



Home Funerals 101:

Making Informed Decisions

How to Care for the Body

PART 1: Making Informed Decisions

Mission

The National Home Funeral Alliance's mission is to educate the public regarding their natural and legal rights to care for their own deceased loved ones. The primary focus of this document is to provide guidelines and give encouragement to those who choose to care for their own dead. The NHFA believes that it is one's privilege and responsibility to take charge when it comes to managing death care within our own communities.

In this document we can't offer every instruction for every circumstance, nor can we make any promises, other than this: a home funeral might be the best and hardest thing you'll ever do. Oftentimes, we must figure it out as we go along. If you know the basics and have the desire to create a truly special and transformative event, *you can do it*.

What is a Home Funeral?

A traditional home funeral, also known as family directed after-death care:

- is a family centered response to death
- allows time to honor the life of the departed and may involve
 - family doing the necessary paperwork
 - transportation
 - body care
 - ceremony
 - making caskets, urns, shrouds, etc.
 - disposition of the body
 - having them lay in honor in the home for one, two or three days

Why have a Home Funeral?

- emphasizes the family maintaining control in the days following a death
- offers a beautiful and healing experience for loved ones
- is often more affordable and respectful to the environment than contemporary funeral industry-led funerals

Home Funerals — Yesterday and Today

People from all cultures have been caring for their dead regardless of the climate, type of illness, age of deceased, or traumatic circumstance surrounding the death for millennia. In the United States, this practice continued until the beginning of the 20th century. Unfortunately, it has become a common belief that individuals are no longer able to care for their own deceased loved ones and hired funeral professionals must provide the care. This is not the case.

At present time, families can take care of everything that is necessary on their own without hiring a funeral director in 41 states. In the other 9 states (*NY, NJ, NE, IL, FL, LA, MI, IN, CT, IA*) the law impedes families from completing all tasks and may require hiring a funeral director to provide specific services. These usually include filling out paperwork and transportation, but hands-on care is still an option for families if that is desired. Regardless of where you live, you have the right to provide much, if not all, of the care necessary. Other than the legal requirements in your region, there is no right or wrong way to do things. *Caring for the body of a loved one is safe and possible.*

Is a home funeral the right option for you?

Here are some questions that will help you better gauge whether or not a home funeral is your best choice.

Q. Who makes these decisions?

A. It's *your* choice. Legally, custody and control rest in the hands of the closest of kin as defined by your state law. Our loved one's remains are not the property of any commercial or governmental entity. Families have been caring for their own for thousands of years. With this information and support, you and your loved ones can have control over this profound moment in your family's life and receive enormous personal benefits that come with making these important decisions for yourselves.

Q. How would your loved one want his or her body cared for?

A. This may inform how you decide to move forward. By having such information in writing in an advanced directive or other such document you can feel assured that you are acting on a loved one's known wishes. Many bereaved people take great comfort and pride in fulfilling their loved ones' last wishes.

Q. What are the regulations in your region?

A. It is important that you learn the laws of your state regarding caring for your own. You can obtain this information from a local *Funeral Consumers Alliance* affiliate, by downloading your state's chapter from the book *Final Rights: Reclaiming the American Way of Death*, or by obtaining a brochure specific to your state from the *Funeral Ethics Organization* (see *Resources*). More information can be found in the *Resources* section at the end of this document. You should know which documents you need and the timeline related to each. These include the death certificate, and transport/burial permit/authorization to cremate. The Office of Vital Statistics, Office of Public Health or the County Registrar in your area should be able to tell you where to obtain such documents. Keep in mind when contacting these offices that the person you speak with may not know the laws regarding home funerals, so be prepared!

Q. What's your plan?

A. If time permits, having a plan will help you decide what aspects you would like to do yourself and what you would like others, including funeral directors, to do. Preplanning will allow for others, directly or indirectly involved, to be aware of your intentions and have time to ask questions. Here is a short list of some of the people who may need to know your plan and with whom you will want to coordinate aspects of after-death care.

- Family and friends
- Medical/Hospice staff
- Community members
- Crematory/Cemetery staff
- Funeral directors
- Medical examiner (ME)
- Clergy
- Registry/permit staff/Town Clerk
- Transportation Services
- Celebrant
- Urn/shroud/casketmaker
- Bereavement Support providers
- Hospital/Facility staff

Q. Who is available to help?

A. Make a list of tasks that will be needed and see if you have a group of people available to help you carry them out. It helps to have a team. Some prefer to hire a funeral director to take care of such things as the paperwork or the transportation, while others prefer to do it all themselves.

