

OKLAHOMA

# DIRECTOR

December 2022 • Issue 12

## **WE. MUST. ENGAGE.**

**One director says ignore green burials,  
end-of-life care at your own peril**

**Personalization Lessons  
from Queen Elizabeth's Funeral**

**Moisture Considerations  
During Embalming**





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# INSIDE this ISSUE

December 2022 • Issue 12



## FEATURES

### **We. Must. Engage. . . . . 6**

One director says ignore green burials, end-of-life care at your own peril

By Glenda Stansbury, CFSP

### **More Moisture Considerations. . . . . 10**

By Wally Hooker

### **Lessons from Queen Elizabeth's Funeral: A Personalized Funeral. . . . . 12**

By Marty Ludlum & Kara Gray Ludlum

### **OKFDA New Member Benefit: Funeral Service Credit Union . . . . . 14**

## DEPARTMENTS

### **From Your President. . . . . 4**

### **Board of Governors & District Chairs. . . . . 4**

### **Executive Director Notes . . . . . 5**

### **OKFDA News . . . . . 14**

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## Holiday Greetings from OKFDA

Phillip Hart  
OKFDA President

Thanksgiving has come and gone, but it shouldn't stop us from being thankful each day we live and give. Thankful for a merciful God who loves us, even though we don't deserve it. Thankful for our own families who endure much because of our jobs, and schedules. Thankful that we have our job and that it is one that matters and can actually make a difference in someone else's life. Thankful for friends and church and community. Aren't we blessed!

Death seems to pick up around the holidays. We've all had those years when we can't seem to catch a break and the next call comes right in the middle of that long-awaited turkey dinner. Maybe your head drops for a second

or two, but your countenance remains strong. You excuse yourself and remind your kids that someone has lost a loved one, but we still have ours. They sigh, yet agree, and you to do what you do well – make a difference.

My wife shared a conversation she once had with our kids. The statement was made that, "Dad loves being there for families," and the reply was, "Yah, every family but ours." Ouch! That's an eye opener. As we head into two more fun-filled, yet super busy holidays, remember your own family, as well. Don't over commit to the families you are serving. If they trust you, they will have compassion for your family, too.

If you are the boss at your facility, remem-

ber to be generous during the holidays to those who put out the effort day after day. If you are an employee, encourage your leaders to take time for them and their families. If you have to work during Christmas or New Years, promise your family a special day or two in the coming week or weeks and follow through.

OKFDA is nearing the end of a busy and productive year. It has been our pleasure to serve you in 2022, and we look forward to all that can and will be accomplished in the coming year. Don't forget to mail in your investment in the association. Your dues are helping us help you to make a difference. God's blessings during this special time of the year and remember the "Reason for the Season."

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## Wishing You a Merry Christmas & A Happy New Year

Dustin Pierce  
OKFDA Executive Director

I hope you and your family had a blessed Thanksgiving. As 2022 ends, OKFDA will enter its 120th year of serving the funeral profession. Of course, our industry has changed a lot in 120 years, but I really do believe our mission has remained the same. *"The Oklahoma Funeral Directors Association enhances and cultivates the funeral service profession by advocating for its members through educational development, legislative representation, and resource guidance. We are the voice for the Oklahoma funeral service professionals—challenging its members to serve their communities with excellence and integrity."*

I also want to remind you that you have until January 31, 2023, to renew your membership. Your investment in OKFDA helps us stand in the gaps when you can't because you are busy serving your communities, and we do not take that lightly.

I am excited to announce that we have a new benefit available to our members. OKFDA has partnered with the Funeral Service Credit Union Springfield, IL. FSCU was chartered in 1983 and serves 2,300 members across the United States. FSCU offers auto loans, motorcycle loans, specialty funeral vehicle loans (hearse/limos/funeral related vehicles), boat loans, personal loans and signature loans. FSCU may match any verifiable Fixed Rate loans offered by another financial institution excluding GMAC, Ford Motor Credit, etc. All rates are subject to change without notice. FSCU also offers traditional banking services such as checking accounts, savings, Certificates of Deposits, and credit cards.

