

*Guidebook
of*
**Resources for
End-of-Life Planning**

First Mennonite Church of Champaign-Urbana
902 W. Springfield Avenue, Urbana, IL 61801

February 2025



TABLE OF CONTENTS

PART I: End-of-Life Resources at FMC

Death & Dying in Christian Community	1
Resources Offered by First Mennonite Church	2
What to do When a Death Occurs	3

PART II: Advance Planning for End of Life

Benefits of Planning Well	4
Getting Organized and Decluttering	4
Financial Planning	5
Wills and Trusts	5
Power of Attorney for Property	5
Digital Estate Planning	5
Other Financial Affairs	6
Advance Planning for Health Care	8
Advance Directives:	
Power of Attorney for Health-Care Agent	8
POLST (Physicians Orders for Life-Sustaining Treatment)	9
Living Will Declarations	9
Dementia Provision in Your Advance Directives	9
Where to Put Your Paperwork	10
Having the Conversation (Making Your Wishes Known)	10
Palliative Care, Hospice and End-of-Life Doulas	11
Planning for Disposition of the Body	12
Options for Body Disposition	12
Cost of Body Disposition Options	15
Choosing a Funeral Home	15
Timing of Body Disposition	17
Death Certificates	17
Choosing a Cemetery	17
Veteran's Burial Benefits	18
Funeral or Memorial Service Planning	19
Obituaries	19
Resources (online and print)	21

PART I: End-of-Life Resources at FMC

Death & Dying in Christian Community

*In the face of death, we worship God:
the Creator who gives life,
Jesus who died and rose again,
and the Spirit who sighs with us in our sorrow.*

*We gather in grief and gratitude
to release loved ones to God's care,
to comfort one another,
and to name the hope we have for this life and the life to come.*

This funeral invocation, written for the Mennonite Church's *Voices Together* hymnal (#980), addresses death with the full range of Christian faith and hope. Our God who creates and sustains life, who resurrected Jesus from the grave, is the same God who accompanies us in our grief, and who cares for us in living, in dying, and in death.

We also recognize in this invocation that death is complicated. Faced with the death of a loved one, "grief and gratitude" can be present at the same time, alongside a range of other emotions and memories. For some, death is a blessed end and a culmination of joyful living. For others, it comes too soon, leaving behind unhealed wounds and unfinished work. For many, it is some combination of these things. The wisdom of deep spiritual resources can aid us as we hold these complexities together.

These words also affirm the important role of the faith community – we "gather," we give and receive "comfort," and we share our "hope" in the living God. In community with one another, seeking to emulate the love of Jesus, we find ourselves called to accompany each other through the sacred moments of death and dying. A part of our hope is the gift of knowing that sadness and loss are not paths we walk alone.

As you consult this guide, you are encouraged to invite the FMC community into your spiritual journey with death and dying. In the midst of illness, grief, and loss – our own or that of loved ones – the Spirit-led community of faith is a divine gift. Through the presence of friends and pastors, through the prayers, rituals, songs, scriptures, and traditions of the community, through the language and assurance of our shared faith in Jesus, and through the wisdom and experience of others, may we find ourselves wrapped in the embrace of the eternal God, whose love never ends.

Resources Offered by First Mennonite Church

First Mennonite Church provides resources to its members and regular attendees as they face end of life questions and make plans for their death or for the death of a loved one. The pastors are available to meet, reflect, share resources, and pray with anyone who is discerning about end-of-life matters – whether for yourself or a loved one, and whether you are planning for the future or grieving and remembering a recent loss.

Pre-planning

By early planning, members can make rational choices without the pressure of grief and sorrow at the time of death. Early planning also allows discussion of plans with family and friends, so that they are prepared to carry out the wishes of the individual. Many people have found a sense of relief and freedom with advance planning.

In addition to exploring the resources collected in this guide, individuals are invited to share their thoughts and feelings about their wishes regarding death and funeral plans with one of the pastors. These suggestions can be placed in a funeral file. Plans can always be changed or adapted as needed.

Pastors and the Congregation

When a death occurs, one of the pastors is prepared to represent the faith community and help mobilize resources of the congregation in appropriate ways. For many people, circles of church friends become significant care support at the time of death.

The church is prepared to help plan a funeral or memorial service. It is a time for the appropriate remembrances and the celebration of the person's life, while providing an opportunity for the community to reach out to God in a service of worship. The pastors will help plan the service and will facilitate contacting the people the family wishes to participate. The visitation and funeral/memorial service allows the church and community an opportunity to express care for the family and to honor the deceased.

Types of Assistance

- **Funeral Home Support:** Someone from the church can be available as support when visiting the funeral home. It can help to have another person present when making decisions regarding the selection of services needed.
- **Planning a Visitation, Funeral or Memorial Service, and/or Graveside Service:** Plan to meet with the pastors to discuss your wishes, including what kinds of gatherings or services you wish to hold and scheduling them. The pastors will also want to review questions about persons you wish to be involved in the service, scriptures and other readings, hymns and music, and other details.
- **Set-up and Administrative Support:** Church members can assist in setting up the church for the visitation, funeral, or memorial service. The FMC office will design and print programs, provide a guest book if desired, and help coordinate flower deliveries at the church. Typically, the pastors and church office do not assist directly with drafting an obituary, creating photo slideshows, or setting up displays of photos and other mementos for the day of the service.
- **Meals:** A meal may be provided for the family and close friends on the day of the service depending on the need or request. A reception with refreshments for all funeral guests may be served.

- **Grief support:** The pastoral staff are available for grief counseling and support.
- **Resources in the church library:** The church library has a collection of books on dying, death and grief.
- **Support information:** The church can provide information regarding people or agencies with expertise in areas of need.

What to Do When a Death Occurs

- **Call a pastor or the church office.** The pastor can support and act as a resource in completing the next steps.
- **If the death has occurred at a hospital or under hospice care,** you can request an hour or two with the body before calling a funeral director.
- **If the death has occurred at home (not under hospice care), do not call 9-1-1.** The coroner's office will need to be notified and will send someone to your home. But you may spend time with the body before calling them.
- **The coroner will be involved if the death is unattended** (no witness & not under hospice care), unexpected (not under care of physician or hospice), or accidental.
- **If arrangements were pre-planned, call the funeral home to have them transport the body.** Or if plans were made for whole body donation, contact the organization where they registered.
- **If arrangements were not pre-planned, the pastor can help with selection of a funeral home.** Consult the price-comparison chart: <https://funeralschampaigncounty.org>.
- **If not pre-planned, make an appointment with the pastor** and the chosen funeral home to plan the details of the burial or cremation.
- **Prepare the following information for the funeral home:**
 - Biographical information for obituary and death certificate
 - Social Security number
 - Military discharge paper, if applicable
 - Photograph for the obituary
 - Number of death certificates needed
- **Some choose to designate a recipient of any memorial donations that are given in honor of the deceased.** If you wish to specify a memorial gift recipient, it is helpful to share that information in the obituary and with the church. The church office will prepare donation envelopes to have on hand at the visitation and service.
- **Determine the meal needs for the family and close friends who will be attending the funeral or memorial service.** The church may provide a meal following the service.
- **Plan the service with the pastor**
 - Persons to be involved
 - Hymns
 - Scriptures
 - Music
 - Remembrances
 - Printed order of the service
- **Prepare for the service**
 - Set up the guest book table
 - Set up the display tables of photos/other memorabilia to honor the deceased's life
 - Distribute the flowers and plant memorials throughout the sanctuary
 - Decide on the seating arrangements of family members

