

RESOURCE GUIDE

A MANUAL FOR
HOME FUNERAL CARE

CROSSINGS
CROSSINGS




*Caring for
Our Own at Death*

A RESOURCE CENTER
FOR HOME FUNERAL &
GREEN BURIAL CARE

*Helping families create a meaningful,
valuable and beautiful experience at
the time of a loved one's death.*



www.crossings.net

 *Educating the family
to be their own funeral director.*

Copyright 1999
2nd edition August 2004
3rd edition January 2009

Sensuous during life
do not deny me in death!
Wash me with scent of apple blossom.
Anoint me with essence of lilac.
Fill my veins with honeysuckle nectar.
Sprinkle me with perfume of purple violets.
Envelop me in shroud saturated with fragrance of freshly
mown meadow hay.
Rest me in moss velvet earth.
Cover me with soil exuding flavor of maple and oak leaves.
Command a white birch to stand guard!

~Lois Wickenhauser

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Introduction

When my 7-year-old daughter Alison crossed the threshold of death because of the impact of an airbag in a low-speed collision, there was one thing that I knew for certain in all the turmoil that surrounded my family: I would not let her out of my sight; I would not surrender the last vestige I had of her vibrant and loving self to the care of strangers. What sense would that make, when I had so recently brought her into this world, nursed her at my breast, and given her my full attention as she went through the steps of infancy, the toddler years, nursery school, kindergarten, and finally into first grade? I loved her and her brothers without reservation, accepted them for the unique gifts they brought, and tried to bring out the best in them always.

Now the doctors were telling me that the youngest of my three children—my only daughter—was brain dead. They were going to remove the life support equipment. Her heart would stop beating. Suddenly, in that moment of a heartbeat, society expected me to surrender her to a hospital morgue. I could just imagine it—concrete and stainless steel, cold, hard, unfamiliar, secret. She would be driven away by strangers to an unfamiliar place where mysterious things take place behind closed doors. No, absolutely not. Not if I could help it. I would continue to care for her myself as I had always done. That was our agreement when she came into the world, and I was keeping my end of the bargain.

With this certainty, all the means began to gather around to help fulfill my wishes around my daughter's death, for who could deny this to a broken-hearted mother who was determined to serve her family's needs? Not the hospital staff, not the funeral home, to which the hospital insisted they must discharge Alison, and certainly not my family and friends.

We brought her home and kept her in her room for three days surrounded by her beloved toys and pictures and stuffed animals. Her friends came to be with her one last time, and took as much time as they needed to say goodbye. Her teachers came to stroke her cheek. Her brothers, her aunt and uncles, her cousins, her babysitters, her grandparents could all be with her. We could all sit with her for hours if we chose, trying, trying to get used to the idea, trying to take it all in. This small and mighty child had led us all through the valley of death, and an entire community experienced a brilliant light in the deepest darkness of loss and grief. It was terrible and beautiful.

I want to share the light that is possible in the darkest night, and allow my experience of caring for Alison to make a difference in how we approach death. It is the greatest fear, and it is also the final frontier of ignorance. It doesn't have to be this way. There is so much to be gained by keeping one's power in a situation that can so quickly spin out of control.

~Elizabeth Knox

About Crossings

Our name, Crossings, refers to the end of the life cycle, a "crossing over" into the invisible realm of death. Our work is informed by a spiritual belief in life after death. However, this resource guide is intended to be useful to people of all spiritual and cultural traditions.

The mission of Crossings: Caring for Our Own at Death is to help make it possible for families to fashion their own funerals through informed choices and education about their rights when someone dies. By tending to our departed from the moment of death, we ensure love, dignity, integrity, and our own form of spirituality around the departure.

Sadly, in our country, there is more care and time spent in buying a car than in planning a death. We plan for other important transitions: we take classes to prepare for birth; we often turn to professionals to help us plan our weddings. One might argue that funeral directors help us plan our deaths, but rarely is that so, since most of us would rather not plan ahead in this area. When we do, the choices are limited - embalmed or not, viewing or not, burial or cremation, and almost always expensive. It is our experience that once funeral directors have possession of the body, they have all the control and the bereaved have very little. This creates emotional confusion and disconnection, and doesn't leave much space in which to honor the family's unique grief and what it considers important rituals for a death in the family.

Crossings is a non-profit corporation. Our organization is dedicated to the renewal of family and community-based after-death care and its life-affirming qualities. This care can be provided with or without the help of a licensed funeral director (there are a few states in which one must use a funeral director for specific tasks by law). As consultants, we provide information to the public on the value of caring for our own at death, and resources on how this care can be uncomplicated, manageable, and meaningful. Crossings recognizes that the portals of life - both birth and death - are significant for the individual and family. Our goal is to return the rewards of caring for our departed to our communities; renewing the practice of home funerals - so prevalent in our society up until 75 years ago.

Overview of This Resource Guide

In this guide you will find the tools to take control of the events surrounding the death of a loved one. It is our desire to take the fear and uncertainty out of dealing with physical death, and help put the value of being close to your deceased within your reach. This is not training to be an undertaker, nor is it a replacement for a funeral director's services when needed. It is an opportunity to bring the life of our departed full circle: to honor them, and give them dignity and love as only family and friends can. Staying connected to the care of our departed loved ones brings greater closure and healing than is otherwise possible. It allows us to move ahead more gracefully in our lives without leaving our departed loved ones behind.

Learn About Your State Laws and Regulations

This manual is a resource guide to be used within the bounds of all local and state requirements for caring for our deceased. It does not attempt to inform readers of state-by-state requirements. The following organization can provide up to date information as to state regulations:

Funeral Consumers Alliance

<http://www.funerals.org>

1-800-765-0107

Do not depend on a funeral director to inform you of state laws. Funeral directors are often unaware that activities that are outside their protocol are in fact legal.

In states that have more stringent regulations of mortuary science, i.e. Connecticut, Delaware, Indiana, Louisiana, Nebraska, and New York, it may be possible through proper pre-planning to maintain control over some or all aspects of caring for our loved ones at death. In some cases, the state laws may only require the services of a funeral director for filing a death certificate. Do not think that just because you live in one of the above states, that a home funeral is not possible.

If local and state requirements and procedures are not followed correctly, there is no guarantee that your directives or plans can be put into practice. Therefore, it is imperative to follow all applicable laws and regulations. Try to get the details pertinent to your situation before you need them.

Options for After-Death Care

There are three main options for caring for your loved ones at death. Crossings' goal is to increase involvement by the family and community, when possible, so as to create consciousness, love, and care around each passing.

Option 1: Home Care by the Family and Friends

This requires the greatest level of participation due to the many details and decisions involved, and is best done with pre-planning. It also provides for the greatest level of intimacy, uniqueness, and family control of the process.

Many families who choose a more active role in funeral arrangements do so simply as an act of service and love and are not motivated by financial concerns. They may be alienated by current funeral practices and high prices. They may be able to afford a costly funeral but feel that the money can be put to better uses such as the grandchildren's education or a worthy charity

Getting Support

Certain procedures described in this book may be accomplished by your self. Most are best accomplished with the help of friends and family members. One of the practicalities of this work is organizing a circle of support for caring for our own at death. We recommend that you introduce the topic of in-home after-death care to all persons (including older children) involved before a crossing occurs. Our culture has lost touch with this important and valuable work, so helpers need to be educated about why and how we care for our own at death. Sharing this guide and having those close to you read others' experiences is a good place to start. (Naturally the wishes of the decedent, if stated or directed, are paramount.) This group includes, but is not limited to, spouse, children, siblings, parents, significant others, and close friends. Consensus regarding care of the body, visiting hours, funeral service, and the schedule of events is important for putting your desires into practice.

Option 2: Managing Aspects of the Funeral Yourself and Working with a Funeral Director

This is a good choice if time and energy are limited or if the death took place in Nebraska, Louisiana, New York, Connecticut, or Indiana, if an autopsy is required, organs are donated, (see addendum on autopsy and organ donation) or if the body must be transported across state lines. Funeral homes are able to provide specific services without taking over the whole funeral care process, although some are more cooperative than others. Some people have a funeral director handle paperwork only. Some choose to have a funeral home transport the body, but do a vigil at home. Some bathe and dress the body themselves, at the funeral home. Some have the body prepared at the funeral home, then brought to the house for a vigil. Consider which aspects of care you might like to perform, and talk with funeral homes about their openness to working with you. You will quickly sense how flexi-

ble they are willing to be.

Take time to thoroughly interview prospective funeral directors and write down any special arrangements and fees. It is best to develop a relationship now rather than being forced to do so quickly by unanticipated circumstances. On the whole, family-owned funeral homes are more receptive to individual requests than the large chains.

Option 3: Conventional Funeral

This option means hiring a funeral director and choosing among the regular options available for viewing, transportation, products, etc. You can also choose direct cremation or immediate burial, for which there is no viewing of the deceased for the public. Having a conventional funeral allows you the least physical control of the situation, but for your own reasons it might be your best choice. It still allows you to bring your family and community together, and make this event special and meaningful.

The basic charge of a funeral home does not include services or products. These services (transportation, etc.) and goods (caskets, urns, etc.) are an additional charge, usually at a huge mark-up. The average funeral costs in the United States are \$6,000, with burial services averaging an additional \$3,000.

A note on embalming: Until the Civil War, embalming was rarely practiced. It made it possible for the dead to be shipped home for burial at a time when ice was not readily available. Now, embalming is almost always an unnecessary process, and Crossings does not recommend it. It only slows physical breakdown; it does not prevent it. Keeping the body cool with dry ice accomplishes the same effect. Embalming is highly invasive and destructive to the body of our departed. The chemicals used in embalming are regulated by the Environmental Protection Agency, and are highly toxic to human beings and to the environment. Embalming has not been shown to prevent the spread of communicable diseases. Many funeral directors require embalming if you have a viewing of your loved one at their funeral home. Oddly, although embalming is almost never required by state regulations, most funeral homes require it for viewing. Therefore, if you use a funeral home for viewing, you are compelled to use its embalming services.

Even if you choose to work with a conventional funeral director at a funeral home, you can still supply specific products (such as the casket or urn) and save hundreds or even thousands of dollars. (See section below on choosing caskets/urns.)

There are many factors in choosing the best option for your family at the time of a crossing. In general, the more you do yourself, the more you will feel the process reflects your wishes and those of your deceased loved one. That empowerment and your intimate involvement in the care of your

loved one often ease the grieving process in the long run. However, it is also important to be realistic about physical and energetic constraints on your ability to carry out home funeral care. You should take the time to consider the following:

- The wishes of the decedent.
- The wishes of the spouse, children, siblings and parents.
- Religious tradition.
- Time available.
- Type of death, condition of the body, place of death.
- Cost.
- The personal energy needed for taking on added responsibility. (This can be affected by the amount of care one has given before death as well as other factors.)
- Pre-planning. Whether for a conventional funeral (money spent, items purchased, etc.) or for home care (having people and resources available to accomplish the tasks involved.)
- Emotional state and the need to care for others – family, friends, children – as well as oneself at this time.
- The availability of family and friends to help.

Planning for a Death

Planning the details in advance of a crossing is important. Visualize in what room your loved one will be, what clothes she will wear, what music would honor her most. Engage your family and friends in this process. What would be the most beautiful and meaningful send-off?

If you are making plans for one who is dying, they should be involved as much as they wish to be. Ask them about their favorite music. What stories about them capture their true spirit? What flowers and verses are important to them? Explore carefully and tenderly how much they would like to be involved in planning and practicalities.