OKFDA just finished our Last Call CE Seminar. The seminar was held on December 4-5 at Barnes Friederich Funeral Home. I want to thank our speakers: Timothy Dwyer, Jason Ryan Engler and Marty Ludlum. I also want to say THANK YOU to our sponsors: Barnes Friederich Funeral Home, Zuker Group Consulting, Osiris Software, Funeral Directors Resource, Lynch Supply, Heartland Caskets, ELCO Mutual Life and Annuity, The Bancorp and Federated Insurance. We couldn't have done this without you. Our vendors answer the call any time I need something and for that I am truly thankful.

In November we held our first ever Certified Celebrant Training. We had 11 attendees from all parts of the country. "A Celebrant is a person who seeks to meet the needs of families during their time of loss. They serve by providing a funeral service that is personalized to reflect the personality and lifestyle of the deceased." On the last day of the class, I sat at the back of the room and listened to the services each one of them wrote the night before, and I must admit, I cried. Cried because some of them wrote very personal stories about their loved ones, some were completely made-up, but the stories were so well written that you couldn't help but be drawn into the story as if you knew the person they were memorializing. Remember, Celebrants are not there to take the place of a minister or religious service but are there to simply tell the story of the de-

ceased and their family.

As 2022 comes to an end, I want to say thank you for making my first year as executive director one of the best years of my life. I believe in this association, and I believe in what each one of you do daily. The very best is yet to come, and I look forward to serving you and this great association for many years to come! I want to wish you and your family a Merry Christmas and a Happy New Year! If there is anything I can do, please do not hesitate to reach out.

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# WE. MUST. ENGAGE.

By Glenda Stansbury, CFSP



*Editor's Note: This article was originally published in 2019. However, its themes still ring true in 2022.*

For twenty years the funeral profession has been playing catch up with cremation. We defined it as a cost choice and therefore made it one. We defined it as a lack of interest in ceremony, ritual, or product and therefore declined to offer those options.

I am now officially old. As of this writing, I'm eligible for Medicare. How in the world did that happen? I was 40 just a few days ago! The thing that you learn as you creep toward the "golden years" is that change is hard. Change is challenging. Change is \_\_\_\_\_ (fill in appropriate descriptive adjective here).

In this past year, the change monster has visited my life more than I would like. Last year, our company, InSight Books, was informed by

the management of the building where we had offices for over twenty years that we had to move. Was it something we said? No, they just wanted our large space on the first floor. So, we had to pack up four offices and a warehouse full of books and move. In July. In Oklahoma. And then we had to figure out how to reconfigure and readjust.

In February of this year, the apartment building where my husband and I and Doug (the dad) have lived for eight years announced that they were going to auction off all the rented apartments. Not wanting to purchase an overpriced apartment in a historically old building, Joe and I decided to move to a house. A huge change after eight years of apartment dwelling. All that stuff that we gave away when we downsized, we now had to buy again. So, after looking at 45 houses, bless my realtor's heart, we found THE ONE. And in June

we packed up all of our treasures and moved. And then figured out how to reconfigure and readjust.

Just as we had unpacked all those boxes and very efficiently given them away to other poor souls who were also moving, Doug decided that he, too, was ready to leave his apartment. So, we found him a cute little house two blocks from us and, once again, packed the boxes and moved him in August. He is figuring out how to reconfigure and readjust. And I am now officially boycotting anything to do with boxes or bubble wrap or dollies. Which is very hard in my business, since all we do all day every day is wrap books in bubble wrap and pack them in boxes and get them ready for the UPS guy to dolly out. It's a little awkward.

It is no secret that change is difficult in the funeral profession. It is an ongoing discussion, point of contention, and the object of jokes. We've all heard the speeches on change. Heck, I've given them. What are the seven last words of a dying organization? We've never done it that way before. Change in funeral service is like turning the Titanic and rearranging the deck chairs.

And then we give examples of businesses that refused to change. Blockbuster is always the favorite. What happened to Blockbuster? When Netflix came along and changed the game and offered to partner with Blockbuster as the business model morphed from brick and mortar to mail and then streaming, Blockbuster held fast to the past. "Our customers will come back. We've owned this market for twenty years. Nothing can happen to us." And, poof, no more Blockbuster. They never figured out how to reconfigure and readjust.