PART II: Advance Planning for End of Life

Benefits of Planning Well

This guide is an invitation to think about, discuss and communicate plans in preparation for aging, illness, and the end of life. The intention is to simplify advance care planning and final arrangements and give guidance regarding some of these important decisions. It is beneficial to you and your loved ones to make thoughtful plans in advance, while not under emotional distress.

It is common in our society to avoid topics like aging, death, and the dying process. Planning is important for people of all ages, particularly those with children due to the many problems incurred with young or sudden death. We believe that preparing for our future reflects our faith in God and our concern for loved ones. It is necessary for each one of us to accept the reality of illness, aging and death. When we think about our aging process and end of life and discuss our thoughts with the faith community, it allows us to experience acceptance and wholeness.

We recognize that by planning in advance and discussing our wishes openly, we gain more control over this process. It can be difficult to make decisions and preparations in a time of crisis. Therefore, it is important for each of us to pray carefully, consider our values and communicate our advance directives and final wishes in writing. By early planning, members can make rational choices without the pressure of grief and sorrow at the time of death. Early planning also allows discussion of plans with family and friends, so that they are prepared to carry out the wishes of the individual. Many people have found a sense of relief and freedom with advance planning.

If you haven't made your wishes known ahead of time, decisions will have to be made by others. Someone may have to decide what type of final medical treatment you receive. Someone will decide about your funeral and burial. If you die without a will, state laws will dictate what happens to your money and possessions. If you and your spouse die leaving young children, the state can decide custody. Preparing for life's end and making your wishes known can be a great gift of kindness and love for your family and those you care about.

Getting Organized & Decluttering

The term "death cleaning" was popularized by the book *The Gentle Art of Swedish Death Cleaning* by Margareta Magnusson. She suggests that we should have the foresight and generosity to dispose of most of our possessions before we die. Death cleaning (decluttering) is a gift to our survivors. Every item we toss out is one less thing our survivors have to deal with. Death cleaning means leaving our home decluttered and organized so that, after our death, our loved ones don't have to spend weeks or months burdened, angry, and irritated when their focus should be on how much they miss us and what we meant to them. The brutal truth is that our survivors probably won't want our furniture, paintings, or fancy china. Instead, they will likely want small things that carry emotional value, such as select pieces of jewelry or some poignant letters. We need to identify what things we want certain family members to have and tell the whole family while we're alive so our children don't quarrel about them after we die. That is a nightmare we want to prevent.

It is also important to have our financial records organized so that our survivors don't experience the frustration of searching for various bank accounts, safety deposit boxes, accounts with automatic

payments, insurance policies, tax returns, stock certificates and deeds, your will, deeds for cemetery lots, etc. The location of these records should be communicated in writing and in person to your family or power of attorney agent.

There are many helpful guides available where you can list the location of your records and can notate your wishes for end of life. One such resource is *Before I Go You Should Know*, published by the Funeral Consumers Alliance. It is available as a digital download at <https://funerals.org>. Everence can provide you with a *Personal Financial Affairs Directory* where you may record your information. Or you can prepare your own lists and keep them in a special folder. Tell your loved ones where the folder is located, and do not keep it in a safety deposit box that may not be easily accessible after your death!

Financial Planning: Property & Assets

1. **Have an up-to-date will.** A will legally establishes your wishes in several important ways. It spells out your desires concerning the distribution of your possessions and the care of your loved ones. A will eliminates the possibility of the state determining these matters. Some decisions to consider include:
 - Choose a competent executor to settle your estate.
 - Elect a guardian for any minor dependents.
 - Decide how you want your estate divided, gifting your family and charities that you care about.
 - Consult an attorney to document your wishes in the necessary legal language.
2. **Consider the benefits of a living trust.** Trusts may be established to provide for care of dependents, to manage tax issues, and to make gifts to charity. You may name yourself as trustee with a successor trustee to take over when you become incapacitated or die. An important benefit is continuous management of your assets through death. Assets in a living trust usually are not subject to probate proceedings, providing a quicker settlement of the estate.
3. **Designate a power of attorney (POA) agent for financial decisions.** This allows your chosen person to assist with or handle most financial matters prior to your death. The document must be signed in front of a notary. The Short Form Power of Attorney-Property can be found on the Illinois government website:
<https://www.illinois.gov/content/dam/soi/en/web/gac/forms/documents/poaproperty2015.pdf>. Many banks and other financial institutions require additional documentation.
4. **Designate a digital executor in your Will or POA.** All of your online accounts and everything in them are known as digital assets. They are protected by usernames and passwords that only you can access. The afterlife of your online accounts depends upon the laws in your state, what type of online account is involved, and the terms of service governing the online account. An estate executor does not automatically gain access to all of the deceased person's online accounts unless the deceased person has provided specific consent.

The Revised Uniform Fiduciary Access to Digital Assets Act (RUFADAA), passed in 2015, has been adopted by most states including Illinois. RUFADAA extends the power of a fiduciary (executor or POA) to include management of digital assets like computer files, web domains, and virtual currency, but restricts a fiduciary's access to electronic communications such as email, text messages, and

social media accounts unless the original user consented to fiduciary access ***in a will, trust, power of attorney, or other record***. Whether your family can access your digital assets after your death is heavily dependent on whether the digital asset is stored on a physical device or on an online account. In general, family members can access digital assets on a physical device if the passcode is available. In contrast, digital assets on an online account often cannot be reached.

Steps to Take in Digital Estate Planning

- Name your digital executor in your will or in your financial power of attorney. This is the person you would like to take care of your digital assets when you die. ***You can't just give your login details to a family member.*** They won't be legally recognized, so won't have the authority to act on your behalf.
- Take an inventory of your digital assets and determine which are of value and what accounts could be closed. You must provide a way for your digital executor to access these assets. This might include providing usernames and passwords, but also include instructions for two-factor authentication or answers to security questions. ***One of the most important things is to provide your unlock code for your phone and computer.***
- Provide explicit instructions on what should be done with these assets. Accounts involving the purchase of products or services should include instructions for closing or discontinuing the accounts (accounts related to your home, subscriptions, streaming, etc.). For digital assets that may not be transferable through your will (your documents, videos, photos, music, etc.), you can leave instructions on how you'd like them to be dealt with.
- Create general access protocols for passwords and backing up digital assets stored in the cloud. The protocols should be reviewed and updated periodically, and those updates should be communicated to your digital executor. More information: <https://funerals.org/your-digital-legacy/>.

