

Planning a Service of Witness to the Resurrection (aka Funeral)

Burial vs. Cremation

Scripture can be read as saying that there will be bodily resurrection. Accordingly, there are those who believe that you should be buried, not cremated, because otherwise there would be no body to resurrect. In response, it can be pointed out that a God Who can make a human being out of dust can make each of us bodies no matter what state our remains are in. It might also be remembered that embalming and burial do not maintain the body in perpetuity. Caskets are not sealed when buried or entombed, so bodies decay, and can do so to the point of becoming dust-like if left undisturbed long enough.

Types of services

Funeral: Service with body present, usually done within a few days of death.

Note: It is extremely difficult to have a funeral in the CENTRALongmont sanctuary because our narthex and center aisle will not accommodate most caskets. Also, keep in mind that caskets can be quite expensive, costing as much as \$10,000, and are not sealed before placed in the grave or crypt.

Memorial: Service done at any point in time, without body present. In the case of cremation, the service will always be a memorial service.

Graveside: Service done only when a body or cremains is being interred, either in the ground or in a mausoleum or columbarium. The entire funeral or memorial service can be done graveside although, typically, the funeral or memorial service is done in a church or chapel and is open to everyone, with the graveside portion of the service reserved for family and close friends.

Note: In the Presbyterian tradition, the graveside portion of the service is typically very short, i.e. less than 5 minutes.

Cost

Average funeral costs in 2021 according to the National Funeral Directors Association:

- Funeral service fee: \$2,300
- Funeral home rental: \$450
- Funeral home staff for viewing: \$450
- Funeral home staff for ceremony: \$515
- Burial casket: \$2,300
- Burial vault (grave liner): \$1600
- Cremation casket: \$200
- Embalming: \$775
- Urn: \$295
- Cosmetic services: \$275
- Hearse: \$350
- Transportation of remains: \$350
- Transportation for the family: \$150

Average cost of a funeral w/embalming in 2022: \$9,000

Average cost of a memorial service w/cremation in 2022: \$3,000

Non-Worship decisions about a funeral/memorial service which must be made

Flowers

Guest book(s) for service attendees

Ushers

Parking

Design/photo/non-worship information for worship bulletin

Organization(s) where memorial donations may be made in lieu of flowers

Reception after the service

If there will be a casket and burial:

choose clothing for body

pallbearers

memorial (headstone) type and inscription

If the body is cremated:

what will be done with the cremains

selection of an urn

if cremains are to be scattered, where will this occur (this involves legal issues)

Typical Order of Worship in Presbyterian church

Welcome

*Opening Scripture

Opening Prayer

*Hymn/Solo

*Eulogy/Remembrance

*Scripture Readings

Message

*Hymn/Solo

Communion (if desired)

Prayers of Thanksgiving, Supplication, and Intercession

The Lord's Prayer

*Hymn/Solo

Commendation

Benediction

*ideally supplied by individual (as opposed to family members or pastor)

Honorarium/Amount

Pastor \$175-250

Soloist/Musician \$100-150

Organist/Pianist \$150-250 depending upon amount, complexity of music requested

AV personnel \$75

Custodian \$50

Things Which Must be Decided/Done by Someone

Obituary

Write it yourself or identify who will and provide all the pertinent information you'd like included.

Newspapers no longer print obituaries for free; average cost is \$200-300.

Plan for disposition of the estate

Who gets what? When?

Gather important documents

Will (if one exists)

Military discharge papers

Insurance policies (health, life, property)

Citizenship papers (if appropriate)

Automobile title

Property deeds

Marriage license

Income tax returns (past two years)

Disability claims (if any)

All documents necessary for deceased's taxes (ask an accountant)

Financial and bank statements

Retirement, pension, and brokerage accounts

Debt records

Mortgage

Marriage agreements

Business agreements (such as LLC or partnership agreements)

Bills (utilities, services, subscriptions)

Death Certificate

Issued by the County

You will need 10-15 copies (10-15)

If the death occurred in hospice care: call the hospice nurse.

If the death occurred in a hospital or other care facility: staff will take care of this.

If the death occurred at home or elsewhere: call 911; EMS/Coroner's office will help.

Determine if deceased is an organ donor

May be indicated on driver's license or in living will (a legal document that details how you prefer to receive medical treatment when you can no longer make decisions for yourself).

Contact service to retrieve body

Funeral home, cremation service, body donation

Access copy of will/Determine Executor

May require contacting an attorney.

In the absence of a will or an Executor, estate will go into probate, state will decide disposition of assets, etc.

Contact Social Security Administration/Medicare

Contact banks, mortgage companies, financial advisors

Most financial accounts will require a copy of the death certificate to close them. If there is a safe deposit box but no key, a court order may be required to open it.

Contact insurance companies

Life insurance accounts will require filling out a claim form and a death certificate. All other policies (car, homeowners, etc.) only need to be cancelled.

Close credit card accounts and notify credit reporting agencies

This will help guard against identity theft. Equifax, Experian and TransUnion are the three major credit reporting agencies.