The tipping point of change for the funeral profession came in the 80's and 90's when cremation began to become more than a "fad." We kept holding on to that deep belief that people would see the light and come back to embalming/casket/burial. Many refused to embrace the new customer, and some even avoided them. Or they tried to shame them into changing their minds.

The owner of the firm where I apprenticed was notorious for his disdain for cremation

families. He built a beautiful new building WITH A CREMATORY and then would belittle people during arrangements. He would say, with all the imperiousness he could muster, "We bury our dead. We burn our trash."

My first year of teaching in the mortuary program at University of Central Oklahoma was 2007. I'll never forget this shining moment. A young man proudly said to me, "My daddy doesn't serve cremation families. He thinks it just encourages it." Now, granted, in 2007 the national cremation rate was 35%. But it was steadily growing. It certainly didn't give any indication that it was going to decrease. But this funeral home owner was convinced that if he ignored it, it would go away. I smiled at my student and said, "You call me when your daddy goes out of business." He was shocked. And, sadly, I was right. He closed his doors two years ago.

So, for twenty years the funeral profession has been playing catch up with cremation. We defined it as a cost choice and therefore made it one. We defined it as a lack of interest in ceremony, ritual, or product and therefore declined to offer those options. We defined it as "just a" cremation and therefore treated our client families like second class citizens. This year, at every national meeting that I attended, you could still hear funeral directors pining for "the good ole' days." In 2019, with cremation above 50%. I've got news for you. Those days are as obsolete as the VHS.

Many firms have finally figured out how to reconfigure and readjust, but at what cost are we enduring the public message that we have proclaimed for years? Cremation is cheap. Cremation is easy. Cremation is for those who don't want the muss and fuss of "traditional" service. We created those messages and now are having to live with the consequences.

And, now, a new player is on the horizon. A little closer than the horizon but some are just now noticing it. Once again, we are faced with the difficult task of figuring out how to reconfigure and readjust. Or ignore, at our peril.

Who is this player? It is the green burial/home funeral/death doula/death midwife/end of life companion movement. Each of these concepts have their own personality, dynamics, and audience. But, for purposes of our brief visit, we are going to gather them up under one umbrella.

Most of us are familiar with green burial and some professionals have embraced the vision of how to offer it to families. One of the biggest stumbling blocks for those firms who wish to offer these services—no embalming

or formaldehyde-free embalming or alkaline hydrolysis, biodegradable caskets or urn or shroud, direct placement in the earth, no vault, minimal or no marker—is usually finding a place for the burial to take place. Most cemeteries still have strict requirements and standards and are slow to reconfigure or readjust to the demands of their clients.

But then we enter the world of home funerals and death doulas, death midwives, end of life doulas, and things get a little more interesting. A quick perusal of Facebook sites dedicated to End of Life specialists will find that they have little use for funeral professionals and, honestly, very little good to say. We are portrayed as barbarians who do terrible, unnatural things to bodies and charge families extravagant fees to shield them from natural death and reality. If you get your feelings hurt easily, I suggest not "friending" these sites.

But, the fact of the matter is that the pendulum is now swinging to a different time. A time when trusted friends came and sat with the dying, when families cared for their dead, honored them in their home parlor, and then buried them in the family plot. Everything old is new again. There are many driving forces behind this effort and this desire. The point of this discussion is that we must not, cannot ignore them. We must engage. We. Must. Engage.

I recently watched the new HBO special "Alternate Endings: Six New Ways to Die." Featured were memorial reefs and space shots. We are familiar with those options and, honestly, are comfortable with them because a funeral professional is utilized to perform the cremation. The remaining segments dealt with home funerals, green burials, living wakes, and death with dignity. Not one person interviewed talked about using a funeral home or

expressed any need for a funeral director. Why would we need them? They don't do what is important or meaningful to us.

"People like Lauren Carroll are trying to change the reluctance to face or talk about death. Carroll and her partner Erin Merelli formed Deathwives in hopes of forging a cultural shift which encourages people to think and talk more freely about death. They describe Deathwives as a collective of professionals who care about the practice of good death. And they want to educate others about their end of life options which they say should include in-home funerals and death doulas.

A former funeral director and current hospice volunteer, Carroll serves on the board of directors for the National Home Funeral Alliance. She said she wants to create connections between funeral homes, home funeral educators, death doulas and families."