Some of the tasks are as follows:

1. **Body care** — (*see Caring for the Body below*)
2. **Moving/transporting deceased** — Keep in mind that you will need strong individuals able to lift and carry the body safely. Also, you need to know the regulations regarding how a body can be transported (e.g., open or closed vehicle, rigid container, simple cover).
3. **Paperwork** — Obtain it, fill it out and deliver it to the designated office in a timely fashion. Get extra copies of the death certificate for later use. Copies will be needed for Military/Vet Benefits, banks, Social Security Benefits, insurance, credit cards and other purposes.
4. **Make disposition arrangements** — Make sure that the cemetery or crematorium will accept a body delivered by a family. If you choose to use the services of a funeral director, discuss what you would like for them to do ahead of time. Ask the funeral director for a General Price List (GPL). They should not force you to purchase more than you require or desire, and they should be willing to work with you. If the deceased has a pacemaker and is to be cremated, the pacemaker must be removed prior to cremation.
5. **Make or purchase casket, urn or shroud** — Ask the crematory or cemetery about their container dimension and materials requirements.
6. **Arrange services** *if a formal or religious service is desired* — Contact clergy or another celebrant or invent a ritual yourself. Do you want to have a service in a church or a facility other than your home?
7. **Notify the community** — Call friends, family, co-workers. Contact newspapers if obituaries or memorial notices are desired.

8. **Create a memorial** — Is there some kind of ongoing legacy to be organized? Donating a park bench, implementing a scholarship, or some other meaningful legacy?

Some of these tasks may not be pertinent to your situation, but knowing which ones are and who will be responsible for them in advance can be extremely beneficial.

Q. What to do at the time of death?

A. *If the death was unanticipated*, the police or medical examiner's office must be notified. Be sure to have Do Not Resuscitate (DNR) information available if Emergency Medical Services (EMS), police or medical examiner is sent out.

If death was expected and the person was on hospice, follow the procedures given you by hospice staff. Some hospices require a nurse or doctor to pronounce the time of death; others request that the family report the time. In this situation, there is no emergency that needs to be attended to. Instead of rushing to the phone, you may take time to sit and be present.

Once all calls have been made, the body has been released by the medical examiner's office (*if ME is involved*) and has been brought home from the hospital, nursing home, ME's office or other facility, the home funeral (*aka home vigil*) can begin.

Q. What kind of ritual and/or ceremony should be performed?

A. The choice is yours. Families may choose rituals that have special meaning for them, and can include special words, poems, prayers, chants, and/or activities like singing, painting a casket, or meditation. For some, the whole process of caring for the deceased becomes a ritual; for some, a designated time is set aside for a ceremony; while for others, a service in a church or other house of worship is arranged.

Q. What are the choices for final disposition?

A. Burial in cemeteries and cremation are the most common practices for final disposition. Depending on where you live and the regulations in your area, other alternatives such as burial at sea or natural burial on your own land (*aka home burial*), outdoor pyre, alkaline hydrolysis (*a water-based chemical process for decomposition*), body composting, body donation to medical or forensic facility, promession (*human remain disposal by freeze drying*), or using cremated remains in various ways may be possible. If choosing to have a cemetery burial or a cremation, knowing whether or not a cemetery or crematorium will accept a body directly from a family should be found out sooner than later. Be sure to inquire about cost and inform crematoriums if deceased has a pacemaker.

Once arrangements for the final disposition are settled, initiate a plan for **transportation** of the body. In most states, a family can transport the deceased with the necessary permit and a rigid container. Some states require the casket be transported in an enclosed space. **Note:** *the family may have already transported the body from place of death to another location.*

PART 2: How to Care for the Body

Care of the body engages our hearts, minds, bodies and spirits in a compassionate fashion and usually helps to facilitate healthy grief processes. There is no right or wrong way. The purpose of preparing the body is to prevent any sights and odors that the family/community might wish to avoid during the vigil, and as a symbolic gesture of loving, hands-on care that is usually the last physical contact the family has with the deceased.

The idea of providing body care may be uncomfortable for many people. Because we have become so culturally alienated from caring for our dead, this is understandable. Those who do elect to participate in body care often see their fears disappear. Rather than the mysterious and technically challenging undertaking it is made out to be, body care, like many aspects of home-based post-death care, is a simple, practical task that might be compared to caring for an infant or bed bound patient.

Eyes — If the eyes remain open after death and you wish that they be closed, gently bring lids down over eyes and place small bags of rice or sand (*or other substance that can provide a little weight*) over the eyes and keep in place until lids remain closed. This usually takes a couple hours.

Mouth — If the mouth is open and you wish it to be closed, use a necktie or long thin piece of non-slippery material (*an ace bandage works well*), bring it under the jaw and tie a knot on top of the head. A second person is necessary in order for the mouth to stay closed while the knot is being tied. Keep in place until mouth remains closed without a tie. The time varies on this, though it usually takes 1-2 hours. In some cases, it may be impossible to completely close the mouth in this way.

Rigor mortis (*stiffening of the joints and muscles*) — generally sets in within the first few hours, so having the body bathed and dressed soon after death is recommended. However, if rigor mortis has already set in by time bathing occurs (*or if the body, prior to death was already stiff*), all of the above is possible but may be slightly more challenging. In this situation, an option for **dressing the deceased** (*if regular dressing proves to be too difficult*) is to cut the garment(s) up the back and tuck the sides under the body. Sometimes massaging joints will help loosen them enough to make dressing easier.