5. Organize other financial affairs:

- **Investigate survivors' benefits from Social Security.** If you are covered under Social Security, benefits may be available to your surviving spouse and/or children. Check with the Social Security Administration to see if you qualify and receive an estimate of benefits. Check the SSA website: www.ssa.gov, call 1-800-772-1213 or contact your local office.
- **Check IRAs and pension-plans.** The primary purpose of a pension plan is to provide continuing retirement benefits. Investigate the provisions of your IRAs and pension plan as some may include death benefits. Review designated beneficiaries.
- **Consider your life insurance needs.** Financial protection is the principal function of life insurance. Every situation is particular to each individual. Consult an insurance advisor to discuss your needs as you consider end of life issues.
- **If married, consider the implications of joint ownership.** Most couples own property in joint tenancy with rights of survivorship. When a spouse dies, the assets typically transfer to the surviving spouse. Joint ownership may ensure a smoother transition but is not a substitute for a will. Safety deposit boxes may be sealed until an inventory can be taken of the contents. Consider other types of ownership for larger estates, such as individual ownership, tenancy in common or revocable trusts. Seek legal guidance through an attorney or estate planner. Everence offers resources that include faith, values, and financial considerations.

- **Estimate your potential estate tax.** List all of your assets on the basis of present fair market value. Depending on the size of your estate, the federal and the state governments may impose an estate tax. Review the current Illinois laws on the Office of the Illinois Attorney General website at www.illinoisattorneygeneral.gov. Consider estate planning and consult an attorney, estate planner or tax accountant as needed.
- **Be sure your estate has adequate liquidity.** Following a loved one's passing there can be an immediate need for cash to cover expenses such as funeral costs, outstanding debts, and ongoing living expenses. During this time, some assets such as bank accounts, stocks, annuities, and real estate may be frozen, leaving families in a financial bind.

Estate assets are divided into probate and non-probate assets. Probate assets must go through the probate process which may take a year or more, while non-probate assets can be distributed immediately to beneficiaries. To ensure your family is cared for, include sufficient liquid, non-probate assets in your estate. Non-probate assets include:

- **accounts held in a trust** (the successor trustee will have immediate access)
- **joint accounts** with automatic rights of survivorship (the surviving primary account owner can continue using the account, and the money in it, without any interruptions)
- **payable on death (POD)** or transferable on death (TOD) accounts (if the account holder has established someone as a beneficiary, the bank releases the funds to the named person once it learns of the account holder's death)
- **life insurance** benefits (claims may take 30, 60 or more days to process after the death certificate has been received)

A death certificate is essential for beneficiaries to unlock POD and life insurance assets of the deceased. However, sometimes obtaining a death certificate can be a lengthy process, particularly after unexpected or accidental deaths when an autopsy is needed.

- **Consider transferring some assets during your lifetime.** You may choose to gift some of your belongings to children or other recipients prior to your death. Be informed of Medicaid eligibility and allowable transfers for long term care services. This information can be found at the Illinois Department of Human Services website: <http://www.dhs.state.il.us>. Consider donating to church causes, which may offer tax advantages. Gifts may include: cash, land, stocks, bonds or treasured possessions. You may choose to designate some of your possessions to your children or heirs, so that your wishes are known at the time of your death. Seek legal and financial guidance as needed.
- **Consider seeking counsel from Everence Financial.** In addition to an attorney and accountant, Everence is a source of guidance and counsel. It is particularly interested in helping Mennonites become faithful stewards of accumulated possessions. Inquire about charitable trust arrangements or about including your favorite church charities with a bequest. Explore options at the Everence Financial website: www.everence.com or call: 574-533-9511.
- **Consider establishing a memorial fund.** Memorial funds are a way of helping charitable causes you believe in deeply. It is a tangible way for friends to express their grief. Memorial fund responses may be significant enough to establish a continuing endowment or provide equipment for your chosen charity. Include memorial instructions on the prearrangement sheet filed with the funeral director and in the church office.

Advance Planning for Health Care

There is no “correct” or “incorrect” decision at the end of life. It’s important, however, that any decision be patient-directed. One patient may wish to be intubated, have CPR, and have mechanical ventilation. Another might feel that artificial ventilation is a terrible experience for an older person. That patient may prefer to ask for morphine to alleviate any sense of air hunger and to allow a gentle death. **Life-sustaining care** is keeping a patient (who may be unconscious or cognitively impaired) alive with advanced medical procedures, artificial feeding, and mechanical ventilation. **Comfort care** focuses not on extending life, but on improving the quality of the patient’s remaining life.

If you have a terminal disease, then a cure is extremely unlikely. Life-sustaining treatments may keep your heart, lungs, and other organs working, but your quality of life, as measured by interactions with others, cognitive awareness, ability to move, etc., may be minimal. That said, deciding when to seek comfort care and stop pursuing a cure or life-sustaining care can be difficult.

Patient-directed care happens when patients work closely with their doctors to select treatments and tests that align with their priorities and values. Under these favorable circumstances, patients understand their illness and the prognosis and outcomes. They also understand the various treatment options, including the option of no treatment, and the pros and cons of each treatment being considered. Sadly, too many critically important decisions are made for patients without their input when they are no longer able to voice their preferences. The way to avoid this pitfall is through preparation of advance directives!

Karen Ann Quinlan, Nancy Cruzan, and Terri Schiavo were all in their twenties when they had personal disasters and were incapacitated and comatose. Karen Quinlan became vegetative in 1975 and was kept alive for ten years. Nancy Cruzan became vegetative in 1983 and was kept alive for eight years. Terri Schiavo became vegetative in 1990 and was kept alive for fifteen years. The lack of an advance directive in each case resulted in the courts stepping in to decide their fate. All three cases led to an upsurge in the use of advance directives, yet only about 40 percent of Americans overall—and about 20 percent in communities of color—take advantage of advance directives for empowerment, control, and respect for individual values.

Advance Directives

1. **A Power of Attorney for Health Care (POAHC)** allows you to designate a person to make decisions for health care on your behalf if you are not able to speak for yourself. You do not need to have a terminal illness. By designating a trusted family member or friend as POAHC, you legally allow him/her to make decisions on your behalf if you become unconscious, unable to communicate or unable to make sound decisions. You may also list a secondary and tertiary agent if desired.

It is recommended that you consult with any person you choose before designating them as your Health Care agent. It is important to communicate your wishes and beliefs with your agent. The POAHC form can be found on the IL Dept of Public Health website:

<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/powerofattorneyhealthcareform.pdf>.