Cancel Driver's License

Cancel accounts with social media sites

Maintain a list of all your passwords.

Forward mail and save important bills

Contact the post office to forward mail to a mailing address that will be monitored. This is can only be done by the Executor.

Cancel newspaper, magazine, and online subscriptions

Online subscriptions include streaming services (TV, music, etc.), products automatically sent on a regular basis, etc.

Durable Power of Attorney/Medical Power of Attorney/Executor

Key Differences Between Durable and Medical POAs

	Durable (Financial)	Medical
What for?	Financial, business	Healthcare
When do powers start?	When the parties decide or upon incapacitation	Upon incapacitation
When do powers end?	Revocation/expiration of contract/death of principal	Revocation/expiration of contract/death of principal

An **Executor** is the person you name in your Will to take care of your affairs after you die. A Power of Attorney names a person, often called your agent or attorney-in-fact, to handle matters for you while you are alive. Generally speaking, your Power of Attorney ceases to be effective at the moment of your death.

Medical Orders for Scope of Treatment (MOST/Advanced Directives/DNR)

This is a specific, legal document (see attached) which must be signed by a physician. Having this information in your will or a living will is not sufficient—you MUST have this document.

Colorado Medical Orders for Scope of Treatment (MOST)

- **FIRST** follow these orders, **THEN** contact Physician, Advanced Practice Nurse (APN), or Physician Assistant (PA) for further orders if indicated.
- These Medical Orders are based on the person's medical condition & wishes.
- If Section A or B is not completed, full treatment for that section is implied.
- May only be completed by, or on behalf of, a person 18 years of age or older.
- Everyone shall be treated with dignity and respect.

Legal Last Name

Legal First Name/Middle Name

Date of Birth

Sex

Hair Color

Eye Color

Race/Ethnicity

In preparing these orders, please inquire whether patient has executed a living will or other advance directive.

If yes and available, review for consistency with these orders and update as needed. (See additional instructions on page 2.)

A

Check one
box only

CARDIOPULMONARY RESUSCITATION (CPR)

*****Person has no pulse and is not breathing.*****

☐ **Yes CPR:** Attempt Resuscitation

☐ **No CPR:** Do Not Attempt Resuscitation

NOTE: Selecting 'Yes CPR' requires choosing "Full Treatment" in Section B.

When not in cardiopulmonary arrest, follow orders in Section B.

B

Check one
box only

MEDICAL INTERVENTIONS

*****Person has pulse and/or is breathing.*****

☐ **Full Treatment—primary goal to prolong life by all medically effective means:**

In addition to treatment described in Selective Treatment and Comfort-focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.

☐ **Selective Treatment—goal to treat medical conditions while avoiding burdensome measures:**

In addition to treatment described in Comfort-focused Treatment below, use IV antibiotics and IV fluids as indicated. Do not intubate. May use noninvasive positive airway pressure. Transfer to hospital if indicated. Avoid intensive care.

☐ **Comfort-focused Treatment—primary goal to maximize comfort:**

Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Do not transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location.

Additional Orders: _____

C

Check one
box only

ARTIFICIALLY ADMINISTERED NUTRITION

Always offer food & water by mouth if feasible.

Any surrogate legal decision maker (Medical Durable Power of Attorney [MDPOA], Proxy-by-Statute, guardian, or other) must follow directions in the patient's living will, if any. Not completing this section **does not** imply any one of the choices—further discussion is required. **NOTE:** Special rules for Proxy-by-Statute apply; see reverse side ("Completing the MOST form") for details.

☐ Artificial nutrition by tube long term/permanent if indicated.

☐ Artificial nutrition by tube short term/temporary only. (May state term & goal in "Additional Orders")

☐ No artificial nutrition by tube.

Additional Orders: _____

D

DISCUSSED WITH (check all that apply):

☐ Patient

☐ Proxy-by-Statute (per C.R.S. 15-18.5-103(6))

☐ Legal guardian

☐ Agent under Medical Durable Power of Attorney

☐ Other: _____

SIGNATURES OF PROVIDER AND PATIENT, AGENT, GUARDIAN, OR PROXY-BY-STATUTE AND DATE (MANDATORY)

Significant thought has been given to these instructions. Preferences have been discussed and expressed to a healthcare professional. This document reflects those treatment preferences, which may also be documented in a Medical Durable Power OA, CPR Directive, living will, or other advance directive (attached if available). To the extent that previously completed advance directives do not conflict with these *Medical Orders for Scope of Treatment*, they shall remain in full force and effect.

If signed by surrogate legal decision maker, preferences expressed must reflect patient's wishes as best understood by surrogate.

