

**ARKANSAS STATE BOARD OF EMBALMERS  
STUDENT EMBALMER'S CASE REPORT**

Apprenticeship # \_\_\_\_\_

**A copy of this report must be mailed to the Inspector of the Arkansas State Board of Embalmers no later than the 10<sup>th</sup> day of the month following the month in which the work was done.**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_ Case No \_\_\_\_\_

**IDENTIFICATION:**

Name of Deceased \_\_\_\_\_ Address \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Place of Death \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_

Cause of Death \_\_\_\_\_ How ascertained \_\_\_\_\_

Medical Attendant \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**CONDITION OF BODY: (Check words which apply)**

Temperature \_\_\_\_\_ Mutilated? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please describe. Use back of report, if necessary.

Was Autopsy performed? Yes \_\_\_\_\_ No \_\_\_\_\_ Use back of report for description.

**Moisture content:** emaciated \_\_\_\_\_ normal \_\_\_\_\_ dropsical \_\_\_\_\_ **Slip Skin:** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, location \_\_\_\_\_

**Purge:** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, nature and source \_\_\_\_\_

**Gaseous swelling:** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, location \_\_\_\_\_

**Discoloration:** Pink \_\_\_\_\_ Blue \_\_\_\_\_ Red \_\_\_\_\_ Yellow \_\_\_\_\_ Black \_\_\_\_\_

**Circulatory Trouble:** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe \_\_\_\_\_

Time between death and embalming \_\_\_\_\_ Was Rigor Mortis relieved? Yes \_\_\_\_\_ No \_\_\_\_\_

Arteries used in injection \_\_\_\_\_ Veins for drainage \_\_\_\_\_

**TREATMENT:**

Was a pre-injection fluid used? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, kind \_\_\_\_\_

Strength \_\_\_\_\_ Amount \_\_\_\_\_

Kind of fluid used: **A** \_\_\_\_\_ **B** \_\_\_\_\_ **C** \_\_\_\_\_

Condition of body at completion of operation \_\_\_\_\_

How long under observation? \_\_\_\_\_ Condition at funeral \_\_\_\_\_

Weather conditions \_\_\_\_\_

**NARRATE** – Describe the condition of the body prior to embalming and the embalming procedures in detail.  
**Please use the back of this form.**

Signed \_\_\_\_\_  
Student Embalmer

**This is to certify that this is true and correct statement of the work done on the above body, under my direct supervision.**

Signed \_\_\_\_\_  
Licensed Embalmer

License Number \_\_\_\_\_

**NOTE: ALL AREAS MUST BE COMPLETED OR REPORT WILL NOT BE ACCEPTED**

