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**The standardization of the supply chain from death to disposal
Interprofessional coordination in the area of care of the dead**

Pascale Trompette, Mélanie Lemonnier*

Abstract

This paper focuses on the working chain around the corpse and its regulation. The governance of the funeral activity is here related to the negotiation between the funeral corporations, the health professions and the State. The paper explores the historic turning point of the development of embalming, and more fundamentally, the rising of dead care in funeral services (funeral home, display, embalmment), which stretch the bounds between the medical world and the funeral world. The analysis combines different points of view on this transition:

- *the central role of industrial actors to carry socio-technical innovation in funeral and, furthermore, the standardization of the care process of the deceased;*
- *the intensification of the public action as vector of rules in the normalization of processes and equipments (tools, devices, spaces) ;*
- *the rising power of the professional group of embalmers and funeral directors in constructing their hegemony on the funeral activity.*

Then, we see the central stake constituted by “dead care” as a socio-technical innovation: on one hand in the construction of boundaries between public sector and private sector; on the over hand in the expression of occupational competition between health professions and undertakers.

The social history of burial is usually viewed through cultural and religious movements, social representations or discourses on death or the evolution of collective mentality. The interest in techniques and methods involved in funerals is focused on discussion about mortuary rites with sociological and/or anthropological interpretations. Without radically deserting this perspective, we suggest prioritizing a pragmatic view of the funeral “in act”, which places in the foreground the practitioners, the modes of disposal and the material reality - techniques and instruments, devices and equipment – involved in the disposal of the dead.

This paper proposes a sociological approach to funeral practices in France with a focus on the working chain regarding the corpse and its regulation. We shall recall the rise of undertakers and embalmers in governing the funeral activity and, more generally, in the practical and symbolic handling of the dead during the entire process from death to disposal (Walter 1996).

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If the professionalization of directing the funeral is still a vehicle for standardization of the funeral, the spread of the service economy significantly increases this process of change.

This paper attempts to describe and explain the very considerable impact of recent socio-technical innovation carried out by undertakers in the disposal of the dead. It shows how the funeral director's appropriation of the corpse produces a standardization of the "funeral organisation" referring to the handling of the corpse from the hospital until its final disposal. We shall discover the multiple wellsprings for formatting circulation itineraries and modes of disposal of the dead. This movement turns out to be inseparable from the construction of social conceptions of "good death" in the field of "death work".

This paper proceeds in successive parts :

- First, it considers historically the rise of the undertaker in the business of funeral services, with modern methods of disposing of the body.
- The second part studies the socio-technical networks that connect spaces and create a continuum of action between the health care establishment (hospital, old people's home) and the funeral parlour. The care of the dead opens new professional tasks, which allow professional groups to prosper by the acquisition of new jurisdictions.
- The last section will examine the joint movement of standardization in the mode of disposal and individualisation in the way of death, in particular subjectivation in the way of conceptualizing grief.

1. History of socio-technical innovations in taking care of the dead

In France, "undertakers" are known as "Pompes Funèbres", meaning the enterprise that provides the "pomp" for the funeral ceremony. Historically, the growth of the funeral trade accompanied the broader commodification of funerals with an increasingly vast range of products. The commercial industry of "pompes funèbres" grew throughout the nineteenth century and gradually led to the development of an industry with a national network. Urban funeral homes specialised in offering all the supplies for the decoration of the home and the procession to the church and cemetery: hearse, bearers, casket, drape, flowers, cushions, ornaments and all kinds of accessories. Undertakers succeeded in turning funerals into "a consumption good whose cost was clearly evident and could be matched with precision to the class and degree of respectability" (Kselman 1993)¹. Until 1950, the undertaker didn't take care of the corpse, this role was still conferred on women (either a nun, a nurse, a midwife or

¹ During the 19th century, the public was increasingly drawn to funeral display, highly sensitive to the relationship between the expense of the service and the social status of the deceased. Burials had become an elaborate and expensive ceremony. As opposed to this, the organisation of burials in the countryside relied for a long time on community solidarity, that is: neighbours, family & next of kin, priest or charity brotherhoods. One needs to wait for the after-war to see the progressive specialization of local craftsmen (sexton, joiner, carter) or the colonization of the activity by large firms in the countryside.

an experienced lay woman named “ensevelisseuse” ; in the urban context, the concierge) who washed and clothed the corpse. The undertaker played his role as part of an activity distributed between several actors : traditional roles (“priors”, “ensevelisseuses”), neighbours, family & next of kin, priest or charity brotherhoods. The continuation of this organization of death rituals until 1950 contrasts with North American funeral services, which focused earlier on the care of the body².