Of course, sometimes there will be no opportunity for planning; when you know in your heart what is right, then you must have the resolve to create it. Gather family and friends, let them know your intentions, and ask for their help. Move forward with confidence - allow the undying bond between you and your loved ones to make their departure beautiful, meaningful, and as complete as possible.

The instructions below assume that the caregivers are performing all tasks related to funeral care, at home and without funeral director assistance, but many sections are useful to those using a funeral director as well.

Preparing for a Home Funeral

- Organize your core group of helpers for the crossing; those who will help at the time just after death, and those who will help over the stay at home. If possible, meet with everyone to share your purpose around this event. It is important to feel comfortable with each other – you will be doing a great service together! Go over this manual or the short instructions available on our website and assign individual responsibilities (see section on tasks for friends and family). Also, allow all concerns to be voiced. The act of caring for our own at death is not difficult, but it does take a certain determination as well as occasional physical strength to make it happen. Most people who are hesitant will rise to the occasion as they experience the dignity and grace involved. If anyone feels that they truly cannot do this work, then it is best to acknowledge this and find someone else. As much as possible, do everything with a friend, someone whose strength you can count on. Involving yourself in this work creates a great opportunity for growth and transformation. You will meet challenges and you will need physical and emotional support along the way.
- Decide what you will do with the body after the vigil. If cremating, choose a crematory, and contact them to be sure they will accept a body delivered directly by the family. If burying, locate a burial site, and, if necessary, learn their rules for preparation of the body, caskets, and so forth. Consider how the body will be transported. See sections below on green burial and choosing a casket or urn.
- Educate yourself about filings and forms that you will need for transportation and disposition of the body, including a vital statistics form, depending on which state you live in.
- Know which medical doctor will sign the death certificate and apprise him/her of your plans. If hospice is involved, tell the hospice people about your plans.
- Find a source for dry ice, if you are going to be using it, or purchase sufficient freezer packs. Some grocery stores, ice companies, wholesale beverage distributors sell dry ice.
- Determine the music that you will have after the crossing. If possible, schedule any musicians who might be available for that time.
- Pick out the clothing that will be used for dressing your loved one after death.
- Gather biographical materials and write the death notice. This usually involves a cost, with a picture being extra. Know the newspaper to which it will be sent, the appropriate editor, and the correct fee. Obituaries are small or large articles more lengthy than death notices, and written at the discretion of an editor by a reporter who will interview you. They are free but are sometimes reserved for what the editor considers more noteworthy deaths. Check with your newspaper for details. News-

paper employees are not used to family members calling with notice of death information. It is another small area where you may need persistence and patience.

Natural or Green Burial Options

Natural burial, also known as traditional, eco, or green burial is the placing of an un-embalmed body directly into the earth in a biodegradable coffin or a simple shroud. It is the natural complement to a home funeral. This is in sharp contrast to the current, conventional burial practice of placing an embalmed body in a metal or rare hardwood coffin into a concrete vault liner that lines the grave. A natural burial can take place on private land in most states and in ever increasing "green burial preserves" which are springing up all over the country (see Mark Harris's book, *Grave Matters*, for a well-researched listing).

Green burial practitioners usually prefer natural fieldstone markers or a shrub or tree to mark the gravesite rather than quarried marble.

In order of ecological impact, the conventional burial is the most damaging to the environment. Next is cremation with its burning of fossil fuels and CO₂ emissions. The least environmentally impactful funeral practice and one that actually gives something back to the earth is natural burial.

Green burial is, like home funerals, a return to a simpler practice that has a long tradition. In the last two generations, what was common practice for everyone throughout time has become foreign and the green burial movement wishes to reverse this trend – to allow the body to return to the elements from which it sprang, to use the body to regenerate new life in the earth, and to return to the practice of dust to dust.

Choosing a Casket or Urn

The options for burial containers are as plentiful and wide ranging as other commercial products. The internet will likely provide the greatest number of choices and best prices. Crematory and funeral homes will also have selections from which you can choose.

If choosing cremation, choose a vessel for the ashes. Options include pottery, cast metal, even felted wool. One family used the tin from the deceased's favorite cookies. Beautiful wrapping paper covering the crematory's box can also be lovely.

Googling "green caskets" or "green coffins" on the Web will bring up many options for mail order delivery. These products are guaranteed to be bio-degradable and are made from wood that is sustainably harvested. (Many conventional coffins are made from exotic wood, harvested from rain forests or from clear-cuts, or are metal – environmentally expensive to manufacture and degrade.) Another option is to have a local carpenter or handy family member or friend build a coffin. Plans for coffins are also widely available on the internet. Also on the internet are biodegradable/"green" burial containers such as long, coffin-shaped woven baskets. Cardboard coffins are available online or through crematories and are often the least expensive option. They can be decorated by family and friends and/or covered with cloth. And in the case of cremation or green burial, a beautiful cloth or quilt may be all that is needed.

General Recommendations Before You Begin Working with the Body

- Follow the wishes of the decedent.
- Act with simplicity.
- To the degree that it is possible, work with natural materials.
- Behave respectfully, and with forgiveness towards all that you are involved with at this time.
- Be open and follow your heart. Keep asking yourself the question, "What would love do now?"
- Quietness is important—or soothing music may add to the peace at this time. Unplug any phones and electronic devices in the room.
- Before you begin, take a minute of silence to prepare, and to set the tone for the care you are giving. A sense of reverence may arise, a feeling of calmness and readiness for the work. These qualities will be communicated to all who are present. The work of caring for our loved ones at death brings with it a kind of sanctity—and commitment—to do our best in service to the person who has crossed.

There are times that others who may have had some involvement before the death, such as clergy, hospice workers, or medical personnel, will assume that the procedures for a conventional funeral will be followed. They may even set these procedures in motion, unknowingly. Even if these people are aware of your intentions to care for your own loved one, they may forget in the power of the moment. – they may be in unfamiliar territory after all. By your actions, one would hope they will recognize that there is someone in charge of this process, and that their usual experience, though valid in most situations, does not apply in this case.

Family members who are not familiar with this care may want to be present for the washing and dressing, but not help with the hands-on work – to watch this process and be a witness it.

Caring for a loved one at death is a powerful experience in which to partake. In its own way, it is a sacrament, a ritual, and a very special time. We try to care for the body with as much dignity and grace as possible. The time to set aside for this care is anywhere from one to three days after death. We recommend the longer time in-home, as this gives an ideal amount of time for family and friends to gather and to have the most meaningful experience, as well as for the body of your loved one to go through its own transformation. Naturally, many factors influence the time available for in-home funeral care, and you need to tailor your care to these practicalities.

Caring for the body of a loved one brings meaning to you. At the immediate time of death, take a little time to be quiet around the person who has died. Take some time to be connected to them. We like to use lavender or rose oil on the deceased for anointing as soon after the crossing as possible. This anointing can be to the head, heart area, and the joints and feet. It is fine to use other essential oils for this as well. (Rose oil can be used as a calming influence before the time of death, especially when used in a diluted form in a warm compress around the heart. It can also be used in a diffuser. Rose oil helps soothe the environment and lessen fears in the dying.) It is also useful for the caregivers before and after death.

The work of caring for the body should be done with one or more persons with whom you are comfortable, and on whom you can count. Do not do this work alone. It can be an intense process both physically and emotionally, and working with others will keep the burden from being too great on one person. Moving an adult after death can be heavy and awkward. Plan to have help with all aspects of care.

The moment of death can be misconstrued as a call to immediate action by some family and helpers and cause overwhelming despair or fear in others. Taking the time to breathe, to cry, and to regain a sense of calm before taking action is a great help to the team preparing to ready the body for the vigil or wake. This is a good time to consider using Rescue Remedy tincture. After this initial pause at the time of death, begin the work of preparing the body.

Materials for Care of the Body after Death

- A bed or table on which the body will be laid out and a coffin, if desired.
- A nearby table to place items on as you work with a large bowl or basin for water.
- Mouthwash/vinegar and Q-tips to swab the inside of the mouth
- Extra sheets for covering or rolling the deceased. You may also use a sheet to move the deceased.
- 1 towel and washcloth per caretaker.
- Optional—cornstarch (for drying moisture from body when dressing.)
- Cotton balls for eyes, body openings.
- Scissors to cut clothing, if needed.
- A scarf, kerchief, or towel to tie around the head to hold up the chin. This is to be removed during the vigil.
- Dry ice or other cooling material. We recommend dry ice because it will not leak any liquid and it is colder than any other cooling medium readily available (approximately -110° F). You will need 40-50 lbs. to start with. Freezer packs are a good substitute, but need to be changed more regularly.
- A non-plastic container in which to store dry ice.
- Towels, pillowcases, or flannel to wrap around the ice under the body.
- Leather or heavy-duty cloth gloves to handle dry ice (cardboard box, paper bags inside a Styrofoam cooler).
- Hammer/chisel to break dry ice, in case it is in large pieces. Some stores sell dry ice squares or pellets, which are easier to work with than blocks of dry ice. Once dry ice freezes to itself, you'll need a hammer to break it apart.
- One pair of latex gloves. You use these for placing cotton in orifices.
- Air conditioning in hot weather.
- Chairs as needed.
- Cover (quilt, etc.) for the casket, or for body alone, if cremation is the chosen form of disposition, and the crematory allows it.
- Truck, van, or station wagon with blankets, if needed for transporting body.

Suggested Materials for a Vigil or Wake

- Small bowl/diffuser around room for dispersing essential oils
- An ideal shroud material is four yards silk, for adults (36" to 54"width). Silk is used as a final covering around and over the body after it is washed and dressed.
- Oil diffuser and lavender or rose oil, for their calming effects. You may also use incense.
- A number of beeswax candles and holders for the room.
- Beautiful cloths to lay items on and larger ones to cover any remaining clutter in the room.
- Music. Live music is most soothing – lyre, harp, strings.
- Scripture (and other literature, poetry) important to the deceased and family.
- Lamp for reading.
- Comfortable chair.
- Fresh flowers as desired.
- Special or appropriate artwork and photographs.
- Rescue Remedy tincture, a flower remedy that helps strengthen the body in times of crisis, available at most natural food stores, has been very helpful to those needing to regain a sense of calm during the vigil period.

What to Do at the Time of Death

Your after-death care decisions will be set in motion at the time of death. In general, you can still re-assess what you would like to do if your circumstances have changed. (Naturally, if you have pre-paid with a funeral home for certain services there may be a penalty for changes or cancellation.) If you are choosing to handle the funeral arrangements yourself, previous research of state requirements will allow for a smooth transition. You will need to get the death certificate - signed by the attending physician as to cause of death - for custody of the body, and a transportation and burial/cremation permit. (Many states use the same form for both.)

Note: If a loved one dies of a communicable disease, check with your physician or medical examiner on the safety of keeping her in-home. Embalming will not eradicate a communicable disease in a deceased person.

ALWAYS TAKE NOTE OF THE TIME OF DEATH.