Executing a Power of Attorney for Health Care does not require the services of a lawyer. However, it is appropriate to seek legal assistance, especially if you anticipate family dissension regarding your wishes.

Choose someone to be your health-care agent who is comfortable with the responsibility of representing you and able to make tough decisions on your behalf, someone who is assertive when talking with doctors, even if the doctors are authoritarian and overbearing. Another skill your health-care agent will need is the strength to stand up to others who may try to intimidate them, such as an estranged or emotionally detached family member who flies in from far away and disagrees with what is in your advance directive. Your closest relatives may not always be the best health-care agents. They may be too timid to stand up to doctors who recommend a treatment inconsistent with your advance directive.

2. **POLST (Physicians Orders for Life-Sustaining Treatment)**, formerly DNR or Do Not Resuscitate, puts your wishes regarding End of Life Care in writing and must be signed by your doctor. Persons who do not have a POLST are automatically considered to be a “full code” and resuscitation will be attempted. This form can be found on the IL Dept of Public Health website.

(https://dph.illinois.gov/content/dam/soi/en/web/idph/forms/topics-services/health-care-regulation/nursing-homes/POLST_220926.pdf)

A “Do Not Resuscitate Order” or DNR (also called Allow Natural Death or AND) directs your medical-care team not to give you CPR (cardiopulmonary resuscitation) if your heart stops beating. If you don’t want your chest aggressively compressed (and your ribs likely broken), your heart electrically shocked, and tubes inserted down your throat to keep you breathing, then you need a DNR. A doctor signs a DNR order when CPR is not in accordance with the patient’s wishes, but it’s only good for a particular admission at a particular time. If patients want to retain a DNR order, regardless of the facility or institution they’re in, it’s wise to ask the doctor to fill out a POLST. Choosing “full code” as opposed to “no code” (or DNR) means that you want to be kept alive regardless of the cost in pain or suffering.

3. **A Living Will Declaration** tells healthcare professions if you want death-delaying procedures. It is used only in the event that you have a terminal condition. This form can be found at

<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/living-will-040416.pdf>.

A Living Will should clarify what level of physical functioning is acceptable to you with life-prolonging interventions. When preparing a Living Will, you might think of this: “I would want to live as long as I could still (then complete the sentence with what is most important to you). For example, your life would be worth living as long as you could still (pick some functions, such as the following):

- Recognize your spouse, grandchildren, and other family members and friends
- Talk to your family and friends
- Get out of bed
- Walk
- Swallow
- Feed yourself
- Taste food
- Use a cell phone
- Read books
- Live on your own (i.e., not in a nursing home)

4. **Dementia Provision in Your Advance Directives**

Patients with dementia are as likely as any other patient to be given harsh medical treatments in which doctors assume that the goal of care is to prolong the *quantity* of life by as much as possible.

Shockingly, nine out of every ten patients with dementia have at least one medical procedure in the last

week of their lives, like hip or knee replacement, cardiac pacemaker implantation, mechanical ventilation, or insertion of feeding tubes. If patients with advanced dementia documented their wishes earlier in their lives (when they still had decision-making capability) for a gentle, dignified, and peaceful death, that should be respected. Such documentation would be in the form of a dementia provision added to the advance directive. An excellent example comes from the organization, Compassion & Choices, and can be found on their website: <https://compassionandchoices.org/eolc/finish-strong-tools/>.

Some people with advanced dementia would rather be dead than suffer through the end stages of their disease—being unable to walk, incapable of feeding themselves, unable to recognize loved ones, and with their mental and emotional faculties largely destroyed and suffering from fecal incontinence and significant personality and behavior changes.

Life-prolonging treatments under these circumstances are neither rational nor wise. If a patient has advanced dementia, the best approach may be to let the person die naturally and not do anything to impede that from happening while providing as much comfort as possible. Patients with dementia usually suffer a glacially slow decline. Patients will draw the line differently, marking the start of a status that is no longer acceptable to them and where they no longer want to receive life-prolonging interventions. It's crucial to document in your dementia provision (part of your advance directive) where you want to draw the line so that your caregivers, health-care agent, and medical providers know what you want. You need to determine—in advance of the loss of decision-making capacity due to dementia—the point at which you would like to forgo treatments and allow a natural death. The way to achieve a peaceful and dignified death with Alzheimer's and other dementia is to articulate in writing and conversations with loved ones the "line" past which you do not wish to live. This must be done while the disease is still in its early stages.

Where to Put Your Paperwork

It takes effort to complete an advance directive, a dementia provision, a POLST form, and a DNR. All that effort will be wasted if no one can find the documents. So, give all your completed forms to your loved ones, health-care agent, and doctors. Ask your doctors to upload all these documents, including your advance directive, into their electronic medical system so that they become part of your chart and can be easily accessed by a new doctor you might be seeing. Health care facilities request copies upon admission to the facility. You may choose to carry a card indicating the existence of your advanced directive in case of an illness or accident. An advance directive can be revoked at any time by stating so either orally or in writing. Destroy revoked copies and distribute new instructions.

Having the Conversation

An advance directive is a tool to help us convey to our family and medical providers how we want to be cared for and treated at the end of life. Patients who discuss their preferences with their doctors and loved ones will likely suffer less in their last weeks and days of life than those who do not. In his book *Being Mortal*, surgeon Dr. Atul Gawande writes, "People who had substantive discussions with their doctor about their end-of-life preferences were far more likely to die at peace and in control of their situation and to spare their family anguish." The longer the conversation about end-of-life wishes is delayed, the more challenging such conversations become. However, even scraps and fragments of ideas can help your health-care agent do the right thing. To say things like, "Do everything you can to keep me alive as long as possible," or "I never want to be on a mechanical ventilator," or "Keep me free of pain even if the morphine hastens my death" can help your health-care agent make the decisions you want and markedly reduce the decision-making burden on them. In these conversations, patients share their vision of the death they want with their doctors and family. Hopefully, that vision will include potential exit strategies, such as, "When I'm close to death, don't give me antibiotics if I get pneumonia."

Conversations about death and dying must become routine if we want to achieve the goal of making it easier for people to attain peaceful and good deaths. A good resource in this area is an ambitious program called The Conversation Project. It encourages people to talk openly with their loved ones and doctors about how they want to be treated at the end of life. The Conversation Project recommends that the end-of-life conversation begin when a person is in good health and suggests the following ways to start it:

1. I need your help with something.
2. Remember how Aunt Paula died? Do you think it was a good death or a hard death? How would you like yours to be different?
3. I was thinking about what happened to Grandpa, which made me realize . . .
4. I need to think about the future. Will you help me?