In France, the starting point was the crisis of this business model, notably for the big PFG firm. PFG was “the national firm” based on a large network of branches with a « quasi-monopoly » historically granted by the state franchise from parishes and communes. Much more than the small rural craftsman, PFG was confronted with the decline of the pomp in funerals: mechanization brought about the disappearance of horse-drawn hearses ; the new doctrine of the Church (Concile Vatican 2) led to the end of funeral drapes (ornamentation of the home). Class divisions became less pronounced.

In this context, PFG had a considerable interest in innovation in funeral services. In association with J. Marette, director of a small funeral sanitation company, PFG brought the methods of arterial embalming back from America³. J. Marette created an embalming school and a French association for the development of embalming. With embalming (or “thanatopraxie” in French), PFG and Marette together brought back the funeral home. It was the right moment for the development of funeral homes : hospitals were confronted with the steep increase of death within their walls without appropriate equipment for post mortem care.

In just two decades, the funeral service changed markedly with the rise of embalming and funeral homes : just as in the US fifty years earlier, the place of the funeral moved from the house to the funeral director’s establishment. Through its large national network of branches and its financial capacity, PFG contributed widely to this evolution. Embalming, as both a social and technical innovation, markedly changed the traditional activity of undertakers which was up to then dedicated to the organization of rituals with the purpose of care of the body (preservation, beautification, embalming). As in other countries (Walter 2005), the development of embalming as also that of funeral homes brings about the same evolution : it transforms the role of the funeral director from « merchant » to « professional » : with the objective of preserving, sanitizing, beautifying and presenting the dead, funeral directors can

² Indeed, American undertakers have promoted embalming for the viewing of the body since the late nineteenth and early 20th century. They have brought almost every aspect of the funeral process within their walls, with the “funeral home” or “funeral parlour”. Historians of the American way of death agree on the fact that “viewing the body” is the crux around which the economics of the funeral parlour turns. Canada and Australia experienced nearly the same evolution.

³ In fact, we can talk of a « comeback », as the modern process of embalming was first invented by the Frenchmen Gannal and Sucket. From the techniques of anatomical embalming, they associated a chemical solution with the arterial injection technique and they simplified the process without mutilation of the corpse.

offer the care of the corpse as a professional service (Abbott 1988). The “viewing of the body” becomes the centre of the economics of the funeral parlour (Clark & Sziming 2003; Habenstein & Lamers 1955).

2. The organization of the working chain regarding the corpse and its regulation

The increase in the accommodation of bodies has further effects on the centralized and specialized management of funerals. The location of the rituals of death – usually the family home – moves to the private mortuary (funeral home) with experts, usually the community, performing specialist tasks (arterial embalming). While the previous section examines the emergence of this type of organization, we propose now to analyse the implication of this service economy on the rise of standardization and rationalization in the process of disposal of the dead.

A number of factors can be identified and discussed as likely to contribute towards the structuring of standard handling of death. Specialist funeral organization inevitably leads to industrial determination, with extensions in the production of equipment (funeral home), of material means (refrigerated box, ambulance), of technical methods (thanatopraxy). This movement was so powerful that the spreading of the funeral home and embalming techniques were supported – in France as in other countries (US, UK, Canada, Australia)⁴ – by the development of embalming chemical companies (Raffault, Hygéco). The standardization is also greatly strengthened by other factors, indirectly linked to this industrial logic, which are going to increase the force tenfold. We shall now examine those different factors.

- **Channelling arrangements in the organization of the market :**

The main concern of the competition in the funeral sector is to stabilize the socio-technical networks mobilized in the process of death to disposal (Trompette 2007). Until 1980, with the medicalization of death, the funeral business’ interest in moving in closer to where mortality was concentrated did much to further the substitution of private morgues for the public hospital variety. By shifting the focus from the hospital to the funeral home, the manager of the funeral home has covered a great distance towards his customers. Consequently, operators of private funeral homes were/are likely to have official or tacit⁵ agreements with hospitals⁶.

As a crucial facility in the service, the funeral home exerts a strong pull on the channeling of death, with the construction of an operational and symbolic continuum between health spaces and death places. “Funerariums” (French term for “Funeral Home” or private mortuary) thus

⁴ See (Habenstein & Lamers 1955).

⁵ Since 1997, legal regulations strictly limit the links between public health establishments and funeral homes.