From "Deathwives, Death Cafes and Death Doulas. Learning to Live By Talking About Death." *Forbes*, 8/21/2019 by Robin Seaton Jefferson. How many of you are members of the National Home Funeral Alliance? How many of you have even heard of it? If they are welcoming funeral directors to be a part of the conversation, then shouldn't we accept the invitation? I joined. It was free. And after you join, they ask if you are interested in being a part of their educational efforts and to describe the experience or expertise you could share. I don't know about you, but this sounds like an opportunity to have a voice and to listen to other voices. The only way we are going to survive. We. Must. Engage.

As I began to ponder this big question of home funerals and death doulas and end of life educators, my quest was to find where our place can be or should be. Is this more of a hospice

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and dying thing? Why should we be interested? Do we just shrug and move on? How would we possibly charge for those services? Where does it fit on a GPL? Do we dismiss them as the soft, squishy, hippie dippy side of death care with incense and guided mantras? Isn't this just a small fringe of people? Wait! Didn't we think that about cremation families at one point? How did that work out for us?

I went to the Death Doula/End of Life Consultant Facebook Page and simply asked the question—how do you view funeral directors and what do you want funeral directors to know? The responses were pretty amazing. I chose a couple of people that I knew professionally. Sandra Ollsin is a Certified Celebrant and Death Midwife in British Columbia. Paula Staab Polk is a well-known funeral home owner who recently sold her firm and moved to a different part of the country. She, too, is a Certified Celebrant.

So, let's share a few of their observations:

#### **Q: What is the differentiation of death doula or death midwife?**

**Sandy:** I identify as a Death Midwife due to the work I've done with the dying and their friends and family during the past 20 years or so. As a Death Midwife my work involved being mostly involved with those who are dying by supporting them emotionally and spiritually and helping them plan their own end-of-life service if that is their desire. I offer educational/inspirational talks and have participated in Hospice conference panels and presented at academic conferences over the years on topics related to death and dying.

The term Death Doula has become popular only much more recently and seems to denote more of a focus on death care planning—social, familiar, and legal. They do a lot of work in the information sharing and administrative parts of death and dying: what to expect, what is possible, which form to fill in, how to deal with details after a death, along with attending to those who are dying.

**Paula:** I was trained as an End of Life Doula by INELDA (International End of Life Doula Association) and I am also an RN and a funeral director. To me, a midwife is more than a companion or helpmate whose role is to walk alongside the patient and family. An EOL doula helps navigate the journey with hospice, offering spiritual and emotional support. The EOL doula is a member of the team who can act as a liaison with the patient, family, and the rest of the team. I chose IN-

ELDA because the organization did not degrade the role of the RN, Hospice, or funeral service. Some organizations that I researched said some derogatory things about funeral service. The training I received was 22 hours and I felt that it was excellent. There were two other funeral directors in the group. The facilitators mentioned being asked to make funeral arrangements and being celebrants! At first, I thought, "Wow. I thought that was my job as a funeral director." They didn't give specifics on how to make arrangements or be a celebrant. If EOL doulas are being told that, it's time we in funeral service became part of the EOL team.

#### **Q: Is there a differentiation between people who offer services to the dying and those who offer home funerals and/or green burial options?**

**Paula:** Yes, there are many factors that need to be addressed during the EOL process. Questions posed to the person who is dying might be about how they want to spend their last few months, weeks or days ... e.g. Do you want visitors? Pets? Where would you like to spend most of your time? If you want visitors, do you want them to read to you? Do you want to be at home? In bed? On your couch? Do you want massage and touch? Singing and music? Who do you need to reconcile with? Who do you wish would reconcile with you? What is your legacy? Discuss funeral, cremation, burial, etc. Does the family want special time with you before and after death? Do they want to bathe you and dress you? What spiritual needs, emotional needs do you and your family have?

#### **Q: How accepted are you by hospice or the medical profession?**

**Sandy:** I was fairly well accepted as a funeral celebrant by hospice, not so accepted as a death doula/midwife, as they often perceived the role as stepping on their toes somewhat. Things keep changing, though, and it comes down to individual perceptions.