1. **Expected death at home.** If the death is expected, the attending physician will sign the death certificate. There is no need to call an ambulance, or police, or 911. Give yourself an hour or so to enter the silence, if this is possible, and have some time alone, if you wish. If you choose to work with a funeral director in any capacity, you do not need to call him right away. Once contacted at the time of a death, funeral homes usually respond in a timely manner. Never transport a body without a proper transit permit.
2. **Expected death away from home.** Usually an expected death will take place at a hospital, hospice facility, or nursing home. In these cases, it is best to pre-plan with the attending physician and to know applicable state laws and requirements. In most situations (and states), you will be able to transport your loved one by having the correct paperwork filled out. If you choose services from a funeral director who is willing to bring your loved one home, then it is best to pre-plan for this event.
3. **Unexpected death at home.** If the death is not expected, you will probably need to call the medical examiner and possibly the police. States have different requirements regarding autopsies and it may be necessary to have one performed. If you have a religious objection to an autopsy being performed, you need to voice it. However, if there are unusual or unknown circumstances around the death, the medical examiner or coroner will probably overrule your stated preference.
4. **Unexpected death away from home.** If an unexpected death occurs and you want to act as funeral director, then you must know your rights in order to take custody of the body. If there is to be an autopsy, you will have a chance of preventing it if you voice a religious objection. The body will often be taken to the morgue until plans are made. You will need to be prepared with a clear un-

derstanding of your state laws and regulations and work with the signing physician or hospital staff. Most people are familiar with procedures involving a funeral director and will generally work with you if you are informed, determined, and can produce the proper paperwork that is needed. Take a good friend along for support. If you know a sympathetic funeral director, his services may be useful in clearing administrative obstacles to taking possession of the body and in bringing your loved one home.

Caring for the Body and Room Set-up

If the death is expected, then the group that is caring for the body should preferably already be formed. If the death is unexpected, then do your best to gather one or more persons with whom you can work. It is generally best to refrain from phoning people who are not associated with the care of the body just after death. The time for a general audience will come shortly, but it is best to do the work that needs doing without interruption.

Rigor mortis (the stiffening of the body after death) begins to set in after about 2-4 hours, so it is ideal to be prepared with all necessary materials, and work straight through until you are finished.

Moving the Body

Usually the work of preparing the body is done in the same room, although the person may be transferred to another room after the body is prepared, as long as the death was an expected one. In general, moving the body is awkward. As time passes after death this is compounded by rigor mortis. Always take time to plan your route when moving your loved one. Stairs, sharp turns, and narrow hallways are difficult to navigate. It takes 4-5 people to move an adult male. It is easiest to do this if he is on a strong sheet or blanket. Gently roll the body to a side and spread the sheet out lengthwise with half of it folded in accordion pleats. Gently roll the person onto his other side and pull the pleated sheet out, extending it, to complete placing the sheet underneath the body. Each person carrying the body should roll up the sheet in her hands until the sheet is tight around him, with one person supporting the head. The person at the head and one person at the feet both lift, then the other helpers lined up along the body begin lifting with the lower legs first, then the upper legs, and then one or two persons for the torso. *Always keep the head higher than the rest of the body to prevent discharge of fluids.*

Note: If the person has an intravenous port for supplying medication, do not attempt to remove it. Ports are connected directly into the bloodstream and should be removed only by trained medical personnel.

Bathing and Dressing the Body

- **Eyes and mouth:** Place wet cotton balls (with a few drops of lavender on them) over the eyes to close them. You may also use an eye bag to keep them closed until rigor mortis sets in. Put a towel rolled under the chin or tie a scarf or kerchief around the head to keep the mouth closed. Set the lips in a natural position. A trick recently shared involved taking the cotton from a Q-tip, rolling into a very thin twist and placing it under the eyelid, to provide a little bit of grip or resistance for the eyelid and eyeball, acting like a gentle version of an eye cap. Another is to use a small piece of dry ice to help "set" the jaw muscle of a mouth that didn't want to close. Cool the muscle enough that the jaw stays in place and it should stay that way even after it has warmed back up to room temperature.
- **Removing clothing:** If clothing is binding or otherwise difficult to remove, you can remove it by cutting it from the body. As clothes are removed, out of respect, keep the torso and genitalia covered with towels or sheets. These can be removed and replaced as necessary when washing and dressing. *The body tends to lengthen after death and can become unwieldy.* You will need physically healthy and emotionally capable people to help with this process. Keep the head slightly elevated to prevent fluid discharge.
- **Emptying the bladder:** Put towels or "chux" (waterproof disposable pads) in an accordion manner alongside the person and then roll him to one side, pulling the towels/pads underneath. Then roll him back on top of the pads. Slowly apply firm pressure to the bladder area, right above pubic bone *first*, before bathing. This will push any remaining urine out. Out of respect, the body is generally covered with a towel or sheet when bathing. Towels/pads will frequently get wet.
- **Washing:** Put 4-6 drops scented oil in the bowls of water to be used for washing the body and use mild soap for cleaning. It is preferable to use all natural fibers and crockery. If possible and if you feel so moved, put the used water in a garden or green area, not down the sink when you need to get fresh water. Clean hair and face first. Have your table laid out with soap, towels, warm water, and washcloths. Use lavender oil (a few drops in warm water) for rinsing after the soap is applied. Work from face to feet. The oil will permeate the body. When the washing is finished, roll him on his side and pull the towels out. If you are keeping him on the same bed, this is a good time to replace the bedding with a clean sheet that you are willing to part with. The fresh sheet on the bed will end up being used to transport the person from the bed to the coffin or to a vehicle, etc. It is the easiest way to move the body.
- **Closing body openings:** Use latex gloves to insert two or more cotton balls soaked in lavender oil in the rectum and vaginal areas for any possible fluid discharge and/or control of odor. There is generally not much discharge from the mouth, though it is best to keep a washcloth on hand as needed. Any time the head is moved during the stay at home, there may be some discharge of saliva or flu-

ids. Just know that this is natural, and clean it up. When you move or reposition the body, keep a washcloth at hand.

- **Dressing:** As mentioned earlier, choose the clothes you will be using before you start this process. Many funeral homes dress a person in all of the clothing that he or she would wear. We have found that depending on what else a person will be wearing, that undergarments may not be necessary. These can be the hardest garments to get on. It is best to dry the body as thoroughly as possible before dressing as moisture makes dressing more difficult. Powdering the body lightly with a little cornstarch can be useful in getting clothing on more easily. After you are finished washing, keep towels over the body as necessary. Start with inner garments, socks, underwear, et al. Have several people to help when dressing the body. Although it is somewhat awkward, it can be managed with patience and a little care. Some items may need to be cut to some degree to put them on properly. Do not use safety pins to close up clothing as the pins may open later. To put on a button-down shirt, put on one sleeve to the elbow, then lift the person up from the back and spread the shirt underneath of him. Have a second person pull the shirt to the other side and put the other sleeve on the other arm up to the elbow. Bring the person to a sitting position and pull up the shirt from the bottom of the back toward the head, so that it comes up the arms as well. Once the shirt is on, you can lay the person back down and button the shirt up in the front. For putting on pants it is best to start on one leg until the pants are to the knee and then pull the other pants leg up to the same height. Work on alternate sides and pull the pants up a bit at a time until you get them in place.

Laying the Body Out

- **Ice:** Keeping the body cool prevents any decomposition from taking place during the vigil period. The size of the person, the season and temperature/humidity in the house, the amount of life force in the body (for instance, the sudden death of a young vital person compared to the slow death of an elderly inactive person), all affect the amount of dry ice needed. It is best in the first day to monitor the situation often. Too much dry ice will freeze the body; too little dry ice means that the upper extremities are not being cooled enough. There is no hard and fast rule as to how much dry ice to use under which circumstances. The upper body should be kept at a slightly cool temperature but the skin should remain soft to the touch.

Always use thick gloves or towels when you handle dry ice, as it will stick to your fingers and burn your skin. Keep it out of the reach of children! If you keep any dry ice at the home, store it covered in styrofoam coolers, metal buckets, or the bathtub. Use a hammer and chisel to break it apart if necessary. Dry ice will freeze and crack plastic and the carbon dioxide will billow up plastic bags. Carbon dioxide needs adequate ventilation to gas off. Leave a window cracked, or, if there are not

many people coming and going, air out the room occasionally. Do not keep the room closed up all of the time.

Get 40-50 lbs. of dry ice the first day for an adult. Once the person has been cooled, you will only need enough dry ice to maintain that condition, about 10-20 lbs. a day. It may be that the dry ice lasts 2 days. If you are in a house without air conditioning in summer, you will need more ice.

Wrap dry ice in towels, flannel sheets or pillowcases. Put dry ice under the upper and lower back, legs, and head. Put a pillow under the head. Place the dry ice in the pillowcase with the head resting on it. Support the head with cushions or cloth, as necessary. For aesthetics, place dry ice under the sheet if the body is on a bed. The overall goal of the ice is to keep the torso cool.

- **Laying out the body:** If you are using a coffin and not laying the individual out on a bed, put dry ice in the coffin before placing the body there, then drape silk around her. As the need arises, you can lift the silk and place more ice underneath of it. Expect wooden coffins to frost some on the outside. You may choose not to use a coffin for the person after washing and dressing her, and keep her on a bed instead. You can drape lengths of silk around the body to create a beautiful effect on a bed, and you can decorate the bed with flowers. You might keep the same flowers throughout the entire stay at the home, since as they wilt they reflect the passage of the person. Silk is the final covering. Place it all around the person, but usually not underneath her.
- **Hands:** Fold the hands on the chest, usually right over left (sometimes the body will have inclinations that you can follow, that is, the person will “tell” you about placement of hands, and what the best position for the body is.) A simple rose or other fresh flowers are often a nice gesture and symbol for the deceased. Have them held in the hands or lay on the chest. There is no set way to do things. Use your feelings and intuition, respect the preferences of the deceased, and go with what works.
- **Finishing touches:** Comb or brush hair and do whatever other preparations seem to make sense – earrings or make up for a woman or laying a favorite toy or blanket beside a child, for example.

Preparing the Room for a Vigil or Wake

Each family will choose to do the vigil and prepare the room to suit their own needs and traditions. That variation is part of what makes home funerals so powerful. The suggestions below are based on the personal experience and traditions of Crossings founders, and their experiences in helping other families over the years. Please use only the suggestions that seem meaningful to you.

Ideally, the vigil room will be separate from the main flow of traffic in and out of the house. It is nice to have a place for people to gather who do not wish to see the body, and for refreshments to be served, and stories told. The vigil room is generally a quiet sanctuary for those wishing to maintain focus on the loss of their loved one.

- Clean the room to be used as a vigil room.
- Remove medical supplies and equipment and other unnecessary clutter from the room. Cover what can't be moved with a beautiful cloth.
- Candles provide a light conducive to setting the right mood; natural beeswax candles have an especially nice scent and last longer. If using candle lighting only, place one candle on each side of the head so that no head shadow is thrown. Also, place candles around the room as appropriate or significant. If there is a television set in the room, cover it with a decorative cloth so that there aren't any disturbing reflections. Do not keep lit candles in the room without someone in attendance.
- Arrange artwork, photographs, etc. as desired.
- Set up a place for the vigil keeper to sit, with a comfortable chair, a side table and a lamp for reading.
- Try to have room for visitors to gather around the bed or coffin. Chairs will encourage longer visits.
- Use ceramic bowls or oil diffusers with 4-6 drops of lavender oil in water placed around the room. Replenish the water and oil as needed.
- Flowers, rosemary and lavender oil help create a lightness and appeal in the room.

