bag. I almost instantly started crying, having no clue if we could do anything so her family could see her. Jim was equally concerned, but he thought for a bit and then said, "I know who I can call." That call went out to Jacquie. For the next few days we all worked together. Jacquie guided us with knowledge and encouragement the whole way through. She taught me so much in those few days, and not just about the art of embalming and restoration. She also showed me the funeral director I wanted to become.

Over the next few years, I took a job at a different funeral home and moved out of Walpole, MA. I kept in touch with Jacquie through Facebook. Like many people, I saw that she had cancer and that she had beat it. Or so we thought. I received a text from Jim on Tuesday, October 15th that read, "Do you have a minute to talk?" My phone rang moments later. It was Jim. He told me Jacquie's cancer had come back with a vengeance and her time left would not be long.

Jacquie had planned for us to come to her house that Thursday afternoon. We arrived and were greeted by Cindy, Jacquie's wife of 16 years. I remember the swirl of emotions that I felt as we walked towards Jacquie, not knowing what condition she was in and half expecting her to be bedridden and frail. But nope, not Jacquie. She was sitting up in her chair with a smile on her face and arms extended out for a hug. She was in great spirits. She introduced us to her best buddy and fellow funeral professional Valerie Wages and her sister, Sandy Rust.

We all sat and talked. She had us laughing and then she got down to business. Jim and I had not known until this point that the purpose of our visit was to actually sit with Jacquie and make her funeral arrangements. She had it all planned out. Jim and Valerie were to see that the funeral went according to her wishes. Jokingly she told me and Jim what we would encounter when it was time to prepare her for her final viewing. She knew exactly what her body was going through and the challenges we would face. Jacquie knew and understood how important all the stages of a funeral are and she wanted it all.

First there would be a wake to give people the opportunity to see her and grieve. That would be followed by a service in her church and a committal at the crematory. Lastly she wanted a jazz band to play at the conclusion of the service to lift our spirits. She selected her casket, a solid cherry one, of course, and then she hit us with, "Oh, and I want to be shouldered." Jim nearly fell out of his seat. He knew his dress men would not be up for such a task. There was mention of possibly having fellow colleagues do it. Nevertheless we told her it would be done. As we said our goodbyes, we hugged, and I told her thank you and reassured her that Jim would take great care of her. She responded, "I know you both will," and gave me a smile. Choking back the tears, I walked to the door. I conversed with Jim outside, and we agreed that she did not seem like someone who was about to die.

At 5:10 AM on Sunday, October 20th Jacquelyn S. Taylor, PhD, passed away. When she did, she delivered her last lesson via her obituary, stating, "Come see how a funeral should be done." For the most part this

wasn't a huge challenge for three funeral directors. Valerie chose to stay close to Cindy, but still offered her support and suggestions to us the whole way through. Jim and I prepared Jacquie for her final appearance. Then Jim went on to take care of all the very important, but boring, stuff like the paperwork and phone calls, all the logistical stuff. I got to plan out how I was going to transform the Delaney Funeral Home into Jacquie's space. There was a lot of crossover in our individual tasks, but there was still one request from Jacquie that we had to address. She wanted to be shouldered, meaning that instead of the traditional way pallbearers carry a casket, in hand, they would instead lift it and carry it on their shoulders. Jim and I thought that having her students act as pallbearers would be a great way to honor her.

Over the next couple of days, we found Jacquie's pallbearers: John Breen, Lindsay Lincoln, Lauren Young, Glen Hall, Kyle Lynch, and me, Kristina Sargent. Jim had arranged for John Heald, a local funeral director and consultant, to come give us a lesson on how to shoulder a casket. Just hours before the wake we all met at the funeral home. We walked over to the church where Jim met us with an empty, solid oak casket. John put us into position which was determined mainly by height. Lauren and I, being the shortest, took the center sides, John and Lindsay took the lead corners while Kyle and Glen were on the back corners. Jim was at the front so he could make sure the casket was positioned correctly in the narrow aisle. Jim would knock on the casket and we would bring it up off the church truck. Once the church truck was clear, a second knock would signal us to do a one count, and then move the casket to our shoulders. Bringing it down was done with the same signals. One knock meant bring it down to about the hip line and a second knock meant take it all the way down. We practiced this several times before we felt we were ready. A few minor adjustments were needed, like Lauren and I both had to wear heels and Kyle was going to have to slouch a bit.

Jacquie had educated all of us and now it was time to deliver her presentation. First came the wake, with Jacquie laid out in her casket. The funeral home was full of representations of her life, creating a special place for all who knew and cared for her to come and mourn but also be comforted. Next was the funeral. The following morning we gathered at the funeral home. When it was time to head to church Valerie escorted the family outside while we prepared to leave.