#### **Q: What do you see as the biggest misconceptions about funeral directors by people in your profession?**

**Paula:** I think a lot of doulas might think that funeral directors are stand-offish because FDs are lumped together with removal service personnel, cemeterians, and cremationists. We (funeral directors) have done a poor job of assessing our client family's needs and providing up-to-date innovative services for them. And

we have not done a good job of learning from other inter-professionals on how to work as a team. Funeral directors also do not realize how important their role is in helping families with healthy mourning. We have very few in research that can show the importance of the profession in promoting good health.

#### **Q: What do you want funeral professionals to know?**

**Paula:** Be willing to reach out and learn from other professions. We all have gifts and knowledge that we can share to make this world a better place.

**Sandy:** Death doulas/midwives are not a threat to you professionally. They are, however, changing the landscape of how the general public understands and engages with those in the field of death care and the funeral industry as a whole. There are many big changes still coming. In response to these we will all have to adapt, cooperate and adjust our thinking in regard to how things are being done on every level in the world of death and dying. OK, OK...so here is a crazy thought. Maybe it's time to rethink when we engage with families. Rather than what we traditionally consider preneed, we offer End of Life specialists from our firm, or those we have partnered with, who can sit with the patient and the family, provide the guidance and the assurance and the emotional and psychological support as they face their death and make plans for what that means. What if we, as Paula indicated, learned to be part of the team rather than the clean up squad? What did Sandy say? We will all have to adapt, cooperate, and adjust our thinking. I truly believe that part of the reason that we are cast as the big, bad, guy with a trocar in one hand and a bank book in the other is because we have not figured out how to engage at the heart level at the right time. We wait until the death has occurred and try as hard as we can to be empathetic and caring. But the ones who are remembered as beloved and important are those who walk the journey—hospice staff, doulas, care teams, nurses, even celebrants—those who are willing to be present, to hear the stories and to meet the needs before. Before is pretty important and maybe it's time for us to be part of that experience as well.

Families choosing to utilize a death doula or death midwife have already signaled that they are interested in a different approach. If we are not present and have a voice in the room, then they lean on the advice and guidance of the person standing at the bedside. If that



person has a negative or skewed view of the funeral process or believe that we offer limited options outside of the traditional approach, if they don't understand what value we bring to the table, then the subject of choosing a funeral home will never, ever come up.

We've previously had this same conversation about hospice nurses, but this feels different because of the types of families who are seeking out a doula or midwife. Many hospice patients are already connected to a funeral home or have made funeral plans. Most doula patients are completely unconnected and see no need to choose that path.

What would happen if we became comfortable and proficient at assisting families with bathing and dressing at home? What star would fall out of the sky if we learned about essential oils and massage? Why shouldn't we have a discussion with doulas or home funeral specialists and find common ground and mutual interests and partnerships? Why not sponsor a death café and invite all the options to be presented? What do we have to lose if we seek out places for green burials and advocate for families' rights to choose their way to say goodbye? I can promise you they are going to find a way to do it—with or without us.

So, here is the change monster. And it's up to each of us to figure out how, or whether, to reconfigure and readjust. This is not a fad. This is not going away. And if we don't engage, the only thing going away may be us. The lesson learned from cremation is simple. The public is going to determine what is right for them. Our invitation to be part of that determination will be decided solely by our actions. We. Must. Engage. And if you need moving boxes, sorry we are all out.

Glenda Stansbury, CFSP, MALS is the Dean of the InSight Institute of Funeral Celebrants, VP

of InSight Books, adjunct professor for UCO Funeral Service Department and a practicing Certified Funeral Celebrant. You can contact her at celebrantgs@gmail.com.

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# More Moisture Considerations

By Wally Hooker

*This article is the fifth in a series to appear in Oklahoma Director. The November issue started a conversation on Moisture Considerations that is continued here.*

As we discussed last month, embalming edematous bodies are some of the more challenging preparations we face. The ultimate goal is to preserve the tissue, reduce the swelling and restore the deceased back to a more recognizable condition. We do this so the family will have the opportunity to say a proper goodbye to their loved one, who will more resemble their pre-illness self. To recap what we covered, it is vitally important to conduct the pre-case analysis (which is the road map to your desired destination), have a thorough working knowledge of the chemicals available in your prep room and understand how to use embalming chemicals with limited amounts of water. A good tip: prop the head high, keep hands up on the abdomen and let gravity be your assistant in reducing swelling, both before and following injection.