Carrying out the Vigil

Many religious and cultural traditions carry out three day vigils or wakes as part of their final rites. We describe below practices we have found to bring meaning to the process of home death care. They are based on the belief that it takes time for someone to complete the "dying" process, the transition from life into whatever lies on the other side. It also takes time for those of us left behind to come to terms with our loved one's departure. Observing the changes in the physical body as the spirit leaves it is a powerful way to take in the significance of that passage.

Someone should be designated to keep a schedule of vigil keepers throughout each day and night of the three day period, if possible. Segments of one to two hours seem to work best.

The vigil keeper's role is to keep candles lit, keep light on the face, keep the room cool and maintain an atmosphere of reverence, peacefulness, and wakefulness in the room. Casual conversation and eating and drinking should be done in another room. Vigil keepers should envision the departed as vibrant and surrounded by love.

Depending on the family's preferences, the vigil can be completely silent, or include singing, instrumental music or recorded music. It can include scripture or poetry reading or sharing of memories. Individual vigil keepers may bring their own ideas – think through what guidelines, if any, you would like to place on the tone of the vigil keeping. Expect vigil keepers to have powerful experiences of connection with the departed.

Those who are unable to participate directly in the vigil, can still keep their love and attention on the departed. We may lend our spiritual energy to the departed and still perform other duties. This is also true should the body not be available to us – as in the case of being lost at sea for example, or even if the family has made other plans for their care and disposition. A vigil can still be held. We believe that the spirit of your loved one needs your positive energy from wherever you are. They will take the love and energy with them in their crossing.

Transporting the Body

It is essential to have all necessary paperwork for transporting the body to the crematory or final resting place. Be sure to have your transportation permit, and any paperwork required by the crematorium. Let those at the arrival point know when you will be arriving.

Please carefully review the *Moving the Body* section above before attempting to move the body to the vehicle for transportation. The vehicle should have blankets below the body or casket to prevent sliding during transportation. Take care that the vehicle has a full gas tank, and is in good repair, and drive carefully.

Crematory Procedures

For cremation, the body should not have metal, pacemakers, or jewelry of any kind with it. We do know of a case where the crematorium allowed a woman to be cremated with her wedding band on, but this was outside of usual procedures. The contents of the casket are usually verified one more time before cremation at the crematorium. There is always a next-of-kin "Cremation Authorization" to fill out. It has to be signed by the next-of-kin, meaning the majority of adult children if an adult child is the next-of-kin (as in the case of an elderly parent with no living spouse). Be sure to check with the crematory about the time of cremation and that they will accept a body directly from the family. Confirm that all your paperwork is in order before you head out to the crematory.

Home Burial Procedures

If you are burying in a green burial preserve, they will have their own procedures for digging the grave and interring the body. If you are burying on private land, general guidelines to follow are:

- Let the grieving help dig the grave – there is healing in the physical acts of caring for our own.
- Try to remove the dirt in designated layers that can then be replaced in the same layers in order to disrupt the ecosystem as little as possible.
- Be clear on your state's guidelines as to how deep the grave must be – 6 feet under is rarely the requirement. Usually 3 feet above the top of the coffin is all that is required. It may be helpful to know that most of the micro-organisms that help return us to the Earth as quickly as possible live in the top 2.5 feet of earth.
- Use ropes, straps or webbing to lower the coffin down horizontally and evenly. It will take at least 4 individuals to assist with this process (two ropes with a two people - one at each end of the rope).
- Return the earth on top of the coffin in the order in which it was dug. Let anyone who wishes to assist with this step do so – have plenty of shovels on hand, with one person clear as to the order of placement of earth.
- Find a natural stone marker, which can be engraved if you wish, to mark the spot.
- Plant with shrubs and perennials that are native to that area.

Tasks & Roles to Consider Designating to Friends and Family Members:

- Those most overwhelmed by the death should consider designating a friend or family member as a proxy for all funeral decisions.
- A person to answer the phone. Turn the phone ringer down to low and keep the phone away from the vigil room.
- Someone to communicate with the doctor regarding the death certificate. It is best to keep in communication with your doctor if the death is expected, so that this can be accomplished soon after the death – usually the signature is required within 24 hours.
- A family member (or close friend) to make outgoing calls to share the news with the family and friends, preferably on a separate line.
- A food coordinator for meals for the family; someone to know what is needed when people ask what they can bring.
- A kitchen organizer to replenish serving platters, keep everything stocked, do the dishes, and take the trash out.
- Someone to buy paper products for food and run other errands as needed.
- Someone to designate and communicate visiting hours, if desired. Most people in the throes of loss are comforted by the presence of loved ones, family, and acquaintances—their wishes, prayers, and attention bring great solace. Some people are overwhelmed by loss and need more quiet time. *It is important to be sensitive to everyone's needs - family, friends, and community.*
- Someone to schedule vigil keepers around the clock for three days, if needed.
- Someone to check on candles, dry ice and flowers in the vigil room.
- Someone to contact the local paper for details on death notices and obituaries and write out the pertinent information. (This should be done beforehand, when death is expected.)
- Someone to contact clergy, if applicable, and find a hall, synagogue, or church for the service, as necessary. Some people use their homes for the funeral or memorial service as well.
- Someone to contact a funeral director if needed.
- A family member or close friend to coordinate music for the service.
- Someone to write and print the order of service (with assistance from clergy). Consider including a photo of the deceased on the first page. Include information for donations to be sent either to the family or a charity.
- If a service is held at the home, have someone turn off all phones and direct late arrivals so that the service is not disturbed.
- Someone to purchase a large beautiful book with blank pages for friends, family, and guests to share their thoughts or memories. Place the book in a central area with various colored pens.
- Someone to prepare the vehicle that will transport the body – fueling, cleaning, and folding down or removing seats as needed – and to measure as needed to ensure a good fit.

The Sights and Sounds of After-Death Care

While the time at death is sorrowful, it can be a profoundly powerful time as well. It can uplift the heart and mind, and carry life forward with grace.

Almost everyone is moved by those who choose to personally handle the details of the death of a loved one. Some people who have not participated in such an event think that it is unusual. Others choose to remember the person the way that they knew them in life. If you are not in charge of the funeral arrangements or if arrangements with a funeral home have been made, it is still possible to bring your attention and prayers to your loved one's passing, and to keep your own vigil during the first days after death.

People are hesitant around death generally because of their fear of mortality and finality. One of the benefits of caring for your loved ones after death is experiencing both the finality of death and the continuity of life. Fear of death is usually fear of the unknown. When we experience something first-hand, and when we are allowed to be at home with it, then there is little that we shy away from. By participating in the end of life of a loved one, by helping with arrangements and bringing sanctity to the days after death, *there is an almost universal experience that life and death are embraced without fear.*

In being with a loved one after death and caring for him, you become familiar with the sights and sounds of death. Your senses will help you to understand the passing of your loved ones. In an obvious way, our sight and touch communicate the great change that has taken place. At times there is also the subtle smell of death, just as there is the smell of birth. It comes from both the mouth and the body. This smell is often not present, or is very slight. It may be stronger at the end of several days. This smell is natural and helps our own bodies to understand that a death has occurred. Essential oil diffusers and lavender oil are useful and bring calmness and a sense of acceptance as well. In a way, working with loved ones after death is similar to caring for babies: in changing diapers and doing the many tasks, you focus on providing loving care and comfort.

After death, the face and upper body will change slightly in color. This is natural, as the heart is no longer moving blood through the body. The blood will tend to settle and gravitate to the lower regions of the body, such as the lower back. This may appear as a slight darkening, almost bruising, of the skin. This is nothing to be concerned about.

We have mentioned fluid discharge. Usually there is a little discharge in the moving and repositioning of the body. As we have said, just keep a washcloth handy to wipe up around the mouth and nose areas. If the body is kept cool after death there is little chance of much fluid discharge. Occasionally there could be fluid discharge if intestinal bacteria builds up over time, but this is very rare. If the torso is kept cool there should not be anything to be concerned about.

We still continue to care for the body after death with as much dignity and grace as possible, but it is really only the physical that is left, not our loved ones. By the end of several days, you will see the changes that indicate finality—a little discoloration here, hollowness of the cheeks, etc. The mother of one of the women in our community died, and people commented that she was “breathing.” This was not the body breathing, but a “breathing out” as the physical began to return to its elements. This continued over several days. The spirit of our loved one is moving beyond the limitations of geography, a process with its own cadence and rhythm. Our role is to create a comfortable, warm, and hospitable environment for this event.

Appendix A: Experiences of Caring for Our Own

Richard's Crossing

In the days before Christmas I had been praying to slow down and get out of my normal holiday overfunctioning mode when a neighbor and old friend called to report that her husband had died after a heroic struggle with ALS, Lou Gehrig's disease. She had been to my house in October to a screening of "A Family Undertaking", a PBS documentary about alternative care of the dead. She didn't expect her husband to die so soon thereafter, but when death suddenly came, she knew that she wanted to care for his body at home. Knowing of my interest in this practice, she asked if I would help. So I went to her home with Beth Knox, the founder of a local non-profit, CROSSINGS: Caring for Our Own at Death.

When we got there, Richard's body was still in bed, and rigor mortis had set in. We talked to Judy and Richard's sons and explained what we would do. We first removed all traces of medical support from the room. Judy, Beth and I gently washed his body with lavender-scented water. Then his son and stepsons dressed him. We put dry ice under his body to slow down any decomposition. His daughter-in-law brought in a pine garland to drape over the headboard, and beautiful flowers and candles. The final touch was putting on Richard's beloved beret and placing a guidebook to Paris on the bedside table. The room was transformed into a shrine.

Judy asked if I would help facilitate a family ritual. Richard was a Quaker, and there would be a formal memorial service at the Friends Meeting but Judy wanted to have a ritual around his bed that first night. So we gathered around him. His family told him how much they had loved him and said good-bye. I read a scripture passage. We sang "Sweet Low, Sweet Chariot" and, at the end, we held hands in a circle for the final blessing, with his wife holding his left hand and his son the right. It was very lovely and moving. All the while, my church's Advent closing sentence ran through me: "life is short, and we do not have much time to gladden the hearts of those we love."

Judy and the family took great comfort in being able to take care of him at home. It felt like the most natural thing in the world. After three days, we wrapped his body in a quilt and carried him downstairs to his son-in-law's van. I never imagined I would be spending Christmas Eve morning at a crematorium in a suburban industrial park. And it seemed like the right place to be.

Sally Craig, January 2006

Beth's Mother

Even after doing the Crossings work for a number of years, I could not speak with my mother of her own death and care afterwards. She had indicated many years ago where she wanted her ashes scattered, but that was the extent of my knowledge of her wishes.

She became quite ill at one point, and went to and from various hospitals, never seeming to return to the point of health that she was in before the hospital stay. Cardiologists warned us that she was very ill, and that there was only a 50/50 chance that she would live out the year.

She was so afraid to die. And she especially did not want to die alone. She did not know what was on the other side. She had put her faith in doctors all her life. She was always sure that there was another pill that would cure her, another operation, another life-saving measure. As these failed her, her fear magnified.

She wanted to go home. There was "no privacy" in the acute care facility where she was trying to gain the strength necessary to go home. She didn't like the food. She hated that they were always making her do something she didn't want to do.

The doctor said that she could support us in bringing our mother home and bringing in hospice. We wanted her to have quality of life at the end of life, and that meant going home. We thought that we could at least buy 6 months time with hospice, and then re-evaluate.