Bagpipes begin to play as we walked down the stairs of the funeral home. At the bottom of the steps we stopped to face each other and then shouldered Jacquie in her casket. We carried her down the front walk and into the middle of the road where the hearse waited and we placed her inside. Jim assisted the family into the limousine while we stood in position along the side of the hearse. On Jim's signal we proceeded to the church. The church was only down the street, so we arrived quickly. We entered the church and carried Jacquie down the aisle.

Rev. Anna Flowers and Rev. Kathleen A. McAdams officiated the service. Rev. Anna Flowers had been Jacquie's pastor and knew her well, so it was personal and well done. Valerie delivered the perfect eulogy. I laughed, cried, and somehow felt that Jacquie was right there with us. With a successful service complete it was time to make our way to Woodlawn North Purchase Crematory, in Attleboro, MA. Jim

Photo courtesy of Glenn Burlamachi

led the procession with his flower car while being escorted by motorcycle police. All the pallbearers except me followed in a limousine. I had the honor of driving the hearse, followed by Jacquie's family in another limousine and then numerous cars.

We arrived at the crematory where there were three tents assembled. Under one tent was a jazz band. Everyone gathered under the remaining two tents, Jacquie was shouldered and put in place. Rev. Anna Flowers then did the committal and Jim concluded the services. The jazz band began to play and after a moment people began to stand, sing, and clap. I recall thinking that Jacquie was getting everything she asked us for. The funeral was complete. People returned to their cars and headed to the reception where they could all continue celebrating the life of Jacquie Taylor.

The funeral was done, we delivered the lesson she had prepared for us, and I am so thankful to everyone who made that possible. But our job was not quite done, Jim asked if we had it in us to shoulder her one last time. We took our places and with respect and honor we lifted Jacquie up, placed her on our shoulders, and carried her into the crematory. We all stood in silence for a moment and then one by one we kissed a white rose and placed it upon our mentor.

May Jacquie rest in the sweetest peace knowing that the faith she had in her students and the tools she provided them will forever be a part of their successes.

*Valerie J.Wages,*
*Tom M.Wages Funeral Service, Lawrenceville, GA*
*Jim Delaney,*
*James H. Delaney & Son Funeral Home,Walpole, MA*
*Kristina Sargent,*
*Dolan Funeral Home, Milton & Dorchester, MA*
*John Breen,*
*James A. Murphy & Son Funeral Home, Dorchester, MA*
*Lindsay Lincoln,*
*Flynn & Dagnoli Funeral Home, Pittsfield & North Adams, MA*
*Kyle Lynch,*
*Sullivan Funeral Home, Rockland, MA*
*Lauren Young,*
*Conley Funeral Home, Brockton, MA*
*Glen Hall,*
*Badger Funeral Home, Littleton, MA*

Kristina has been with the Dolan Funeral Home, Milton and Dorchester, MA since 2016. She graduated from the Funeral Institute of the Northeast (FINE) with an Associate Degree in Mortuary Science in 2017. She successfully completed both the Massachusetts State Board and the International Conference of Funeral Service Examining Boards before becoming a licensed funeral director/embalmer in 2018.

# The Unbeliever

By Jerome Burke

For three dreadful years Albert had to watch her die in agony. Somewhere along that trail of agony his faith broke like a frayed-out string.

"There's a lot more to this profession of yours than embalming bodies and selling caskets," the young man had wisely said. And Jerry Burke once more proved the point.

As Shakespeare says somewhere, one man in his time plays many parts, but as I look back on a long life I think the strangest part I ever played (and belike the one for which I was least well fitted) was that I played the day we buried Albert Pugh.