I understand many embalming practitioners debate the word "waterless embalming". For the purpose of this article, I will use the term "waterless embalming" to describe arterial embalming solutions without the use of additional tap water. In my opinion, it is ill-advised

to inject additional amounts of water into super-saturated body tissues. Injecting additional water will simply cause more difficulty as we work to get the edema under control.

Even in a normal embalming case, we can expect a slight secondary dilution of our embalming solutions, because we know an average adult is 60% moisture. This is why we must have an understanding of our chemicals (their intended use and expected results). Having this information is all-important when we are faced with challenging remains containing gallons of additional moisture.

For example, imagine if you will, we are dealing with remains that gained 50 pounds of water weight in the final stages of life (this equates to 4.8 gallons), which is not at all uncommon. Think of lifting a five-gallon pail of water and imagine that additional volume in the deceased before you. What happens when we inject 3 gallons of an arterial solution containing tap water, with a solution strength of say 5%? The additional moisture content in the body would dilute your 5% solution to perhaps less than 1%. At this diluted strength, your arterial solution would be virtually ineffective, regardless of how many gallons you

may inject. There are mathematic formulas for figuring and substantiating this phenomenon. Formaldehyde demand is great and necessary to adequately preserve these bodies, prevent decomposition and reduce swelling.

The appropriate approach to adequately embalm an edematous body is to use accessory fluids as a carrier for the formaldehyde. We can attack the edema, chemically and physically (i.e.: pressure, gravity, channeling and wicking). These grossly edematous bodies are a battle, and we must pull out all the stops if we are to be successful.

Regardless of the face and neck showing disfigurement from edema, I suggest beginning the embalming using a Restricted Cervical Injection (RCI). This will give you better control and less chance for swelling the face, eyes or neck when you inject downward from the right common carotid artery. I routinely mix my arterial solutions just one gallon at a time. This gives you flexibility to make changes and corrections if things aren't going well. We don't want to over-embalm the head, nor do we want to under-embalm the head.

If edema swelling is not present in the face, I suggest using your normal arterial solution



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and thoroughly embalm the head and ligate the arteries. If edema is present, I would use two bottles each of the following: co-injection, water conditioner, edema reducing chemical and high index arterial fluid and enough dye to create a good glow. This solution equals one U.S. gallon and for moderate to significant edema should be adequate. I achieve the best results using high pressure and very low rate of flow. It takes patience, and your patience will be rewarded. If you push the fluid too fast (ROF) you risk causing additional swelling and blotchiness. By their chemical formulation, the fluids will pass through the arterial system and force the edema from the tissue into the vascular system and much can be removed with your drainage.

One of the keys to success (in any embalming) is restricted/intermittent drainage. We must push the arterial solution deep into the tissue in order to adequately fixate and preserve the tissue. As you inject, keep a close eye on the face for any signs of additional swelling. If you experience any swelling, lower your ROF. Let your eyes and hands guide you... have you seen a reduction in swelling, does the tissue seem to have firmed? Palpate the lips, earlobes, eye lids for fixation, look for color diffusion. If you have accomplished these things, well done! If not, you may need to prepare to inject more to the head, but remember, very low ROF. Once this is accomplished, we will look at the larger issue...everything from the neck down.

The lower body will require higher percentage arterial solutions when dealing with severe edema. For example, the initial solution injected down from the carotid; 3 bottles each of: co-injection, water conditioner, high index fluid, one bottle of arterial with dye. This equals approximately 1½ gallons. Inject with high pressure/low rate of flow and do not establish drainage. By injecting "low and slow" you should have no difficulty injecting the entire solution in a closed system. With my manual control machine this equates to 100 psi/8oz ROF, with my automatic pressure machine, run at 8-12oz ROF. After injecting the initial waterless solution into a closed system, shut off your machine and wait up to 30 minutes. The vascular pressure should begin to move the arterial solution from the capillary beds into the edematous tissue forcing it out with our drainage. As you are waiting, assess your results and think ahead to your next injection. Should it be stronger, weaker, more dye, less dye? You are the seasoned professional and are

up to the task of making that judgment call.