Palliative Care and Hospice Care

Palliative care is specialized medical care for people living with a serious illness. It relieves the symptoms and stress of diseases like cancer, dementia, lung disease, kidney failure, and heart disease, whether the suffering is physical, emotional, social, or spiritual. Palliative care can be provided to patients simultaneously as they receive curative treatment for a serious illness. They don't have to wait until their disease is advanced to start palliative care. This care can be used at any time after the diagnosis. Patients can request palliative care consultations at diagnosis or during worsening symptoms. It doesn't focus on curing the disease but instead on easing suffering and improving the quality of life. Palliative care doctors know that quality of life is important and sometimes more important to patients than trying to prolong life indefinitely. When facing a relentless disease, palliative care is invaluable; the earlier a patient gets help, the better. Palliative care doctors help manage anxiety, agitation, nausea, constipation, fatigue, and air hunger. They work side-by-side with the doctors whose aim is to cure illness and prolong life. Palliative care doctors focus on the whole patient and family members with support rooted in kindness, respect, and compassion. They encourage patients to be fully in charge of their own care and make decisions consistent with their values and preferences.

Palliative care generally is based in hospices, hospitals, nursing homes, and outpatient palliative care clinics or occurs at home. A palliative care team may include specialist nurses and doctors, social workers, religious or spiritual leaders, therapists, or nutritionists, among other professionals. The team will vary depending on the needs of the patient.

Hospice care is a specialized form of palliative care delivered to patients with a life expectancy of six months or less. By this time, trying to cure the disease is no longer an option, so efforts to cure are replaced by comfort care. Hospices provide a way to focus on optimizing the quality of life for those nearing death. Hospice is a philosophy of care that uses palliative care principles with terminally ill patients. Unfortunately, some doctors believe that using hospice means they have failed, and, to some patients, using hospice represents giving up. Both suppositions are wrong.

End-of-life Doulas

End-of-life or death doulas offer support, companionship, and guidance not only to the dying but also to partners, family members, and loved ones. They approach their work in a holistic manner, providing emotional, spiritual, and practical care, and are often central in helping the dying think about and develop a plan for how they would like to die. Doulas help to normalize the process of dying and grief by creating a space to hold skillfully guided conversations among the dying and loved ones, thereby increasing communication and supporting emotional and spiritual well-being.

If you can afford them, end-of-life doulas are often an excellent addition to hospice care because they can spend ample time with patients, coaching them, helping them emotionally, comforting them, listening to

them, and keeping them physically comfortable and clean. End-of-life doulas can also help dying patients plan the end of their lives, collect ideas for their memorial service, incorporate traditions and rituals during the vigil process, take notes about their life stories, and even help them write letters to loved ones. And they provide respite for family members who are likely stressed and exhausted. End-of-life doulas are a wonderful supplement to hospice care because they provide the one thing hospice cannot, and that is spending virtually unlimited time with the families and patients. End-of-life doulas can be there at the time of death as well as before and afterward. Some volunteer their services, while others have full-time careers as death doulas. In contrast to hospice, the services of end-of-life doulas are not currently reimbursed by Medicare or insurance carriers. The dying patient or the family must pay for the doula's services. Each doula will have a different arrangement, which should be discussed and negotiated. In the future, as we have seen in the field of birth doulas, insurance reimbursement and Medicare coverage could become possible in some states.

Planning for Disposition of the Body

Options for Body Disposition

1. **A traditional ground burial** uses a casket and a vault or grave liner. A vault, made of concrete, steel or lightweight fiberglass-type materials, completely encloses the casket in the grave. A less expensive option is a concrete grave liner. No state or federal law requires the use of a burial vault, but most cemeteries do. The vault prevents the grave from sinking in after decomposition of the body and casket, making it easier to mow with heavy equipment. Some religious traditions require burial directly in the earth without a vault. If this is desired, the cemetery may allow the concrete grave liner to be placed upside down over the casket so that the casket is in contact with the earth.
2. **A green burial** is a way of caring for the body with minimal environmental impact. There is no embalming, the burial container is made from natural/plant derived materials or a cloth shroud is used, there is no vault or grave liner, and either no marker or just an in-ground plaque or stone is used. The Green Burial Council certifies three types of cemeteries: Hybrid, Natural, and Conservation Burial Grounds. There are two hybrid cemeteries in central Illinois, Sunset Memorial Garden in Danville and Roselawn Memorial Park in Springfield. These are conventional cemeteries that have a section for green burials. The closest natural cemetery is Oak Hill Cemetery, Crawfordsville, IN. Natural cemeteries allow for green burial in a natural setting with native plants and terrain. A conservation burial ground has recently opened near Galena, IL overlooking the Mississippi River. Casper Creek Natural Cemetery offers full body natural burials, burials of cremains, and ash scattering. It differs from a natural cemetery in that it is part of a land trust. Profits are directed to land acquisition, land protection, land restoration, and land management. The burial area also becomes hallowed ground, restored to its natural condition and protected forever with a conservation easement.

There are also some small, church-owned cemeteries in Champaign County that may offer green burial with no vault, using a shroud. Regardless of cemetery choice, Illinois law requires that you work with a funeral director. When selecting a funeral home, you should ask whether they can facilitate green burial. This means that there would be no embalming of the body (refrigeration is ok if the burial will be delayed more than 24 hours). For green burial the body container must be

made from plant-based materials. Examples would include simple wood caskets (no metal), woven reed baskets, or cloth shrouds. You have the right (Federal Trade Commission Funeral Rule) to select or provide any burial container. It can be purchased from the funeral home, purchased online or handmade.

- 3. Cremation** is the process of reducing the body to ashes and bone fragments through the use of intense heat. The process usually takes from two to four hours. The cremated remains are then pulverized to break up larger bone fragments to a granular texture.

There is a legal waiting period of 24 hours before cremation in Illinois. The funeral director takes care of the documents required for cremations (a death certificate and authorization permits) and makes all the arrangements. The funeral director will transport the body to the crematory. A casket is not necessary, but a rigid combustible container is required. The crematory or funeral home offers these, usually called an alternative container. Ashes are returned to the family in an urn or container. Urns are available from the funeral director or the family can provide one of their choice. The ashes (cremains) can be put in a niche in a columbarium, buried, scattered, or kept by the family. Cremains could be divided among family members to be kept, sprinkled or buried in several different places (i.e. with a first and second spouse). The ashes are sterile and pose no health hazard. Their disposition is generally not regulated by law.

- 4. Green cremation** or alkaline hydrolysis (aka water cremation) uses water, alkaline chemicals, heat, and sometimes pressure and agitation, to accelerate natural decomposition, leaving bone fragments and a neutral liquid called effluent. The decomposition that occurs in alkaline hydrolysis is the same as that which occurs during burial, just sped up dramatically by the chemicals. The effluent is sterile, and contains salts, sugars, amino acids and peptides. There is no tissue and no DNA left after the process completes. This process uses only 1/8 of the energy of flame-based cremation. Additionally, it eliminates the production of 250 lb. of CO₂, the release of mercury and other elements into air, and the byproduct emissions of nitrogen oxide, sulfur dioxide, dioxins, and particulates resulting from flame-based cremation.