⁶ The efficiency of these facilities in capturing the customer is undeniable; the imbalance they cause in market distribution is a source of numerous conflicts and lawsuits between funeral businesses.

become a kind of health care institution annex; “funerarium” workers can immediately get to work handling and treating the cadaver. Keeping it in a refrigerated compartment is both a practical and symbolic supplementary stage in the chain linking treatment with “post-treatment.” Since there is no hospital unit exclusively devoted to this end, hospital caregivers readily contact funeral operators to have bodies removed. Funeral business staff move freely through the hospital to remove bodies, and take over the task of mortuary bathing, thus relieving hospital staff altogether of the handling of the deceased. Let us look at how a corpse can be transferred from the health care institution to the funeral home. Physicians, orderlies, and even relatives themselves often see it as a godsend to have an agent who will immediately take charge of the body. From hospital room to private funeral home— no one (least of all the body to be moved) wonders about the discreet passage from the first of these *chambres* to the second. Doffing their dark suit for an orderly’s white coat, funeral business employees stage a symbolic continuum between the hospital ward and the funeral service: “My mother saw two people dressed in white arrive with a stretcher. She thought they were hospital staff. They put the body on the stretcher and took it away. She didn’t understand that it was the funeral operator, and that my grandmother was being taken to the funeral home. The orderly later explained to her that they couldn’t keep the body in the clinic”⁷ recounts a young woman questioned about her choice of operator.

As it is the core of the capture-the-customer economy of funeral business, the work of framing and channeling circulation of the deceased generates the integration of the “treatment” chain, based on the facilities and affiliation between the professional worlds of health and death.

- **Professional rhetoric in relation to the medical world**

Another factor that results in the integration of the operational chain in care of the body is the rhetorical work of the French embalming group – called “thanatopracteurs” (Spencer 1995). The French specificity is that the occupation of embalmer historically differentiates itself from that of an undertaker⁸, as an internal subdivision in the profession. The professional construction of the group as experts in care of the body is based on a practical and symbolic affiliation with the medical world. At the same time, the French embalmers construct themselves in self-government with the health profession. The technical expertise helps fulfil the quest of professional status through the « pseudo-scientific nature of the work » (Parsons 1999).

The modus operandi of this technology - that authorities decided to name “preservation treatment” (“soins de conservation”) in 1976 - shows to what extent the process of the treatment of the deceased exists in continuity with the world of health care. Be it the

⁷ This particular clinic has a small mortuary, but no staff assigned to run it. It was therefore much easier for the clinic to call in a private organization.

⁸ The embalmer acts as a subcontractor or a specialized employee of a funeral company.

equipment of the back office of funeral homes in which the embalmers work or the instruments which they use to operate on the body and stop it from decomposing, everything reminds us of it (Spencer 1995). Called « a care-giving room » or « a laboratory », the preparation room in funeral homes has something in common with a room that we could consider as being from the hospital, midway between the operation theatre and the post-mortem examination room. The whiteness of the flooring, the stainless steel equipment (preparation table, work schedule) and the very strict hygiene regulations to be respected (sink with automatic order) recovery containers for the waste of care-giving activities with risk of contagion) provide ideal working conditions to the embalmer to practise as efficiently as possible (adapted illumination, system of aeration and disinfection envisaged). Dressed as a surgeon (mobcap, mask, gloves, apron, footwear, etc.), the practitioner works with the aid of complex and specific instruments as those used in surgery (bistouries, pliers, syringes, etc).

As in palliative care, this new speciality incorporates almost all care that is not directed at cure but at physical and social aspects of the (dead) body, including the need of the bereaved for care : the embalming is intended to bring psychological comfort to families who can see for the last time the familiar and peaceful face of their loved one within the presentation rooms of the funeral homes. Thanatopraxy aims not only to conserve the body of the deceased but also to make it aesthetic (enhancement). As a matter of fact, thanks to the injection of a lightly coloured antiseptic solution in the arterial system of the deceased, the tissues of the body which had become lax (eyeballs) recover some elasticity and the deathly lividness disappears. It is therefore a body with a lightly coloured face and with re-positioned features that families discover after the intervention of the practitioner : a standard model corpse, looking like a « living person », A standard model corpse, looking like a « living person which is in an eternal sleep ». Our hypothesis is that it's a very interesting form of “body dressing” which is inscribed in the traditional definition of the undertaker's professional role.

