

SOUTH DAKOTA STATE BOARD OF FUNERAL SERVICE TRAINEE CASE REPORT

PLEASE PRINT OR TYPE: Please complete entire form.

Funeral Home Name: _____
Trainee Name: _____ Sponsor Name: _____
Case # _____ of 25 Total Trainee Number: _____
Date Filed: _____ Date Case Completed: _____
Trainee Signature: _____ Sponsor Signature: _____

IDENTIFICATION OF DECEASED

Name of Deceased: _____
Time, Date, and Place of Death: _____
Age: _____ Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Type of Death: _____ (Natural, Accident, Suicide)

PRE-EMBALMING CONSIDERATIONS (Check space and describe below)

_____ External Wounds	_____ Internal Wounds	_____ Gas
_____ Tumors	_____ Colostomy	_____ Purge
_____ Edema	_____ Skin Slip	_____ Other
_____ Post Mortem Pigmentation	_____ Autopsy: _____	_____ Head _____ T/A

Elapsed Time Between Death and Start of Embalming: _____
Elapsed Time Between Start and Finish of Embalming: _____
Other time: _____ (Cosmetising, Post Repair)

EMBALMING

X = Work Done by Trainee

O = Trainee Assisted Licensee

_____ Disinfect Body	_____ Aspirate	_____ Prepare Chemicals
_____ Shave	_____ Make Incision	_____ Raising Artery(s)
_____ Position of Body	_____ Mouth Closure (Method)	_____ Autopsy Repair
_____ Raising Vein(s)	_____ Close Eyes (Method)	_____ Close Incision

Arteries Used: 1. _____ 2. _____ 3. _____ 4. _____

Veins Used: 1. _____ 2. _____ 3. _____ 4. _____

Why Were These Particular Vessels Used:

Method of Injection used: _____ Machine _____ Gravity _____ Hypodermic _____ Trocar

Method Used to Induce Drainage: _____

Fluid Used: (Concentration in Ounces) (Trade Name & Index) (Quantity in Gallons) _____

Pre-injection: _____

Arterial: _____
Cavity: _____
Dye: _____
Other: _____
Parts Receiving Poor Circulation; Treatment: _____

POST EMBALMING

Cosmetics: Type: _____ Where Applied: _____
Method of Application: _____
Restorative Art: (Location, Method, Extent, Technique) _____
Condition of Body at Completion of Operation: _____
Condition of Body at Time of the Service: _____
Describe Any Post Embalming Treatment Required: (Re-aspirate, Cosmetic Touch-up) _____

FUNERAL DIRECTING

Date and Place of Funeral: _____
Number of Persons Assisting with the Service: _____
Work Done by Trainee: (To include, but not limited to)
Removal of Remains: _____
Dressing Body: _____
Setting or Floral Arrangements: _____
Funeral Arrangements: _____
Office Records & Legal Papers: _____
Visitation: _____
Wake Service: _____
Funeral Service: _____
Follow-up Contact: (Insurance) _____
Write a short paragraph describing what you did and learned on this case: _____

For Board Use Only

Reviewed by: _____ Date: _____

Approved : _____ Signature _____ Not Approved : _____ Signature _____

Notes: _____