Next month we will continue the discussion on edema. We will focus on the lower extremity embalming, as well as the final touches needed, ensuring dry, open casket results. Until then, stay safe. Remember, don't be a Knucklehead embalmer, always go above and beyond!

*Wallace P. (Wally) Hooker, CFSP, MBIE, is the owner, funeral director and embalmer of Family*

*and Friends Funeral Home of Wingate, Indiana. He and his wife, Janet, designed, established and built their funeral home in 2004. Wally is a graduate of Worsham College of Mortuary Science, where he serves on the Advisory Board. He is past president of the Indiana Funeral Directors Association and board member of North American Division of the British Institute of Embalmers. In addition, he has served as the chief deputy coroner/investigator of Fountain County, Indiana, for 24 years.*



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# Lessons from Queen Elizabeth's Funeral: A Personalized Funeral

By Marty Ludlum & Kara Gray Ludlum



On September 8, 2022, H.R.H. Queen Elizabeth II died at Balmoral Castle outside Aberdeen, Scotland. Her funeral has been one of the most watched events in television history. Besides having served as the Head of State of the United Kingdom, the Queen also served the Commonwealth Nations, and served as the head of the Church of England (Anglican Church).

Besides the social, political, and religious significance, the funeral events of Queen Elizabeth II provide important lessons for those in the funeral profession. In the previous article for *Oklahoma Director*, we discussed the importance of a funeral. In this article, we will talk about the importance of personalization for all funerals.

We have a special relationship to England. Marty spent a semester of law school at Queen's College, Oxford. We returned to England whenever possible, often bringing our children. For the past dozen years, Marty has led study tours to England, transforming another generation of students.

We consider London, England our second home. Each of us has a special spot. Kara enjoys Knightsbridge, especially Harrod's. Bailey loves the Theater district. Justin prefers the Tower of

London. Marty enjoys Bloomsbury, a neighborhood between the British Library and the British Museum, where he has taken his UCO students for a decade, and he knows every little shop and restaurant as much as any local.

The focus of this article is the importance of personalization in funerals. The idea is not new and is not unique to the wealthy or to royals. All funerals should be personalized for the traditions of the deceased and the family. The Queen's funeral and the dedication to tradition point to the importance of honoring those lost by personalization. The little details matter. Let's examine the many decisions made for the Queen's funeral.

The Queen lay in state in Westminster Hall. The location is significant. Westminster Abbey was founded in the year 960 and has been a place of Christian worship and coronation of the English royals for over a thousand years. While in state, the coffin was guarded by members of the Sovereign's Bodyguard, a group that dates to 1509 by Henry VIII. By standing guard at the coffin, they complete their final act of service and protection.

The coffin was also adorned with several items related to her role as Queen. The Imperial State Crown was placed on the coffin before the procession. The monarch exchanges

this crown for St Edward's Crown at the end of the coronation ceremony. Before the English Civil War (1642-1651), the ancient coronation crown was always kept at Westminster Abbey, and the monarch needed another crown to wear when leaving the Abbey. The Imperial State Crown is still used on formal occasions, such as the annual State Opening of Parliament.

The crown is mounted with 2,868 diamonds and several historic stones. These include the Cullinan II, or the "Second Star of Africa," which weighs 317.4 carats. It was presented to Edward VII in 1907 as a symbolic gesture to heal the rift between Britain and South Africa after the Boer War. The Black Prince's Ruby, 170 carats, was traditionally thought to have been the ruby given to Edward, Prince of Wales (1330-1376), known as the Black Prince, after the Battle of Najera in 1367. The Stuart Sapphire is approximately 104 carats. It is thought to have been smuggled by James II when he fled England in 1688. He passed it to his son, Prince James Francis Edward, "the Old Pretender".

The flowers for the Queen's service could come from anywhere, but the location is personalized for the deceased. The casket was covered by a wreath of flowers and foliage from Balmoral and Windsor castles. This choice was also based on tradition. Balmoral is one of the primary residences of the royal family and has been since 1856. Queen Elizabeth II was in residence at Balmoral at the time of her death. Windsor Castle is on the outskirts of London and serves as the royal residence and has been since the 11th century. It is one of the largest occupied castles in the world.