Patient/Legal Decision Maker Signature
(Mandatory)

Name (Print)

Relationship/Decision maker
status (Write "self" if patient)

Date Signed (Mandatory; Revokes
all previous MOST forms)

Physician / APN / PA Signature (Mandatory)

Print Physician / APN / PA Name, Address, and Phone Number

Date Signed
(Mandatory)

Colorado License #:

HIPAA PERMITS DISCLOSURE OF THIS INFORMATION TO OTHER HEALTHCARE PROFESSIONALS AS NECESSARY

Authority for this form and process is granted by C.R.S. 15-18.7: Directives Concerning Medical Orders for Scope of Treatment, enacted 2010.

ADDITIONAL INFORMATION: *Please provide contact information below, in case follow up or more information needed.*

<i>Patient Legal Last Name</i>	<i>Patient Legal First Name</i>	<i>Patient Middle Name (if any)</i>	<i>Patient Date of Birth</i>
<i>Primary Contact Person for the Patient</i>	<i>Relationship and/or MDPOA, Proxy, Guardian</i>	<i>Phone Number/email/Other contact information</i>	
<i>Healthcare Professional Preparing Form</i>	<i>Preparer Title</i>	<i>Phone Number/Email</i>	<i>Date Prepared</i>
<i>Patient Primary Diagnosis</i>	<i>Hospice Program (if applicable) /Address</i>		<i>Hospice Phone Number</i>

DIRECTIONS FOR HEALTH CARE PROFESSIONALS

For more information, please go to: <https://www.civhc.org/programs-and-services/most-program/>

Completing the MOST form:

- MOST form master may be downloaded from <https://www.civhc.org/programs-and-services/most-program/> and photocopied onto Astrobrights® "Vulcan Green" or "Terra Green" 60lb paper. This special paper is strongly encouraged but not required.
- The form must be signed by a physician, advanced practice nurse, or physician assistant to be valid as medical orders. Physician assistants must include physician name and contact information. In the absence of a provider signature, however, the patient selections should be considered as valid, documented patient preferences for treatment.
- Verbal orders are acceptable with follow-up signature by physician, advanced practice nurse, or physician assistant in accordance with facility policy, but not to exceed 30 days.
- **Completion of the MOST form is not mandatory.** "A healthcare facility shall not require a person to have executed a MOST form as a condition of being admitted to, or receiving medical treatment from, the healthcare facility" per C.R.S. 15-18.7-108.
- Patient preferences and medical indications shall guide the healthcare professional in completing the MOST form.
- Patients with capacity should participate in the discussion and sign these orders; a healthcare agent, Proxy-by-Statute, or guardian may complete these orders on behalf of an incapacitated patient, *making selections according to patient preferences, if known.*
- "Proxy-by-Statute" is a decision maker selected through a proxy process, per C.R.S. 15-18.5-103(6). Such a decision maker may not decline artificial nutrition or hydration (ANH) for an incapacitated patient without an attending physician and a second physician trained in neurology certifying that "the provision of ANH is merely prolonging the act of dying and is unlikely to result in the restoration of the patient to independent neurological functioning."
- **Photocopy, fax, and electronic images of signed MOST forms are legal and valid.**

Following the Medical Orders:

- Per C.R.S. 15-18.7-104: **Emergency medical personnel, a healthcare provider, or healthcare facility shall comply with an adult's properly executed MOST form that has been executed in this state or another state and is apparent and immediately available.** The fact that the signing physician, advanced practice nurse, or physician assistant does not have admitting privileges in the facility where the adult is receiving care does not remove the duty to comply with these orders. Providers who comply with the orders are immune from civil and criminal prosecution in connection with any outcome of complying with the orders.
- If a healthcare provider considers these orders *medically* inappropriate, she or he should discuss concerns with the patient or surrogate legal decision maker and revise orders only after obtaining the patient or surrogate consent.
- If Section A or B is not completed, full treatment is implied for that section.
- **Comfort care is never optional.** Among other comfort measures, oral fluids and nutrition must be offered if tolerated.
- When "Comfort-focused Treatment" is checked in Section B, hospice or palliative care referral is strongly recommended.
- If a healthcare provider or facility cannot comply with these orders due to policy or ethical/religious objections, the provider or facility must arrange to transfer the patient to another provider or facility and provide appropriate care until transfer.

Reviewing the Medical Orders:

- These medical orders should be reviewed
 - regularly by the person's attending physician or facility staff with the patient and/or patient's legal decision maker;
 - on admission to or discharge from any facility or on transfer between care settings or levels;
 - at any substantial change in the person's health status or treatment preferences; and
 - when legal decision maker or contact information changes.
- If substantive changes are made, please complete a new form and void the replaced one.
- **To void the form, draw a line across Sections A through C and write "VOID" in large letters. Sign and date.**

REVIEW OF THIS COLORADO MOST FORM

Review Date	Reviewer	Location of Review	Review Outcome
			<input type="checkbox"/> No Change <input type="checkbox"/> New Form Completed
			<input type="checkbox"/> No Change <input type="checkbox"/> New Form Completed
			<input type="checkbox"/> No Change <input type="checkbox"/> New Form Completed
			<input type="checkbox"/> No Change <input type="checkbox"/> New Form Completed

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