While the closest actual facilities for water cremation are in northern Illinois, a local business, Evergreen Cremation Services, 314 Tiffany Ct., Champaign, IL 61822, offers this option. They provide services of a funeral director, transportation of the body to a South Holland, IL facility, alkaline hydrolysis fee, containers for cremation and the cremains, and filing of the death certificate.

- 5. Body donation**, anatomical donation, or body bequest is the donation of a whole body after death for research and education. For years, only medical schools accepted bodies for donation, but now private programs also accept donors. There is usually no cost to donate a body to science; most donation programs pay for nearby transportation as well as the cost of cremation once a donated cadaver has served its purpose and is returned to the family for internment. Therefore, body donation may be an economical as well as thoughtful and generous choice. Some donation programs require that a donor register before death. However, in many cases, next-of-kin may make the bequest without prior arrangement. One option for anatomical gifting to medical schools in Illinois is the Anatomical Gift Association of Illinois (www.againninois.org or call 312-733-5283). You must pay for transportation of the body to Chicago. Another organization that has been used by several local residents is MedCure (<http://medcure.org>, 866-560-2525). With MedCure, all costs including transport of the body are covered.

Here are the steps to take if you wish to donate your body for medical purposes.

- **By the donor in advance:**

- a. Discuss the question with family members, and make your decision known to your executor(s), to the person to whom you have given power of attorney, or to your next-of-kin. Do not consult a funeral home at this stage.
- b. Choose an organization, register with them, and then carry at all times any membership card they supply.
- c. Decide on an alternative plan in case, for any reason, your body cannot be accepted, and inform your executor and family about this plan also.

- **When death is near:**

If you are under hospice care, or have a less-than-six-months life expectancy, you or one of your family should telephone the organization you have chosen and have an eligibility screening and medical/social history interview with a representative.

- **When death comes:**

- a. If death occurs in a hospital or under regular care, a doctor will pronounce the end of life. If it occurs unexpectedly, or where no doctor is available, a member of the family or other person involved should call to get a pronouncement of death from the coroner or other medically qualified person.
- b. Do not call a funeral home. Call the body donation organization as soon as death is officially pronounced, and ask them to arrange for the pick-up and transportation of the body. They will give instructions on what else is needed.

- **Funeral arrangements:**

- a. A ceremonial viewing of the body by friends and relatives will not be possible. But a memorial service can be arranged at any time, in a church or other location. Eventually the cremated remains can be returned to the family if desired, and used in a funeral ceremony.
- b. Copies of the death certificate will be obtainable from the Illinois Department of Public Health a few weeks after death. It will be arranged by the organization that accepted the donated body.

- **Donation by the family without prior consent of the deceased:**

If the deceased made no specific arrangements for the disposal of his or her body, the executor(s) or next-of-kin can still decide to donate it for medical research.

6. Natural organic reduction (human composting) uses a biological process that is similar to what occurs on the forest floor as organic material decomposes and becomes topsoil. The body is placed into a composting vessel surrounded by a mixture of wood chips, alfalfa, and straw carefully calibrated and specially tailored to each individual. The vessel is closed and the transformation into soil begins. In the vessel, microbes power change at the molecular level, resulting in the formation of a nutrient-dense soil. After five to seven weeks, depending on the body, the soil is removed from the vessel and placed in a curing bin for an additional three to five weeks. Each composted body creates approximately one cubic yard of soil. Human composting is not yet legal in Illinois although legislation was introduced in 2023. The states where composting has been legalized (as of Dec. 2024) are Washington, Colorado, Oregon, Vermont, California, New York, Nevada, Arizona, Maryland, Delaware, Minnesota, and Maine. Most current facilities are on the west coast.

Cost of Body Disposition Options

There are three options that will help minimize funeral expense if they are acceptable to the family.

- With direct burial, the body is buried shortly after death, usually in a simple container. No viewing or visitation is involved, so no embalming is necessary. A memorial service may be held at the graveside or later. Direct burial usually costs less than the "traditional" full-service funeral. Costs include the funeral home's basic services fee, as well as transportation and care of the body, the purchase of a casket or burial container and a cemetery plot or crypt. If the family chooses to be at the cemetery for the burial, the funeral home often charges an additional fee for graveside service.
- With direct cremation, the body is cremated shortly after death, without embalming, viewing or visitation. Funeral home charges will include the necessary paperwork, basic services fee, transportation, a container for cremation, and the crematory fee.
- With whole body donation, there may be no cost or only the cost of transporting the body to a facility.

Choosing a Funeral Home

Illinois is one of a handful of states that mandates the use of a funeral director in filing the death certificate and transporting the body from the place of death. Pre-planning will allow you to make wise decisions when choosing a funeral director and will spare your family the ordeal of making this decision while grieving and pressed for time.

If you have used a funeral home in the past, don't automatically assume it's the best choice. Without comparing prices and services, you can't tell whether their fees are reasonable, or if you've been overcharged generation after generation. When pre-planning:

1. Consult your family and decide on a budget
2. Learn about your rights as a funeral consumer. The Federal Trade Commission's Funeral Rule affirms your right to:
 - Get price information over the telephone
 - Receive a written, itemized price list when you visit
 - Buy only the goods and services you want
 - Choose not to have embalming
 - Use an alternative container instead of a casket for cremation
 - Provide the funeral home with a casket or urn bought elsewhere without incurring additional fees
 - Receive a written statement after you decide what you want, but before you pay
3. Compare prices for your chosen type of body disposition (burial, cremation, etc.). Check on the website of the Funeral Consumers Alliance of Champaign County (FuneralsChampaignCounty.org) to see a comparison of prices at local funeral homes. You may find a huge price difference for the same option, so doing a cost comparison might save you several thousand dollars. For example, the price of a direct cremation (2024) ranges from \$995 to \$3415 in Champaign-Urbana.
4. Visit several funeral homes. Bring a list of questions and a friend or family member less emotionally invested in the funeral than you are. Ask the funeral home for their General Price List and have the director review it with you. You might want to see an array of urns or caskets, ask about their billing policy, or meet the staff. Do you like the facility? Does the funeral director seem helpful and trustworthy, and answer questions willingly? Is he or she sensitive to your values and cultural or religious needs? Don't select a funeral provider unless you feel completely comfortable with the director and the premises.

5. Put your wishes in writing. If you are planning a funeral in advance of need, be sure to tell your loved ones about your decisions. Write down your specific instructions and funeral home choice. Give copies of your instructions to your family members or close friends, lawyer, and/or pastor. Do not put your written plans **only** in your Will or safe deposit box—they might not be found and read until too late—after your funeral is over.

