

# EMBALMING CASE REPORT

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

## (CONDITION OF BODY- PRE-EMBALMING)

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

## (EMBALMING TECHNIQUES)

INJECTION ARTERIES \_\_\_\_\_ INJECTION VEINS \_\_\_\_\_

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

## (CAVITY TREATMENT)

CHEMICAL \_\_\_\_\_ INDEX \_\_\_\_\_ OZ \_\_\_\_\_

## (AUTOPSY CAVITY TREATMENT)

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

## (EMBALMING RESULTS)

WAS EMBALMING COMPLETED WITHOUT INCIDENTS? YES \_\_\_\_\_ NO \_\_\_\_\_

REMARKS \_\_\_\_\_

TIME EMBALMING BEGAN \_\_\_\_\_ TIME EMBALMING ENDED \_\_\_\_\_

EMBALMER'S NAME (Please Print) \_\_\_\_\_

EMBALMER'S SIGNATURE \_\_\_\_\_ LIC. # \_\_\_\_\_