My mother had not been home 36 hours when she started to sense that something was very wrong and that she was dying. She was terrified. Our alternatives were to make her as comfortable as possible or to take her back to the hospital yet again. She did not want the hospital. She just didn't want to die. We began our 'death watch'.

I slept in a cot beside her, and my sister was at the ready to come upstairs in the middle of the night and help. There were a number of sleepless nights. Then one day, there was more peace. She called my sister and me by name for the first time in a week. She kept saying, "Okay." "Good-bye." "I'll be there tomorrow." "Mark my place."

Much like the period of transition in birth labor, my mother appeared to be laboring to be birthed elsewhere, and she didn't want to be bothered any more at this point than the laboring woman giving birth. I tried to leave her alone, but be present to her needs.

She slept all through the next day and on through the night, and then the following morning, I could hear the "death rattle". She was beginning "agonal" breathing. "You mean as in agony?" I asked the doctor. "Yes," the doctor replied, "but that doesn't mean that is her experience. It is just what it sounds like."

My mother's breathing began to slow, and then stopped altogether. Within minutes, she had a peaceful expression on her face the likes of which I had never seen on her face in life. We were all around her as she took her last breath. My sister, my brother, my mother's sister, and my mother's two granddaughters, sitting at the top of the bed like two little angels escorting her out and up. It was the most intimate experience of my life.

My sister and I dressed her. We did not need to bathe her as a hospice aid had been there earlier and bathed her. We got the dry ice. We did everything as this manual instructs. (In fact, I have recently edited and updated this manual since my mother's crossing, and my experience with her guided my words often). Family began to arrive and visit and sit with my mother. She looked so beautiful. Others, who had experienced a death where their loved one was whisked away, were moved by the love that was present in doing this personal care for the departed.

In my research for the state of New Jersey, where my mother resided, I was told by the state registrar that I was required to have a funeral director file the death certificate, transport the departed and be present for the cremation. I was not in the mood for confrontation. I found a funeral director who was willing to charge me for these services by the hour. He also indicated that he did not actually have to transport, but would escort us. We bought a cardboard "butter dish" – cardboard lid with sides that slips over a rigid wooden pallet from him for \$150 – also called a cremation container (some states require them). We brought it home and decorated it.

By the end of the second day, my mother's body looked empty. She looked used up and worn out, no longer beautiful. We gave her the third day, just in case. We cremated her on the morning of the fourth day (the previous day was Sunday, when most crematories are closed). My brothers carried her down the stairs and we put her in the coffin. We started to carry her out, head first, when I remembered that she had said she was not moving from this house until she was carried out feet first. They brought her back down the front hall, into the living room, turned her around, and carried her out according to her wishes.

There is something else. It has to do with my experience of my mother since she crossed. My relationship with my mother while she was living was complex. It had many over-layers. As soon as she left earthly life, as she was breathing her last, now as my attention turns to her, my experience is of pure love. Gone is the pettiness, and the guilt, and the worry. Nothing remains but an enormous presence of love. She is so clearly free. Free of her fear and of her pain. This, more than anything else brings me comfort in the knowledge of what the other side must be like - an eternal gift from my mother.

Annabelle's Husband of 44 Years

Sarah and Max got to us early Sunday afternoon. There was no change in Bob's condition. Max went on to South Thomaston to be with their sons. Sarah stayed with Holly and me, waiting and delivering meds. At 6:00 P.M. Sarah and I went to Bob to give him the meds. He seemed just as he had been all day. As I was about to put the drop of morphine into his mouth she said, "He's stopped breathing." Sure enough, he had. She felt for a pulse but there was none. He was still warm, hot, in fact, in the chest area. But he no longer needed the morphine. His breathing was eased forever.

When I think back on those weeks and months, and then Bob's final day, it seems like a graduation, something Bob earned, something he worked for and we supported. Actually death has a lot in common with graduation, especially if you use the word graduation speakers favor, "commencement." As a believing Christian I see Bob's death as the commencement of his life reunited with God. And as a widow I know that his commencement left my nest empty.

But that Sunday evening was not a time for philosophizing. We had work to do. We had agreed among us that we would do "home undertaking." This was an idea Sarah had introduced to us. Like home birth, it uses older, more traditional, ways of dealing with a huge event in a family's life. During the twentieth century most American families turned to professionals, doctors, hospitals, and undertakers, to lead them through these important life experiences. Sarah had heard about a gentler, more personal approach and it was what she wanted for her father.

She did her homework well. She got a film on the subject which we all watched. She attended a workshop, read books, and talked to officials and lay people. She provided me with a list of the materials we would need for the preparation of Bob's body. I filled laundry baskets with towels and aprons, candles and creams, etc., and stored them upstairs, ready and waiting.

Sunday evening we brought down the baskets. Sarah got out a handbook that told her step by step what to do. Holly helped her. I called Hospice to let them know Bob died. A nurse came right over to verify the death and to help with a few tasks Sarah and Holly were willing to yield to the professional, removing the catheter, for instance.

We had discussed this plan with our regular hospice nurse and social worker. The social worker was a first generation Italian woman and had seen similar approaches to death and undertaking among her relatives in Italy. She loved what we were doing. It was a new idea to the others in our local Hospice office, but they were supportive as always. Our file included special instructions for whatever nurse was on duty when Bob died, so there was no confusion when the time came, no awkward questions. There was only the usual hospice compassion and expertise.

I did not help Sarah and Holly prepare Bob's body. I guess I was exhausted. And I know I couldn't

concentrate on following instructions in a manual. I didn't have to help them. They were doing what they wanted to do and doing it well. I had already done my job, helping Bob the last few steps into the Promised Land. I remember pacing the floor a lot that evening, and talking to people on the phone, but not being helpful.

Max had made the casket some weeks before. It was a simple ply-wood box and on the cover was a removable cross made of cherry, which now hangs in the living room. As soon as he finished the carpentry he realized there would be a problem getting it into the house. Both doors, front and back, opened onto short hallways and right-angle turns. There was no six foot long hall to accommodate a coffin. Well, no matter. With a little help, Max could stand it on end to get it in. It was getting it out that would take the real problem solving. Luckily, Max thought of this far in advance and had time to work out a solution.

Our plan was to have a wake Monday evening, so most of Monday was spent getting ready for that, cleaning the house, preparing some food, settling Bob's body into the coffin, and the coffin into the living room. We had picked out Bob's clothes a few weeks earlier: a dark blue turtleneck and a nice wool plaid shirt from L.L. Bean's. He looked like himself, except so quiet. Sarah and Holly arranged the room and with lamps and candles and flowers. It was beautiful!

I dreaded the wake, having lived through many of them in my childhood and always felt exhausted by them. But I was never as exhausted as my mother and aunts were. Based on that experience, we planned our wake to last only two hours, from four to six, and made it open only to family and very close friends, Bob's band, the women I prayed with, and a few others. To my great surprise it worked really well. It was deeply meaningful to me to share this time with this group of people, and to show off the beautiful work Sarah and Holly had done. In retrospect I wish we had enlarged the list to include a few more friends. The wake, like our daughters' weddings, has become one of those shared experiences that deepen friendships. It is referred to often in conversations.

After everyone else left, Sarah and Holly and I, and our cousin Leslie were alone for the evening. We talked about eating out but lacked energy to get into the car. We all wanted a drink, too, and knew that a single drink would leave us unfit to drive anywhere. Leslie poured drinks for us all and then rummaged through the refrigerator and managed to put together a repast we could enjoy at home.

Half way through the meal we heard an odd noise. It sounded like a critter, but the cat was asleep near us, and the sound seemed too loud to have come from a mouse. Could it be a rat? We've never had a rat in this house! Brave women that we are, we set out to investigate, two going by the front hall and two by the back. We met in the living room by Bob's coffin. No one had spied the critter.

What we did spy was the window which Sarah had opened so the cold November air could help the freezer packs under Bob's body to keep him smelling sweet till Wednesday. On the other side of the

window was a bird feeder that a couple of red squirrels thought of as their private pantry. The screens had been stored for the winter so there was nothing to keep the pair from exploring food sources in the house. The question before us was: Have the squirrels left? Or are they still in the house? Do we put the screen in? Or leave the window open to further invasions? Closing the window was not an option according to Sarah, who clearly knew how to take care of her father's body. We opted to put the screen in, and that proved to be the right choice. There is no evidence that we trapped the little pests in the house.

The next day was Tuesday with nothing on our agenda. We spent much of the day wandering into the living room, to look again at the man who had been the center of our lives for so long. I was grateful to Sarah for the home undertaking that made his body so easily accessible where I could see him and touch him and talk to him any time I wanted. I wanted that a lot that day.

On Wednesday I didn't feel that need. In fact I stayed away from the room that morning as Max and Dick Marchi went over the plan for getting Bob and the coffin out of the house and into Max's pickup. I did come in for one last look at my man. His face had developed a bit of a smirk I'd seen often when he said to the home health aides, "Do what you have to do. Just let me know when you're done, okay?" Max, too, pictured Bob looking down on the whole operation, smirking and chuckling. That night Max actually dreamed it. Working together, Max and his team accomplished their appointed task. Sarah and Max set off for the crematory. Holly followed in her car with the beautiful urn she had gotten from a potter friend to hold Bob's ashes. I stayed home and swept and vacuumed up cedar chips, sustained by the Spirit presence that stayed in the house even after Bob had left.

Because we chose cremation rather than burial, we could have the funeral whenever we wanted. We wanted a date after Liz's law school exams so she and Matt and Janice could be with us. December 15th worked for everyone. I had all the plans made and ready to set in motion, songs chosen, and scriptures, banjos in lieu of flowers around the urn. We opened with "Here in this place a new light is shining. . ." That one was for me, and still is. We closed with "Lord of the Dance" with Tom Block singing for Bob and the band backing him up. That was for everyone who ever heard Bob sing it.

After the funeral and the visiting, I was finally alone with the urn full of ashes and the house full of Spirit, with nothing to do but to figure out who I was when I was no longer Bob's wife and caregiver. The sense of the Spirit's presence stayed with me for weeks, maybe months. As that sense diminished I had a growing sense of the Spirit, and Bob's spirit, staying within me. When I prayed I often sensed Bob and Jesus together responding to my thoughts.

Now, as spring approaches, way too slowly, I don't think so much about who I am. I'm still a mother and grandmother with responsibilities to those great folks. I'm still a friend to many and, God help me, still a property owner which entails heavy responsibilities. Bob warned me that keeping up this

house might prove too much and he may have been right. Most of all, I sense that like Bob, I am a miraculous creation of God, still alive and headed for a new adventure of God's choosing. I think this one will be a journey deep within. I believe Bob has already made this journey through those long quiet weeks he lay on his back. I feel lonely and scared when I think of going off into the unknown. After all Bob was always the family navigator. I hope he can lead the way this time.

* * *

One spring day when the Joyful Sisters were praying together, I had a vision of Bob and me in heaven. We were about eight years old, shiny clean and well-cared-for. Bob had a fresh-from-the barbershop haircut and a dark blue shirt with thin horizontal stripes of a kind "big boys" wore in the '40's. I had braids, of course, and a dress with puffed sleeves and a sash that tied in the back with a generous, symmetrical bow. We held hands and walked down a grassy hill.

It seemed like an enactment of the last few lines of a poem Bob used to ask me to recite. It is W.B. Yeats' Song of the Wandering Aengus. The last lines read:

Though I am old with wandering
Through hollow lands and hilly lands,
I will find out where she has gone,
And kiss her lips and take her hands;
And walk among long dappled grass,
And pluck till time and times are done
The silver apples of the moon,
The golden apples of the sun.