The power to name a designated agent for body disposition is available in Illinois (755 ILCS 65/Disposition of Remains Act). Assigning an agent can be useful when one individual is more inclined to follow your wishes than another, or to prevent conflict between family members of equal kinship. If you are estranged from your next-of-kin or were never married to your significant other, the designated agent law allows you to name someone other than a legal spouse or next of kin.

6. Pre-plan but don't prepay. Pre-planning your funeral and making your final arrangements in advance is a great idea. Not only does it save your loved ones from being forced to make difficult and emotional decisions, but it will give you peace of mind knowing that things are in order. But pre-planning does not need to mean pre-payment. Prepaying is usually unwise because you might change your mind, better funeral alternatives might become available, you may want to use a different funeral home, you may end up dying far away from the funeral home you prepaid, the money may be lost or mismanaged, family members may lose the paperwork, or the funeral home may go out of business. Prepaying does make sense when spending down to qualify for Medicaid or when death is expected in the near future.
7. Purchasing caskets or urns. Despite any impression to the contrary, you may receive from the funeral director, you are not required to purchase an urn or casket from them (FTC Funeral Rule). You may purchase caskets and urns online from a manufacturer or from a retailer like Amazon or Costco. The prices on the web will almost always be more affordable than the exact same item at the funeral home. You may make a casket yourself or hire someone to build a casket. Some churches provide homemade simple pine caskets that can be individually decorated.

Most funeral homes offer rentals which you can use for the memorial or funeral service. You can often rent a very attractive, high-end casket for use during the service. The body will generally be in a sturdy cardboard container which is placed inside the premium casket during the viewing and/or memorial service. Afterwards the cardboard container will be removed and buried or taken to the crematorium for cremation. This allows you to have the use of a beautiful casket during the public service without the premium cost attached to it.

If you're not comfortable shopping online, or if you just don't want to hassle with another thing to do, you can still find more affordably-priced caskets and urns at the funeral home. They tend to display the premium items in the showroom, along with a few cheaper models that give you the impression that you are looking at the whole spectrum of options. But if you really want to save on costs, just ask if they have any more budget-friendly options in the back.

There is no law that requires you to use or purchase a casket for a cremation. Every provider of cremation services is required to inform you that alternative containers (such as cardboard) are available.

While most funeral directors are honest and helpful, you may get a pushy-salesman type who will try to sell you more than you need. Or perhaps you feel pressure from family and friends to make

everything “just right”. Or maybe without any explicit prodding, the vast range of options makes you feel like you need to accept more of the services the funeral home offers than you might under different circumstances. Whatever the situation, remember that almost all of the services offered by the funeral home are optional, including:

- Embalming (refrigeration is an option if the service will be delayed)
- Viewing
- Flowers
- Transportation services
- Casket (you can rent and/or buy elsewhere)
- Urn (you can rent and/or buy elsewhere)
- Burial (you can choose cremation)
- Cremation (you can choose burial)
- Casket for cremation (never required)
- Seals, liners, etc.
- Warranties

When planning a funeral, it’s a good idea to bring another person along whenever you are shopping for or deciding on funeral services. Ideally this is a person who was not as close to the decedent, as they will be able to offer a less emotionally invested opinion on the choices you’ll be making.

Timing for Disposition of the Body

1. If death is natural and the family chooses burial, disposition can be arranged after filing of the death certificate, securing a physician’s signature and burial permit. The funeral home will assist with this.
2. If a death is accidental or foul play is suspected, the coroner may be involved and an investigation could delay the process.
3. Autopsies may be done when there is a sudden or unexplained death or the family wants specific medical information. This decision can be communicated to the doctor or the funeral home. If the death occurs in the hospital, the decision should be made before the body is taken from the hospital. There may be a cost associated with autopsy depending on circumstances.

Death Certificate

A physician and the funeral director sign the death certificate. It is filed with the County Health Department. Copies are available through the funeral home. Families should purchase 5-10 certified copies. Copies are needed when settling the estate, life insurance policies, investments, transfer of property, etc. If additional copies are needed, they can be purchased from the Health Department at a later time.

Choosing a Cemetery

As with all death-related costs, shop around ahead of time. Consider the convenience of the location, and whether the cemetery meets your family’s religious requirements. Visit several cemeteries, ask for a tour of the various burial areas, and get a printed, itemized price list for all services and merchandise. Be sure to check restrictions, including the type and size of monuments, whether vaults and markers can be purchased elsewhere, and the type of grave decorations allowed.

What types of plots are available?

Most common is a single plot for one full-size casket. Some cemeteries allow cremation urns to be combined with a casket in one grave. Smaller plots are sometimes available for child or infant size coffins. Double plots, usually sold to a couple, can be two plots side by side, or a single plot with caskets stacked on top of each other. Many cemeteries also sell much larger family plots. Some cemeteries offer above ground burial or entombment in a free-standing building called a mausoleum. This involves placing the casket or urn into a crypt. Mausoleums tend to be more expensive.

What will the plot cost?

You will find a wide range of prices for graves, depending on the cemetery and region. In many rural areas, small nonprofit cemeteries will sell you a full-sized grave for \$500 or so. Some urban cemeteries, particularly those owned by for-profit companies, can charge \$5,000 to \$10,000 for one. Remember that burial plots are free for veterans and their spouses in national veterans cemeteries and free or nearly free in many state-run veterans cemeteries. Check on the website of the Funeral Consumers Alliance of Champaign County (FuneralsChampaignCounty.org) to see a list of prices at cemeteries in the county.

What is a vault? Is it required?

A vault, made of concrete, steel or lightweight fiberglass-type materials, completely encloses the casket in the grave. No state or federal law requires the use of a burial vault, but most cemeteries do require it. The vault prevents the grave from sinking in after decomposition of the body and casket, making it easier to mow with heavy equipment. Some religious traditions require burial directly in the earth without a vault, and some cemeteries have areas set aside for this purpose. You could pay about \$700 or so for a simple concrete grave liner, to over \$15,000 for a fancy metal-clad vault. Before showing you any outer burial containers, the funeral provider must give you a list of prices and descriptions. You may find it less expensive to buy one from a third-party company than from a funeral home or cemetery.

Other cemetery costs

- Some cemeteries bill a family annually for upkeep of a grave site and cemetery grounds. But typically, a one-time maintenance fee, usually 5% to 15% of the plot price, is added into the cost of a grave. Most states require cemeteries to deposit this into a trust fund separate from other operating expenses.
- In addition to the cost of the grave, the cemetery will charge an opening and closing fee at the time of burial. This covers the cost of digging the grave and filling it in once the casket is placed. The rate may vary according to the size of the grave, and time of day, week or year; it can range from about \$300 to \$1,500.
- The marker or headstone for a grave can be purchased from the cemetery, monument company, or even online, depending on the cemetery's restrictions. Because regulation of cemeteries is lax, some will insist that you buy the headstone from them, or impose a ludicrous "inspection fee" for markers purchased elsewhere. This is legally questionable, but almost never investigated, unfortunately. Any engraving will be an extra charge, and installation can cost several hundred dollars. Expect to spend about \$1,000 or more for the headstone, engraving and installation.