Bathing and Dressing

The bathing of the deceased can be an elaborate ritual using essential oils, prayers, candles, music or whatever is desired or it can be a simple act using soap and water. It can take place on a bed or a table, indoors or outdoors. It is important to remember that once the bathing is complete the body will need to be carried to wherever it will be while laying in honor. If prior to death the person was bathed thoroughly, minimal bathing may be necessary.

Bathing area — If the bath occurs on a bed or table, cover the area with a plastic sheet or incontinence pads. Items you need for bathing and dressing may include:

- wash basin
- gloves
- towels, washcloths
- soap
- shampoo
- hair dryer
- fresh sheets and pillowcases
- diapers/incontinence pads
- essential oils
- clothing/shroud/other covering

Essential areas to be washed

Genital and rectal areas are washed well due to the fact that after a death has occurred the bladder and intestines relax and urine and feces can be excreted. Wash and dry these areas thoroughly. We recommend putting on an adult diaper after washing.

Open wounds — Clean and bandage as in life.

Skin folds and creases where skin is touching skin — Wash and dry well.

Mouth hygiene — Thorough oral care should be done. This may need to be repeated at the end of the bath after the body has been turned back and forth several times.

If desired:

- Wash from head to toe (back, front and sides)
- Shampoo hair
- Shave face
- Provide nail care
- Apply makeup

Once bathing is complete, clear area of wet items and replace with clean, dry sheets if staying in place.

Condition of the body — The appearance of the body may change slightly over time. Whether the vigil is 12 hours or 3 days, you will probably notice subtle changes, such as increased paleness, facial changes, and rigor mortis (*as stated above*). The amount of change largely depends on many factors, including: condition of the body prior to death, cause of death, whether or not the body was autopsied, and temperature of body and environment.

Cooling the body — If keeping the body at home for less than 24 hours, turning on the air conditioner or opening windows to let cold air in may suffice. However, if the home funeral is to last for a number of days, other means may be necessary to keep the body cool in order to slow down the process of decomposition.

Embalming is not required.

Dry ice — If dry ice is used there are precautions that need to be followed.

- Never touch dry ice with bare hands; use thick gloves, a potholder or towel.

- Make sure there is good air circulation if you are exposed for more than several minutes to the dry ice prior to placing it on and under body.
- Dry ice is too cold to be used on small children/infants. Use Techni-ice, gel packs, or even ice cubes.
- Dry ice is too cold to cut with a knife or saw. If possible, have the dry ice company cut in 1 to 2 inch layers with suitable equipment. Otherwise, smaller pieces may be created by dropping dry ice on the ground or by using a hammer to break the dry ice in a paper bag. Preferably, this should be done outdoors.

Techni-ice — Advantages of using Techni-ice:

- reusable
- safe to be used on small children/babies
- can be cut into smaller pieces
- multiple sheets can be kept frozen in your freezer until needed
- may be touched by bare hands
- may last longer than dry ice

Ice/gel packs from the local drug store — If neither dry ice nor Techni-ice are available, ice/gel packs may be used. Keep in mind that larger amounts of these will be required and will need to be changed frequently. Depending on the size of the body and the room temperature, this option may not be practical.

Placement

Dry ice — The size of the person and temperature of the room dictate how much dry ice is needed. You can figure that 15-25 pounds a day will be required in most situations. Place each slice of dry ice in a brown paper bag and position 3-4 of these small bags under the back between the base of the head and the pelvis. Another piece should be placed on the belly to slow decomposition of vital organs. To absorb condensation, a large towel may be used over and under bags. Also place a brown paper bag with dry ice on top of the abdomen. This can be removed during viewing or ceremony. On the first day, check the dry ice every couple hours to see if new ice is needed.

Techni-ice — Should be placed under the back between the base of the head and the pelvis, as well as on the chest and belly. Need for replacement should be assessed every couple hours, especially the first 12 hours when the body is warmest. Be sure to have several frozen sheets available at all times. You can order Techni-ice on Amazon.com.

Ice/gel packs — Wrap frozen ice packs in plastic bags, and place under the back between the base of the head and the pelvis, as well as on the chest and belly. Keep others in the freezer and rotate them out as the ice packs melt.

Resources

National Home Funeral Alliance's website — www.homefuneralalliance.org

- Here you can find a list of home funeral educators (*look under Directories*) and resources that may be helpful to you. If at any time you are in need of guidance, please do not hesitate to visit our website or call an NHFA board member.

Funeral Consumers Alliance — www.funerals.org

Funeral Ethics Organization — www.funeraethics.org

Final Rights: Reclaiming the American Way of Death, by Josh Slocum & Lisa Carlson
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