Annabelle Baldwin
Newcastle, ME

Appendix B: Favorite Verses for the Departed
Compiled by CROSSINGS: Caring for Our Own at Death

The Ship

I am standing upon this seashore.
A ship at my side spreads her white sails
To the morning breeze and starts for the blue
ocean.
She is an object of beauty and strength.
I stand and watch her until at length
She stands like a speck of white cloud
Just where the sky and the sea
Seem to mingle with each other.
Then someone at my side says,
"There, she is gone."
Gone where?
Gone from my sight, that is all.
She is just as large in mast and hull and spar
as she was when she left my side
And just as able to bear her load of living freight
to the place of destination.
Her diminished size is in me, not in her;
And just at this moment,
When someone at my side says,
"There, she's gone",
there are other eyes watching her and other
voices ready to take up the glad shout,
"There, she comes!"

~*William Holland*

Our birth is but a sleep and a forgetting,
The soul that rises with us, our life's star,
Hath had elsewhere, its setting,
And cometh from afar.
Not in entire forgetfulness,
And not in utter nakedness,
But trailing clouds of glory do we come
From God, who is our home.

~*William Wordsworth*

Dear God,

Please take the soul and spirit
of this dear departed one
into the sweetest corner of Your mind,
the most tender place in Your heart,
That she, and I, might be comforted.
For now she has gone, and I pray, dear God,
For the strength to remember she has not
gone far.
For she is with You and shall remain so forever.
She remains within me, for we are all in You
together.
The cord that binds us one to the other
Cannot be cut, surely not by death.
For you, dear God, have brought us together,
And we remain in eternal connection.
There is no power greater than You.
Death is not your master, nor mine.
These things I believe and ask my heart to
register.
I surrender to You my grief.
I surrender to You my pain.
Please take care of Your servant,
My dear one who has passed.
And please dear Lord, take care of me.
Amen.

~*Marianne Williamson*

Do not stand at my grave and weep
I am not there. I do not sleep.
I am a thousand winds that blow.
I am the diamond glints on snow.
I am sunlight on ripened grain.
I am the gentle autumn rain.
When you awaken in the morning's hush,
I am the swift uplifting rush
of quiet birds in circling flight.
I am the soft star that shines at night.
Do not stand at my grave and cry.
I am not there. I did not die.

~*Author Unknown*

The Rose Beyond the Wall

A Rose once grew where all could see,
Sheltered beside a garden wall,
And, as the days passed swiftly by,
It spread its branches, straight and tall...
One day, a beam of light shone through
A crevice that had opened wide –
The rose bent gently toward its warmth
Then passed beyond to the other side...
Now, you who deeply feel its loss,
Be comforted – the rose blooms there –
Its beauty even greater now,
Nurtured by God's own loving care.

~Author unknown

The Weaver

My life is but a weaving
Between my lord and me,
I cannot choose the colors
He worketh steadily.
Oftimes he weaveth sorrow,
And I in foolish pride
Forget He sees the upper
And I, the underside.
Not 'til the loom is silent
And the shuttles cease to fly
Shall God unroll the canvas
And explain the reason why.
The dark threads are as needful
In the Weaver's skillful hand
As the threads of gold and silver
In the pattern He has planned.

~Author unknown

We Remember Them

In the rising of the sun and in its going down
We remember them.
In the blowing of the wind and in the chill
of winter,
We remember them.
In the opening of buds and in the rebirth
of spring,
We remember them.
In the blueness of the sky and in the warmth
of summer,
We remember them.
In the beginning of the year and when it ends,
We remember them.
When we are weary and in need of strength,
We remember them.
When we are lost and sick at heart,
We remember them.
When we have joys we yearn to share,
We remember them.
So long as we live, they too shall live,
for they are now a part of us,
As we remember them.

~Author unknown

Appendix C: Autopsy & Organ/Body Donations

Autopsy

If there is an autopsy, you will probably need the services of a funeral director if you desire a viewing of your loved one. For the preservation of the body, funeral homes will usually transport it to their establishment. In some cases, such as when there has been a disfiguring accident, a viewing may not be possible. A full autopsy involves observation and identification of external injuries, abnormalities, etc., opening the head and abdominal cavities, weighing and checking the internal organs, and a toxicological exam. The care and capabilities of doctors performing autopsies varies considerably, as does the condition of the body when the autopsy is completed. It takes expertise to return your loved one to a viewable condition. This is work that funeral homes normally do. It might not be possible to see your loved one as you remember him. You should make decisions only when fully informed. Under certain circumstances, it might be best to choose to have a closed casket. If you want to bring your loved one home under any conditions, you have the right to do this. It is important, however, to know your situation and to be working with physicians and medical staff whom you trust. If you use a funeral director, it is important to understand the costs of her services. Be clear about which services you desire, and which ones you do not want. Have a friend accompany you in your negotiations with a funeral director. This is especially important in the case of an unexpected death. People are emotionally vulnerable at such times, and having a level-headed aide will ensure that final negotiations are to your satisfaction. In general, you should also think about which services you would like to handle yourself. For instance, do make-up and cosmetics bring you closer to the experience you desire in caring for your loved one? If so, perhaps you would like to apply them to your loved one yourself.

Organ Donation

If your loved one is an organ donor, you will probably be faced with a similar situation to that described above, although usually much greater care will be given to the body by the physician involved. One of the difficulties is that when an incision is made after death, the body no longer heals itself. As with autopsies, there are processes and procedures for keeping bodily integrity after death; however, extra care may be needed. The degree of difficulty of dealing with the body of a loved one after organ donation is in direct proportion to how much was donated. There is a great difference between the donation of corneas and the donation of skin tissue, for example.

Medical Donations

If your loved one's body is being donated to a medical institution, then check on its procedures for pick-up and transportation. Depending on the institution and distance involved, you may be responsible for some of the costs, and a three-day vigil at home may not be an option.

Appendix D: Death Certificate Instructions

(We gratefully acknowledge Lisa Carlson, author of *Caring for the Dead: Your Final Act of Love*, for granting permission to use this material.)

If you assume responsibility for death arrangements without the use of a funeral director, it will be up to you to be certain that a death certificate is properly completed and filed in the appropriate municipal or state office.

All death certificates are based on the U.S. Standard Certificate of Death, although there may be slight variations in some states.

The death certificate will be provided, and partially filled out, by medical authorities. In most cases, the person doing this will be the attending physician, the family doctor, or the coroner or medical examiner. In a few states, the physician expects the funeral director to supply the death certificate. If that is the case, you will have to obtain a blank death certificate from the department of health or vital records. In some states, under specific circumstances, when a death is expected, the death certificate may be filled out ahead of time. A registered nurse may be able to declare death. A physician, however, must sign the death certificate. If you have any questions, check with your family doctor or local health department.

Medical authorities will fill out only the portion of the certificate having to do with medical information, including the cause of death. The remainder is filled out by the “funeral director or person acting as such.” If you fill it out, you are the “person acting as such.”

The personal (non-medical) information must be provided by a specific family member or friend, who is referred to on the form as the “informant.” Even if the form is filled out by a funeral director, the “informant” should be certain that the information is accurate and complete. When there is no funeral director, the “person acting as such” is often also the “informant.”

The form is not complex. However, it must be completed in a careful, conscientious manner. Any error or omission, even in the portion that is filled out by a doctor, can delay your plans for disposition of the body or subject family members to questioning at a later date.

The following general and line-by-line instructions are condensed from the guidelines provided to funeral directors and doctors by the U.S. Department of Health and Human Services. Please do not be deterred by the length of the instructions; the form is much shorter. But since every death is different, it seems important to list rules covering as many contingencies as possible.

General Instructions for Death Certificate

The persons responsible for providing the information are: a) the attending physician or medical examiner or coroner, and b) the "informant." In designating an "informant," the following order of preference should be used, if possible: the spouse, one of the parents, one of the children of the decedent, another relative or close person who has knowledge of the facts.

- **Type all entries whenever possible.** If a typewriter cannot be used, print legibly in **BLACK** ink.
- **Complete each item,** following the specific instructions for that item.
- **Do not make alterations or erasures or use "white out."**
- **Obtain all signatures as (in person) originals.** Rubber stamps or other facsimile signatures are not acceptable.
- **File the original certificate with the registrar or office of vital statistics.** Reproductions or duplicates are not acceptable. Certified copies may be obtained from the registrar, for a fee, for use in probate, Social Security notifications, and any other purpose for which proof of death is necessary. We recommend getting 8 to 12 raised seal copies for legal purposes. These are needed for insurance, banking, and legal filings and changes.
- **Avoid abbreviations** except those recommended in the specific item instructions.
- **Verify the spelling of names,** especially those that have different spellings for the same sound (Smith or Smyth, Gail or Gayle, Wolf or Wolfe, etc.).

If problems arise that are not covered by these instructions, check with the state office of vital statistics or with a local registrar.

Line-by-Line Instructions for Death Certificate

The items below will be included on any death certificate, although the sequence may vary in some cases. The only significant exception is that a different form is used for fetal death reports. Included are instructions for the sections which must be completed by the physician or coroner. A complaint by registrars is that doctors whose priority is keeping people alive and healthy sometimes make hasty errors on death certificates. Since an error, even a simple one such as a signature on the wrong line, can delay body disposition, it may be worthwhile to check the medical portions of the form. The numbers on the form may vary slightly, depending on the state and whether it originated with an attending physician or coroner.

1. **Decedent-Name: First, Middle, Last.** Do not abbreviate.
2. **Sex.** Enter "male" or "female." Do not leave blank.
3. **Date of Death (Month, Day, Year).** Enter the full or abbreviated name of the month (Jan., Feb., March, etc.). Do not use a number for a month. If the person died at midnight, the date of the death

is considered to be at the end of one day, rather than the beginning of the next.

4. **Race-White, Black, American Indian, etc.** (specify). For groups other than those listed in the question, the national origin of the decedent should be listed (Chinese, Japanese, Korean, etc.). The information provided on this line is used for studies of health characteristics of minority groups, planning and evaluation of health programs, and in making population estimates.
5. **Age.** There are three lines, only **one** of which should be filled out. **5a** is used if the decedent was over a year old. The person's age in years as of the last birthday, should be entered. **5b** is used for infants who died between one day and one year of age. Enter the age in completed months, or if less than one month, completed days. **5c** is used when an infant dies within the first day after birth. Enter the age in hours, or if less than one hour, in minutes.
6. **Date of Birth (Month, Day, Year).** Use the full or abbreviated name of the month, rather than a number.
7. **Place of Death.** In **7a** and **7b**, indicate the county and city or town where death occurred. In **7c**, indicate the hospital or other institution where the person died. If death occurred at home or at another location, indicate the street address. **7d** should be filled out if the person was pronounced dead at a hospital or other institution. It indicates whether the person was dead on arrival, or whether the person was being treated as an inpatient, outpatient, emergency room patient, etc. If death occurred in a moving conveyance other than en route to a hospital, enter as the place of death the address where the body was first removed from the conveyance. If death occurred in international waters or airspace, or in a foreign country, contact the state office of vital statistics for instructions.
8. **State of Birth.** (If not in the U.S., name the country.) If you know the person was born in the U.S. but don't know which state, enter "U.S.-unknown." If no information at all is available regarding the place of birth, enter "Unknown." *Do not leave this space blank.*
9. **Citizen of What Country.** If the decedent was born or naturalized as a U.S. citizen, simply enter U.S.A. If the person was a citizen of another country, filling out this item will allow notification of officials of that country.
10. **Married, Never Married, Widowed, Divorced** (specify). Enter the marital status at the time of death. A person is legally married even if separated. If marital status cannot be determined, enter "Unknown." *Do not leave this space blank.*
11. **Surviving Spouse (if wife, include maiden name).** If the person was married, this information is necessary for insurance and other survivor benefits.
12. **Was Decedent Ever in U.S. Armed Forces?** (Specify Yes or No.) If veteran status cannot be determined, enter "Unknown." *Do not leave blank.*
13. **Social Security Number.** This is useful for identification and facilitates any Social Security claims.
14. **Occupation and Industry of Decedent.** This information should be filled in if the person was 14 or more years of age, even if he or she was retired, disabled, or institutionalized at the time of death. Line **14a** lists person's "usual occupation." This does not necessarily mean the person's last occupation before death. Enter the kind of work the person did during most of his or her working life, such as claim adjuster, farmhand, coal miner, housewife, civil engineer, etc. "Retired" is not an acceptable

entry. "Student" is an appropriate entry if the person was a student at the time of death and was never regularly employed. Line **14b** lists the kind of business or industry to which the usual occupation was related, such as insurance, farming, hardware store, government, etc. Do not enter the name of the firm or organization.