Veterans' Burial Benefits

Most veterans are entitled to a free burial in any national VA cemetery with available space. There is no charge for the gravesite, opening and closing the grave, a vault or liner, perpetual care of the gravesite, a headstone or marker, and a burial flag. For burial in a private cemetery anywhere in the world, most veterans are eligible for a free government-issued headstone or marker and a burial flag.

Survivors of certain eligible veterans can receive a predetermined burial allowance to reimburse them for some burial, funeral and transportation costs not covered by other organizations. These benefits apply to all legal arrangements, including cremation, burial at sea, and donating the remains to a medical school. An itemized receipt must be submitted for transportation reimbursement. For a non-service-connected death, the maximum benefit is about \$950 for burial and \$950 for a plot, and in some cases a portion of the cost of transporting the remains. Claims must be filed within two years. The spouse and minor dependent children of any eligible veteran are entitled to burial in a national VA cemetery, even if they predecease the veteran.

Funeral or Memorial Service Planning

Types of Services

1. Funeral service: The body or ashes are present at the service. A brief graveside service and burial may follow the funeral service.
2. Memorial Service: The body is not present. A graveside service and/or burial for the family may be held prior to the memorial service.
3. Celebration of Life: This may occur prior to death with the person present.

Typical Protocol for Visitation and Funeral Service

1. The service usually takes place three to five days after death for a funeral, but can be later if circumstances dictate it (like accommodating persons traveling from a distance).
2. Visitations often take place the day before the service and/or an hour prior to the service.

Typical Protocol for a Memorial Service

Since the body is not present, the service can be held weeks or months after the death, allowing the family time to plan and then gather at a convenient time and place. It is typically less expensive and simpler to arrange than a traditional funeral. The memorial service is a chance to remember and tell stories about a loved one who has died. Those memories from friends and family will likely be entertaining, funny, and comforting. Saying goodbye to a person with expressions of love and tenderness creates an imperishable and hallowed event that can profoundly impact the people present.

Planning the Service

FMC pastors are the church's point-persons for supporting the planning of a funeral or memorial service, with assistance from the Spiritual Leadership Team, Hospitality & Fellowship Committee, and office Administrative Assistant. Printing of programs, arranging for music, guestbook, setup of the sanctuary, and refreshments can all be done "in house."

Funeral home staff's involvement with the memorial events varies; they do not have to be involved with the service unless the body & casket are present. There are often extra charges for involvement of the funeral home staff so be sure to check for this before signing the contract for services.

Obituaries

Providing notes for your obituary is a good idea, and your surviving loved ones will be grateful for the help. An obituary is an announcement that a loved one has died. It alerts others about the details of any viewing, memorial, funeral, and burial services, shares information about the person's life, and serves as a record for future generations. As you plan your loved one's obituary, check with the funeral home (if you're using a funeral home). It may have a guide for obituary writing. It also may have an online platform on which to place a digital obituary and invite people to share memories.

There is no "correct" way to draft an obituary. The first step is to collect the necessary raw information. Start with an announcement of the death that identifies the person and states that the loved one has died. Include the person's age, hometown, date of death, and the names of the person's parents and surviving family members. You might add that the death was sudden or came after a long illness and include the time and place of death. If true, you could add that the person was surrounded by family. You will want to include a summary of the person's life. This is a way to honor the person and the

meaning his life held, but it also helps other people remember him. Reach out to people who knew the person so they can contribute information and ideas. It's usual to include the person's job and career information, if it applies, and any educational achievements. It is also customary to add a brief word about the person's community activities and hobbies.

In Champaign County the only newspaper available for printing obituaries is the Champaign News-Gazette. Niko Dugan, managing editor of the News-Gazette, kindly provided the following information about the newspaper's policies for printing obituaries (Nov. 2023). The News-Gazette normally accepts obituaries that have been submitted to it by funeral directors, cremation societies or other providers of funeral services, which already have an account with the News-Gazette for that purpose. But, individuals may also submit obituaries using a Public Submission Form at: <https://obituaries.news-gazette.com/obituary/new>. In those cases, the News-Gazette will require independent verification of the death from a source such as the county coroner, local police or a member of the clergy. The newspaper does not accept phoned-in obituaries; it may accept handwritten or faxed versions on a case-by-case basis or in an emergency. If at all possible, one should use the web site above and/or provide a typed version that can be easily shared by electronic means. Questions about public submission of an obituary may be directed to the News-Gazette at 217-393-5252, extension 3.

The News-Gazette publishes a simple one-paragraph death notice, which lists the name, age and home town of the deceased, as well as the funeral home handling arrangements without charge. A somewhat longer two-paragraph death notice, which gives the above information, circumstances of death and the time and location of funeral services, is also published without charge. However, most families will wish to publish a longer description of the deceased person's family members and friendships as well as a summary of his or her life story, activities and accomplishments. The cost of publishing such longer obituaries depends on their length and typically costs several hundred dollars. Visit the Public Submission Form site (website listed in previous paragraph) or call the News-Gazette for current pricing.

Resources

Organizations/Websites

1. Funeral Consumers Alliance (FCA): <https://funerals.org>
FCA is an educational nonprofit with nationwide affiliates offering funeral consumer support, information, and advocacy for legislative change. Their website contains a wealth of information about end-of-life options.
2. Funeral Consumers Alliance of Champaign County (FCACC):
<https://funeralschampaigncounty.org> The website contains local as well as general information about funeral and burial planning. Cost comparisons for Champaign County funeral homes and cemeteries are published here.
3. Compassion and Choices: <https://compassionandchoices.org/>. A society that affirms life and accepts the inevitability of death, embraces expanded options for compassionate dying and empowers everyone to choose end-of-life care that reflects their values, priorities and beliefs. Their website contains information about end-of-life care options including medical aid in dying and VSED (voluntarily stop eating and drinking). Also available is an excellent planning guide (*The End-of-Life Decisions Guide and Toolkit*).
4. Federal Trade Commission (FTC): <https://consumer.ftc.gov/articles/ftc-funeral-rule>. Funeral homes are regulated by the FTC Funeral Rule. Your rights as a consumer can be found on this website. There is also general information on funeral planning and shopping.

Printed Material/Books

1. *A Manual for Advance Care Planning* (Mennonite Church of Normal), 2023. Thanks to MCN for permission to use material from their manual.
2. *Achieving a Good Death. A Practical Guide to the End of Life.* (Chris Palmer; Rowman & Littlefield, 2024).
3. *Being Mortal: Medicine and What Matters in the End* (Dr. Atul Gawande; Henry Holt and Company, Metropolitan Books, 2014).