On top the casket was the Sovereign's Orb. The Orb is a representation of the sovereign's power. It symbolizes the Christian world with its cross mounted on a globe, and the bands of jewels divided the globe into three sections because in medieval times, the world was thought to be comprised of only three continents. During the coronation service, the Orb is placed in the right hand of the monarch.

In addition to the Orb, the casket was decorated with the Sovereign's Sceptre with



Cross. The sceptre is a gold rod that holds a huge drop-shaped diamond, Cullinan I, or the Star of Africa, weighing 530.2 carats. The sceptre represents the sovereign's temporal power and is associated with good governance. The sceptre was originally made for Charles II (1660-1685), but has undergone several alterations, particularly in 1820 for the coronation of George IV, when a rose, thistle and shamrock were added to represent the ties between England, Ireland, Wales, and Scotland. In 1910, the sceptre had to be reinforced to support the weight of the Cullinan I diamond.

The Wanamaker Cross of Westminster was placed at the head of the casket. The Wanamaker Cross is used most often in processions at church festivals and special services. It was given by Rodman Wanamaker, an American, and first used on Christmas Eve in 1922. It is made from ivory and silver gilt and adorned with a series of panels of beaten gold and shows the Crucifixion, Nativity, Resurrection and Ascension on the arms of the cross. The cross was re-gilded and new ivory inlaid in 1964, with 72 diamonds added.

Even the transportation is important. When the Queen's coffin was moved from Westminster Hall to Westminster Abbey, it was loaded on the State Gun Carriage of the Royal Navy. The carriage was drawn by Royal Navy sailors, known as Naval Ratings, maintaining a tradition that began at the state funeral of Queen Victoria in 1901.

Another wreath with foliage cut from the gardens of Buckingham Palace, Highgrove House, and Clarence House was placed on the coffin. These places had personal significance to the Queen. Buckingham Palace in central London is the official royal residence. Highgrove House is the family residence of King Charles III and Camilla, Queen Consort. Built in the late 18th century, Charles III remodeled the Georgian house in 1987. The gardens at Highgrove House have been open to the public since 1996 and receive more than 30,000 visitors a year. The house and gardens are run according to the King's environmental principles. The King frequently hosts charitable events at the house.

Clarence House became the London home of Princess Elizabeth and The Duke of Edinburgh, following their marriage in 1947, until her accession as Queen in 1952. Princess Anne was born at Clarence House in 1950. With Princess Elizabeth's accession as Queen, the royal couple moved to Buckingham Palace.

Clarence House was prepared for The Queen Mother in 1953. The Queen Mother enjoyed hosting luncheons and evening receptions at Clarence House. All foreign Heads of State have tea there in the afternoon of the first day of a State Visit.

While these royal artifacts are impressive, personalization does not have to be diamonds and pearls. Sometimes the most emotionally charged personalization is a simple note. Did you notice the note on the wreath to the Queen from her devoted son? The handwritten note from King Charles III read, "In loving and devoted memory. Charles R." Despite all the political and religious implications, the Queen was also a mother.

The entire royal funeral was personalized to honor the Queen. Did you notice the Queen had eight pallbearers, not the typical six? Elizabeth II's coffin was made over 30 years before the funeral. It is made of English oak and lined with lead to protect from moisture damage. Due to the weight, eight pallbearers were required rather than the usual six.

What lessons can we draw from this historical funeral?

While the death of Queen Elizabeth II was significant to the nation, the loss is especially impactful to family. Tradition and personalization are important aspects of honoring those we have lost. Even small decisions can have great significance for the deceased's family. Adapt each funeral to honor the loss of the deceased. Personalization is not just im-

portant, it is essential. Every family has traditions that should be honored. Every funeral, from the neighbor next door to those with the highest amount of historical relevance, should include personalization for the deceased and the family.

*Professor Marty Ludlum teaches business law at the University of Central Oklahoma and is a licensed attorney. He has made numerous presentations on the funeral industry at state and national conventions and has authored articles for national and state funeral magazines. Professor Ludlum has a bachelor's and master's degree in economics, a master's degree in communication and a Juris Doctor, all from the University of Oklahoma. Professor Ludlum also serves as the Education Director for Osiris Funeral Home Software. For questions, he can be reached at LudlumLawFirm@gmail.com.*

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