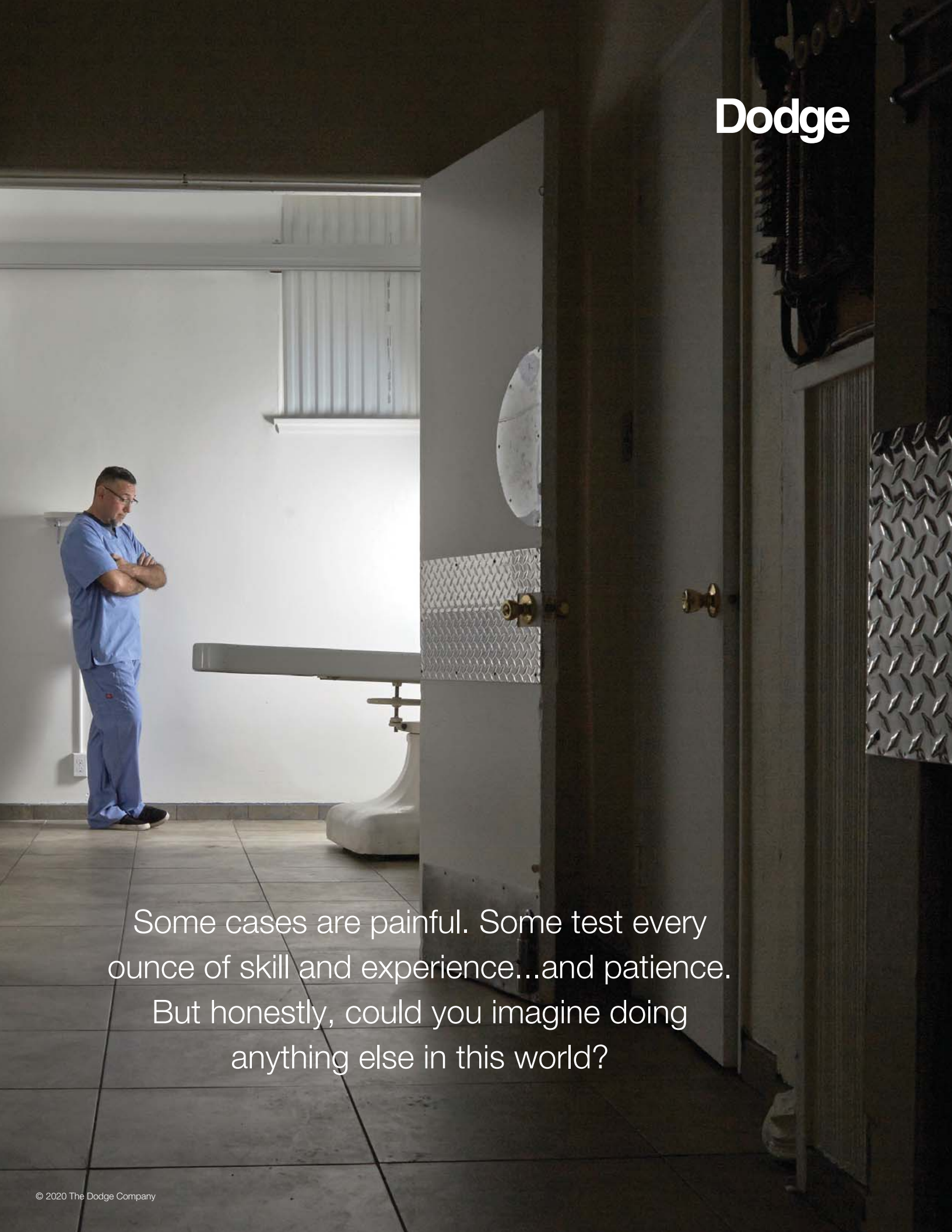
Two years ago this month we buried Albert. He had neither chick nor child - his wife had died ten years before and there were no children - but a nephew from New York came on and made arrangements. Arrangements, I might add, which were entirely satisfactory. The Pughs were wealthy people, and the nephew who was his namesake was also his sole heir at law, so there was no reason to spare expenses.

"I think we ought to have a case like this," young Albert told me as he touched a thermo-deposited copper casket. I didn't give him any argument. But when we had completed the details and returned to my office we faced another problem; one that no amount of ready cash would solve. Unlike his uncle, young Albert was a good churchman and was set on a religious ceremony. That, as they used to say on the radio, was the $64 question. For old Albert had not only not been noted for his piety, he was a self-proclaimed unbeliever who spent most of his time and a great deal of his money getting in the hair of the local clergy.

He and Lucy Dawkins had been married the day after he graduated from college, and for thirty years you couldn't have met up with a happier couple. Then Lucy fell victim to carcinoma, and for three dreadful years Albert had to watch her die in agony. Somewhere along that trail of agony his faith broke like a frayed-out string. "She never harmed a living soul," he told me the day of the funeral. "If Heaven can do such things to such as she, I want no part of it." He never went into a church again; he was in the forefront of the movement to abolish Scripture reading in the public schools; and whenever one of those groups that are constantly working to confine church activity by legislation needed financing, his pocketbook was open. He was, to put it very mildly, not popular with the churchgoing, God-fearing members of the community. He even demitted from his Masonic lodge and resigned from the American Legion because, as he put it, "he couldn't stand the chaplains' sniveling." But three years before his death he had to slow down. A heart attack laid him up in a hospital for almost two months, and when they let him out it was with the injunction that all exercise must be foregone. To a man who'd been an amateur swimming and tennis champion that was a heavy sentence, and he took it pretty hard.

Each June he went to spend the season at his cottage on Broad Bay, where he lay upon the beach, cursing the younger and healthier folks who could swim and go out boating while he was "chained up like a dog."

One afternoon as he lay in his waterside front yard watching the little wavelets tiptoe up the beach, he was startled by a sudden cry. A sailboat had capsized, and a woman was floundering in the water.