15. Residence of Decedent. This is where the person actually resided, and may be different from the "home state," "voting residence," "legal residence," or "mailing address." Never enter a temporary residence such as one used during a visit, business trip, or vacation. However, the place of residence during a tour of military duty or attendance at college is not considered temporary, and should be entered as the place of residence on the death certificate. Also, persons who at the time of death were living in institutions, where individuals usually stay for a long period of time, such as nursing homes, mental institutions, penitentiaries, or hospitals for the chronically ill, are residents of the location of the institution. If the decedent is a child, residence is the same as that of the parents (or custodial parent) or legal guardian, unless the child was living in an institution where individuals usually stay for long periods of time, as indicated above. The residence information is divided into lines **15a** through **15e**. The individual lines are for the state; the county; the city or town; the street and number (if no number and street name, enter RFD number or post office box number); and whether the person resided within the municipal boundaries of the city or town.

16. & 17. Parentage. Enter the full names-first, middle, and last-of the decedent's father and mother. The mother's maiden name is requested. The justification for this is that the information is useful in tracing of family trees.

18. Identity of informant. Enter the name and full mailing address of the person who furnished the personal facts about the decedent and his or her family. If you are the principal source of information, enter your own name and mailing address. The "informant" may be contacted if there are inquiries to correct or to complete any items on the death certificate.

19. Type and place of Disposition. Line **19a** asks whether the type of disposition was burial, cremation, entombment, removal, or other specified disposition. If a body is to be used by a hospital or medical school for scientific or educational purposes, enter "Removal-Donation," and specify the name and location of the institution in the later lines. Line **19b** asks the name of the cemetery, crematory, or institution, and **19c** asks the location (city, town, and state).

20. Funeral Service License Information. Line **20a** is signed by the "funeral service licensee or person acting as such." If no funeral director is involved and you are completing the death certificate, your signature should appear here. Line **20b** asks the "name of facility." If no funeral director is involved, you may avoid confusion by entering your relationship to the deceased or, if you are working with a church group, the name of the church group. Similarly, on line **20c**-which asks the "address of facility" - you may wish to enter your home address or the address of the church group.

21. Certification: Physician. This should be filled out by the attending physician or family doctor. If certification is required by the medical examiner or coroner, this space should be left blank. As the "person acting as the funeral director," your only role is to be sure the lines are filled in correctly to avoid later inconvenience for you or family members. Line **21a** asks for the signature of the doctor who certifies the death. Line **21b** asks the date (month, day, and year) the certificate was signed.

The full or abbreviated name of the month, rather than a number, must be used. Line **21c** asks the exact time of death (hours and minutes), according to local time. If daylight savings time is the prevailing time where death occurs, it should be used. "12 noon" or "12 midnight" should be entered as such; otherwise "A.M." or "P.M." should be noted. Line **21d** asks the "name of attending physician if other than the certifier." If the certifier is the attending physician, that space should be left blank.

22. Certification: Medical Examiner or Coroner. This should be filled out *instead of 21* if a medical examiner or coroner is involved. Lines **22a** through **22c** are identical to their counterparts in **21**. Lines **22d** and **22e** ask the month, day, year, hour, and minute the person was pronounced dead.

23. Name and Address of Certifier. The name and address of the person whose signature appears in items **21a** or **22a** should be typed or printed.

24. Registrar-Signature and Date Received. The local official (registrar) will sign and date the form here at the time it is filed.

25. Cause of Death. This section must be filled out by the physician, coroner, or medical examiner whose signature appeared on lines **21a** or **22a**. It is extremely important that the section be filled out properly, so the "person acting as funeral director" should review it to be sure that there are no hasty errors. The section is divided into two parts.

Part I. Only one cause of death is to be entered on each line of Part I. The general mode of dying (e.g., heart failure, respiratory failure, senility, or old age) should not be stated at all since it is no more than a symptom of the fact that death occurred. Most everyone gets old, and heart and respiratory failure occur in 100% of the deaths.

Line a asks the immediate cause of death. This is the disease, injury, or complication that directly preceded death. It can be the sole entry in the cause of death statement if only one condition was present at death. *There must always be an entry on line a.* In the case of violent death, enter the result of the external cause (e.g., fracture of vault of skull, crushed chest, etc). In the case of a specific cancer or injury, the site should be noted as well (e.g., pancreas, left lung, etc.).

Line b asks what disease, injury, or complication, if immediate cause of any, gave rise to the direct or immediate cause of death reported above. This condition must be considered to have been the antecedent to the immediate cause. If it is believed to have prepared the way for the immediate cause, it can be considered as antecedent even if a long period of time has elapsed since its onset. In case of injury, the form of external violence or accident is antecedent to an injury entered on line **a** and should be entered on line **b** although the two events are almost simultaneous (e.g., automobile accident, struck by a falling tree, etc.).

Line **c** asks what condition, if any, gave rise to the antecedent condition on line **b**. If the decedent had more than three causally related conditions leading to death, the person should add lines **d**, **e**, etc. The final line should state the condition which the physician feels is the underlying cause of death, i.e., the condition that started the sequence of events between normal health and the imme-

mediate cause of death. Health departments complain that this section is often in default by the medical persons completing the certificate. *If the attending physician is other than the usual family doctor, your help may be invaluable in giving the medical history needed here.*

Space is provided at the end of lines a, b, and c for recording the interval between onset and death for immediate cause, antecedent condition, if any, and underlying cause. These intervals usually are established by the physician on the basis of information available. The time of onset may be obscure or entirely unknown, in which case the physician can state that the interval is "unknown." This space should not be left blank.

Part II. Record on this line any other important disease or condition that was present at the time of death that may have contributed to death but was not related to the immediate cause of death. For example, a patient who died of metastasis from carcinoma of the breast may also have had a hypertensive heart disease that contributed to the death. In this case, the hypertensive heart disease would be entered in Part II as a contributory cause of death.

- 26. Autopsy.** Enter "Yes" if a partial or complete autopsy was performed. Otherwise, enter "No." *Do not leave this space blank.*
- 27. Was Case Referred to Medical Examiner or Coroner?** Complete this item when the cause of death is certified by an attending physician. Enter "Yes" if the medical examiner or coroner was contacted in reference to the case; otherwise enter "No."
- 28. Accident or Injury.** Fill out this section if death resulted from an accident or injury. In most instances, such deaths are certified by a medical examiner or coroner, who will complete this section. Otherwise, it should be completed by the attending physician. In line **28a**, specify whether death was caused by accident, suicide, homicide, undetermined, or is pending investigation. In lines **28b** and **28c**, enter the year, month, day, and exact time of the injury. (As always, use the full or abbreviated name of the month, not a number.) Line **28d** asks for a description of how the injury occurred. Use a concise statement, such as "fell off ladder while painting house." Line **28e** asks whether the injury occurred at work. Enter "Yes," "No," or "Unknown." In line **28f** enter the type of place where the injury occurred (home, farm, street, factory, office building, etc.) In line **28g**, enter the complete address of the location of the injury.
- 29. Origin or Descent.** An additional question regarding origin or descent is asked on the death certificates of many, but not all, states. The question takes two forms. The first is: "Was the decedent of Spanish origin?" Specify "Yes" or "No." If "Yes," specify Mexican, Cuban, Puerto Rican, etc. The second form of the question is: "Origin of descent" (e.g., Italian, Mexican, Puerto Rican, English, Cuban, etc.) Specify. For the purposes of this question, origin of descent refers to the nationality group of decedents or their ancestors before their arrival in the United States (except for American Indians and Alaskan natives). There is no set rule on how many generations are to be taken into account in determining ethnic origin. A person's origin may be reported based on the origin of a parent, grandparent, or some far-removed ancestor. The response is to reflect what the person considered

himself or herself to be, and is not based on percentages of ancestry. Multiple origins (e.g., English-German) may be entered if the person identified with both or all. If the person did not particularly identify with a foreign birthplace or nationality group, it is entirely appropriate to enter "American."

It is not appropriate to enter the name of a religious group (Jewish, Moslem, Protestant, etc.) The question refers only to country of origin or nationality group.

It should also be noted that this question is entirely separate from the racial question 4. In some cases (e.g., Japanese, Chinese, etc.), the answers may be the same, but responses to both questions are requested.

Appendix E: Declaration Regarding Disposition of Physical Body After Death

I, _____, after thoughtful deliberation, being of sound mind and more than 21 years of age, in exercise of my paramount right to direct the manner of disposal of my physical body after my death, and in order to state clearly my direction, do willfully and voluntarily make this Declaration and do hereby declare:

FIRST Autopsy is a violation of my spiritual convictions and religious beliefs and therefore no autopsy shall be performed upon my physical body under any circumstances.

SECOND After death has taken place, my physical body shall not be embalmed or in any way artificially preserved, except by means of refrigeration, ice, or dry ice.

THIRD For 72 hours after death has taken place, I request that my next of kin take custody of my body and exercise their right to care for and dispose of my body. If no next of kin is available for this, then I request that friends or my religious group be allowed to care for and dispose of my body. If this is not possible because of the laws of the state, I request that my family, friends, and acquaintances have access to the presence of my physical body in order to take part in prayer, read spiritual literature, and perform any practices associated with care of the body after death.

FOURTH I request that my family, friends, and religious group make the following Funeral Service arrangements:

FIFTH No fewer than 72 hours after my death, my physical body shall be (buried)(cremated). If cremation is chosen, my ashes shall be disposed of as follows:

SIXTH The directions herein expressed are based upon my deeply held philosophical conviction, religious belief and spiritual practice.

SEVENTH I have made a firm and settled commitment, while competent, to express the directions stated herein, which are of great importance to me. I request that my directions as herein expressed be given precedence and controlling force over all other interest by any judge or court or other public authority. I request that my relatives and friends respect the directions expressed herein.

EIGHTH This Declaration shall remain in effect indefinitely unless I revoke it.

NINTH I understand the full import of this Declaration and I am emotionally and mentally competent to execute it.

IN ACKNOWLEDGEMENT WHEREOF, I affix my signature on this Declaration, in the presence of the Witnesses whose names appear below and request that they witness my signature on

this _____ day of _____, _____ (year)

at the City of _____, County of _____,

State of _____.

DECLARANT

STATEMENT BY WITNESSES:

_____, the Declarant, signed this instrument in my presence. The Declarant is personally known to me and is, to my judgment, of sound mind, of full mental capacity, and emotionally and mentally competent to express (his)(her) desires. I am at least 21 years of age.

Witness name: _____

Witness name: _____

Address: _____

Address: _____

Date: _____

Date: _____

Signature: _____

Signature: _____

Appendix F: Unusual Circumstances and Complications

The following information was compiled by Erika Nelson, funeral director extraordinaire in Ann Arbor, Michigan, in response to the concerns of another funeral director who was skeptical of the ability of family members to handle caring for the body of a loved one. It describes special situations that Crossings has not encountered in 10 years of home death care work (other than a bedsore or two). We offer this information so that you know how to handle worst case scenarios. Please do not allow it to frighten you away from home death care. The overwhelming majority of deaths will not require the information contained in this section.

Fluids and Bed Sores

Some conditions might cause problems for an at-home vigil. It is true that many bodies have the potential to leak fluids; however, if you use protective garments, as you would on an incontinent person, the clothing/bedding will be protected. My experience with things like small cuts or tears in the skin and IV needle holes, etc, is that you can simply bandage them tightly, as you would to prevent bleeding on a living person. Use medical tape and cotton squares on effusive wounds. As far as things like bed sores, DuoDerm bandages are the most effective, and would be sufficient to seal a decubitus ulcer. DuoDerm bandages are very expensive, but they are something that places like Rite Aid or Walgreens carries. Some are 12" x 12" - large enough to cover and seal in even the most gruesome bed sore. They are also things that families may have left over when a hospice patient dies. Hopefully, the body with the bed sore was having it treated by a nurse, who would have access to the left over DuoDerm pads.

Obesity

This may cause complications for an at-home funeral. Not only would the extra weight make moving or turning the body that much more difficult, but the dry ice may not be as effective at cooling the internal organs. People tend to hold their fat deposits on the front of the body, so dry ice underneath should work, but it depends on the size of the person. With a very obese person, it should go without saying that proper cleansing of all of the skin surfaces, in all of the skin folds, is important. Since pre-existing fungal infections and small tears in the loose skin folds could be a problem, something like a medicated anti-fungal powder, cream or spray, like for athlete's foot, might be helpful to prevent odor or additional breakdown or cracking of the area. When moving the body, extra care must be taken not to put too much stress on any one area of skin, as tearing could be an issue - use one of those quilted bed pads or a sheet (or a couple of sheets to increase strength) to move/turn the body, rather than the relatively small pressure points of using hands on the body directly (think snowshoe rather than high-heeled shoe).

Edema

If you see that fluid is building under the skin in blisters, you can drain the blisters simply by lancing the blisters and soaking up the fluids. Wrapping the area (usually lower legs or arms) with an absorbent material for some time and then replacing the covering and using a wrapping of saran wrap or other plastic covering to prevent wicking of the fluids onto the clothing should be sufficient. Again, with proper cooling, the area should not decompose all that much more rapidly than any other area. Changing the absorbent material every few hours as needed would also help. This is going to sound strange, but I purchased a breast pump, with its wide aspiration surface and thought "this would be great for suctioning edema blisters or other wound effluent off of skin". Let necessity be the mother of invention.

Tissue Gas

This is a concern if there is a perforation in the bowel. The ironic thing is that most cases of tissue gas are actually caused by perforating the bowel with the trocar during embalming and then spreading the infecting organism, *C. perfringens*, with the dirty trocar into areas that are not treated with adequate chemical infusion. Anyway, *C. perfringens* comes from the bowel (we all have it inside us at any given time) or from soil or other surfaces in the environment. Cases where the body experienced an injury on the ground, like "road rash" are especially likely to have infections of such bacteria. The scraped skin should be properly disinfected and dressed, as if the person was alive, in order to prevent those bacteria from causing problems. Tissue gas can result in gangrene. The symptoms are blackening of the skin, strong odor and distention of the skin as gases created by the bacteria swell under the skin. The skin "crackles" a bit like tissue paper when you touch it because the gas underneath is moved around by your touch. There is no way to prevent the spread of the bacteria when it gets started, other than blocking it with the injection of embalming chemicals. This infection spreads very quickly, with unpleasant effects becoming obvious within 2-6 hours. Therefore, if the darkening of the skin or the swelling of the skin start to become apparent, it is important to begin plans to move directly to the disposition.

Other Infections

Some of these like MRSA or other staph infections could be infectious and would need to be properly disinfected. Disinfectants, like hydrogen peroxide or iodine can also be used and should be allowed to work on the site for at least a few minutes, so a compress or basin should be used to keep the disinfectant on the site until the bacteria is surely destroyed. Afterwards, the area should be tightly bandaged and dressed. Obviously, disposable gloves and gowns should be used to protect the caregiver from exposure or transmission to others. The CDC put out this information about disinfection in cases in of MRSA: http://www.cdc.gov/ncidod/dhqp/ar_mrsa_Enviro_Manage.html#8

As far as **HIV** goes, you can only contract HIV through exchange of body fluids, just as when the per-

son was alive. If the bathing is done with gloves, a gown and some common sense, and any leaking is sealed with protective bandages and garments, then risk is no longer an issue. Obviously, the caregiver should use extreme caution if he or she has any cuts or wounds him or herself and should ask someone else to care for the body if the cut or wound is not protected by an impervious dressing, glove or the like. <http://www.cdc.gov/mmwr/preview/mmwrhtml/00023587.htm>

Pathogens can be blood-borne or airborne. Some people incorrectly think that blood-borne pathogens suddenly become airborne after death. Blood-borne pathogens do not become airborne pathogens. With airborne illnesses like the **flu or TB**, it is important to place a cloth or surgical mask over the mouth and nose of the body while turning or compressing the chest of the body at all. This will express the air in the lungs, which will be caught in the cloth or mask, rather than being breathed in by others. The danger is that disease pathogens will be included in droplets of moisture expressed with the air and inhaled by others. Dispose of the cloth or mask when all of the air has been expressed. The family should be especially careful about this, even if there was no diagnosed TB or flu, if the person was coughing, sneezing, hacking, or wheezing. They probably would have been exposed to any illnesses already, just through the care giving relationship, but if the caregivers in death are different than the caregivers in life, then the protective measures make sense. Also, the room should be kept as ventilated as possible - open windows and doors, turn on fans to reduce the concentration of droplets in the air to be inhaled. The concentration of droplets is what makes transmission likely, not simply the presence of diseased droplets, so spreading the air out doesn't spread the disease further, it decreases the likelihood that anyone will inhale a high enough concentration of droplets to get sick. See: www.cdc.gov/niosh/nas/RDRP/appendices/chapter6/a6-13.pdf

In talking with a colleague, a funeral director and home funeral guide in Seattle, I heard the story of a woman who had a skin infection and horrible odor as the result of a large **tumor** that had broken through her skin when she died. The caregivers were very concerned about the odor and didn't know if a home wake would be possible. Char literally froze the area by creating a dry ice compress, which eliminated the odor. The area was simply kept frozen for the duration of the wake and the odor was not an issue. The offensive bacteria were frozen, so they were not able to create odiferous gases.

That being said, a whole body infection, like **septicemia**, could be a real problem. I've embalmed bodies with septicemia, a virulent blood infection, and I can tell you that I would have concerns about the odor and the rate of decomposition. If you have ever had or cared for someone with a bad urinary tract infection and smelled that infection smell from the urine, you know what the entire body smells like with an advanced septicemia patient. The blood looks like diarrhea, yellow-brown, and the odor is horrible. Other than a massive trauma or burn case, or tissue gas, septicemia is probably the least appropriate case for at home wakes, in my opinion...

I think that probably the one thing that people might forget about which could make a real differ-

ence as far as odor is the **cleansing of the mouth**. I suspect that swabbing the mouth with antiseptic mouth wash, especially after any purging of fluids, and making sure that the teeth and tongue are thoroughly cleaned would make a big difference with odor. A baby aspirator can be used to suction fluids from the nose or mouth.

For wound closure in the funeral home, we use a drying powder in the wound/cut before sewing and rubber cement to seal stitching in the skin. I realize that un-embalmed bodies would leak more when gravity is bringing fluids out of the underside of the body, but for the top surface of the body, where gravity is actually working for us, and wicking into clothing is the issue, I would imagine that cornstarch and a seal of rubber cement might help.

Appendix G: Additional Resources and Recommended Reading

Books:

Caring for the Dead: Your Final Act of Love, by Lisa Carlson (Upper Access Press, 1987)
www.funeralethics.org

The American Way of Death, by Jessica Mitford (Knopf, 1998)

Living Into Dying: A Journey of Spiritual and Practical Deathcare For Family and Community, by Nancy Jewel Poer
www.nancyjewelpoer.com

Alison's Gift, by Pat Hogan (Nosila 1999)
Available through www.Crossings.net

Grave Matters: A Journey Through the Modern Funeral Industry to a Natural Way of Burial, by Mark Harris. (Scribner, 2007)

Be a Tree: the Natural Burial Guide for Turning Yourself into a Forest, by Cynthia Beal. (New Society Publishers, 2009).

Staying Connected: How to Continue Your Relationships with Those Who Have Died, by Rudolf Steiner (Anthroposophic Press, 1999)

Other Resources:

CROSSINGS, Takoma Park, MD
www.Crossings.net

You can join our listserv (an online email discussion group) from the link on our website home page

FINAL PASSAGES, Sebastopol, CA
707-952-6666, www.finalpassages.org

NATURAL TRANSITIONS, Boulder, CO
303-443-3418, www.naturaltransitions.org

FUNERAL CONSUMER'S ALLIANCE
(800) 765-0107, www.funerals.org

NATURAL BURIAL COMPANY

503-493-9258, www.naturalburialcompany.com

GREEN BURIAL COUNCIL

888-966-3330, www.greenburialcouncil.org

FUNERAL ETHICS ORGANIZATION

www.funeralethics.org

FOREST OF MEMORIES (for a listing of green burial sites in the country)

www.forestofmemories.org

MEMORIAL ECOSYSTEM (for the forerunner in Eco Burial)

www.memorialecosystems.com

GRAVE MATTERS has a weekly blog on home funeral/green burial matters

www.gravematters.us

TRAPPIST CASKETS AND URNS

www.trappistcaskets.com

SUSTAINABLY HARVESTED SIMPLE PINE BOXES

www.kentcasket.com

Stay In Touch

Please share your own experience.

If you would like to learn more about home death care, please consider attending a Crossings workshop. Workshops taking place through the country are listed on our website. Consider sponsoring a workshop in your area. Many workshop participants have founded support networks in their local areas to help one another in the event of a death. The goal of the workshop is for all participants to be self-sufficient in home after-death care at the conclusion of the day.

We are a non-profit corporation, and rely on donations and fees for our educational services to continue our work. At this time we can only offer phone consultation on an appointment basis. If there is an emergency, we will do whatever we can to respond in a timely way. You may call us at 301-523-3033 or email us at crossings@crossings.net. Please also visit our web site at www.crossings.net.

Blessings and peace on your journey!

This guide was written by: Elizabeth Knox, Alice Trembour, Romey Pittman & Pat Hogan.