It didn't take a practiced eye to see she couldn't swim, and her chances of making it to shore again were less than slim.

"Well, she asked for it," he muttered, then as she screamed for help again, he rose stiffly, slipped out of shirt and slacks, kicked his shoes off, and waded out into the water. "Hold on," he shouted, "I'm coming!"

He swam swiftly with a double over-arm stroke, heading as straight for the drowning woman as an arrow launched from a bow. It was only a few minutes before he reached her, placed an arm beneath her shoulders, and struck out for shore once more. He swam easily, for she was almost bubble-light, and now that help had come she lay quietly, and gave him no trouble.

"Arm-stroke - kick; arm-stroke - kick!" he cleft the scarcely rippling water. Ten yards, fifteen, he went, then the strong rhythm of his strokes began to falter. She was growing heavier by the split-second. There was no more buoyancy about her; it might have been a cast-iron statue he sought to tow to shore. Time and again her deadweight bore him down. His mouth was repeatedly filled with water, his breath became labored and all strength seemed gone from him. By a supreme effort he raised his head above water. There was the shore not twenty yards away. The beach shelved sharply here. Six feet - ten feet at most - away was shallow, knee-deep water. He didn't realize he had spoken, but the woman heard him: "Oh, Lord, help me just this one time!" He thrust the woman before him, saw her stagger feebly to her knees and totter toward the shore. Then he saw no more.

The autopsy showed no water in his lungs. Dead men neither breathe nor swallow, and heart-failure had killed him before the water had a chance.

* * *

The papers played his rescue of the drowning woman up with four-column headlines, then abruptly played it down. The men who had control of advertising budgets were (possibly for business reasons) good churchgoers, and as I said before, Albert Pugh had not been popular with such as they. Several of the local clergy wrote letters to the editor, commenting on his last despairing plea for Divine help, and on the futility of "death-bed repentance."

We - young Albert Pugh and I - tried at least ten ministers, but all of them had pressing previous engagements. It looked as if young Albert's wish to have his uncle buried "fittingly" would go unfulfilled. Finally, he put it up to me: "Why can't you officiate, Mr. Burke?"

"Me?" I answered incredulously. "Why I never did such a - I didn't even belong to the same church your uncle used to attend – I – I –" Then I stopped stammering. The thing was too incredible.

"Yes, you," he told me. "There's a lot more to this profession of yours than embalming people and selling caskets. I've heard about you. You've been a tower of strength for people in their sorrow. Can't you – won't you - do this much for my poor uncle? And for me?"

I thought for a long minute. The lad was right. There is a lot to our profession that doesn't come under the head of any items on the funeral bill. "All right," I told him. "I'll do the best I can, boy, but –"

"That's all I ask," he broke in.

* * *

It was a rather interesting-looking little crowd that came to my chapel on the funeral day. The women's hair was short, but not fashionably so; the men's hair was too long. Most of them looked as if they could do with a good cleaning and pressing job, a few of them could have done nicely with a bath. But in the very last pew I saw young Daniel Sawyer, curate at St. George's Church, and his presence gave me courage. "If that lad can brave the censure of his fellow clergymen and probably his congregation, too, to come here, what am I afraid of?" I asked myself.

I nodded to Mary Garvey, who pressed the switch of the record player, and as "Lead, Kindly Light" sounded softly, I stepped into the center aisle.

"Friends," I told the little crowd, "I know and you know the life that Albert Pugh led. Perhaps I know a little better, for I knew him before he - before he got the ideas that distinguished him during his later years. I also know how and why he got those ideas.

"But how he lived and why he lived that way is not a thing of great importance now. It's how he died that really matters. You've all heard how at the last he prayed for Divine aid, not to save himself, but that he might save another. Somewhere in my memory there's an old rhyme that says,

*'While the lamp holds out to burn*
*The vilest sinner may return…'*

And who's to say that we're not all - every mother's son and daughter of us -sinners?

"And so it seems to me that when we come to sum up Albert Pugh's life and works we can well afford to do so by a paraphrase of John Hay's *Jim Bludso:*

*'He seen his duty, a dead-sure thing,*
*And went for it thar and then;*
*And Christ ain't a-going to be too hard*
*On a man that died for men.'*

"And if any of you spalpeens wants to make something of that," I finished as a murmur of dissent and protest ran through the crowd, "I'll be glad to step out into the alley and accommodate him."

* * *

As the casket was wheeled toward the carport young Dan Sawyer tweaked me by the elbow. "You've made me thoroughly ashamed of myself, Mr. Burke," he told me, "and if you don't mind I'd like to go out to the cemetery and take over at the graveside."

And so it was that Albert Pugh the unbeliever had a clergyman at his funeral, after all.

---

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

Jerome Burke

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