- **Professional and public control of the care of the dead body : the rise of jurisdictions**

With the authorities' concern regarding the dead body (hygiene, sanitizing, dignity), the increase in professional care of the dead gave rise to an intensification of public action as a vector of rules and standards. The need for supervision was all the more important as the funeral sector was going to be liberalized. Public regulation focussed its attention on operational practices, in two directions :

- First, the specification of the physical equipment of the funeral home, the ambulance, the embalming instruments, etc. The majority of the state licensing laws specified the requirements to be observed, such as sanitary preparation rooms and the necessary instruments to be used. As a funeral director told us after the setting up of these regulations: “Requirements in hygiene and in security of the funeral installations are such that norms become stricter than in surgical units! »
- Secondly, the skills of the practitioners themselves become more and more controlled, especially for “thanatopracteurs” which are subject to a national license. Licensing

legislation for embalmers and undertakers had the effect of setting up standards of competence. Yet at the same time, it operated a powerful lever for structuring their hegemony on funeral activity. In France, physicians and more generally the health profession were strictly excluded from the practice of embalming.

More than the jurisdictions on skill, the organization of the training of the embalmers as well as the market of the embalming products play, in this respect, a determining role in the process of standardization of care of the body. It is by working closely with a certain number of masters of instruction affiliated to the training schools that the trainee practitioner learns how to embalm. Technology is therefore transmitted invariably from the training officer to the trainee embalmer according to the same pedagogy and the same « turn of hand », thus tending to standardize embalming know-how in France, and as a result, the type of presentation.

Notably, it is always the same products that are used from one practitioner to the other. The French practitioners do not have, as their American colleagues do, a palette of manifold fluids (fluids with rejuvenating effect, fluids of co-injection), the fruit of a very competitive economic market. The French embalming market is, however under the control of three big industrialists (Raffault, Isofroid-E.H.F. and Hygeco (Marette)) who not only provide all the embalmers with equipment and with fluids, but also all the workers of the funeral chain (from the cold room of the hospital to the funeral room including the necessary equipment for the hearse). The hegemony of these three groups is a strong factor in the standardization of the embalming market (not enough diversity of products) and also contributes to the expansion of the « preservation treatment » within the funeral parlours (bringing in the purchase of equipment of embalming as part of commercial negotiations).

Besides, this policy of generalization of embalming finds its legitimacy in the preoccupations of hygienists of our western society (Spencer 1995). Concerned about the respect of public health rules, the managers of the funeral homes do not hesitate to impose embalming for any exhibition of a body in a presentation room⁹. As in other countries, with the euphemistically termed “temporary preservation” or “preservative treatment”, the absence of objection of the family is acknowledged as the permission to embalm.

3. Economy of services to the deceased

The development of the care of the body had resulted in the increase of power of funeral operators on the whole in the field of the professionals of death. In fact, this professional group increasingly takes the place of the intervention of the local authority and its traditional agents - priests, brotherhoods, family circle, nursing staff. The tendency of those agents to stay in the background concerning the disposal contributes to the centralized management of

⁹ It is also due to a preoccupation with hygiene that French law imposes on families the conservation of bodies for a transport before laying them in the coffin, within 24 hours from the officially reported hour of death.

death by the funeral director. Today, the governance of the entire process of care of the deceased, from death to burial, is accompanied by a large movement of rationalization. What is at stake is to create a continuum of care of the deceased and the family by piloting all the agents (nursing staff, people who take care of the dying, funeral staff, priests and psychologists). This is particularly significant within the large organizations which work on the basis of a rationalization of means and equipment (centralized logistic for the provision of the funeral vehicles and staff).

So, « funeral homes» are no longer exclusively dedicated to the stage of meditation around the deceased. They are now endowed with a “ceremony room of worship”, providing a separate space. The process offers few options : place of residence or funeral home, temporary exhibition room or permanent exhibition room, laying out of the corpse or embalming, simple hearse or limousine, the alternatives in every stage are limited. The furniture of the exhibition rooms provides a standard setting, slightly personalized by the selection of religious or military emblems. The large local companies (public funeral operators or medium-sized businesses) or agencies in a network based on centralized logistics (like P.F.G.) generally impose their schedules of convoy and their temporal constraints, sometimes even the centralization of the operations with equipment such as the « centres » or funeral homes, up to the private crematorium.

As for the ornamentation of the convoy, it is essentially a matter of flowers (above the coffin, bouquets) and wreaths, to which are sometimes added emblems (national flag, tri-coloured sheet) for servicemen and notable personalities. The beauty and even the luxury of the coffin are still an integral part of the funeral ceremony, but they seem to survive as the last vestiges of ostentatious symbolism. For the great majority of citizens, the need of the hour is formal austerity, simplification of the service and decrease of time assigned.

Since the eighties, within large companies, the various stages of burial and care of the bereaved were the subject of precise analyses giving place to rationalized and standardized procedures. Every stage and every agent engaged in this continuum are broken up into multiple elements which are then analysed and estimated. The final goal is the implementation of standardized procedures which are distributed to the staff in the form of training courses and guides to which they can refer. The symbolic consequences of operational acts are strictly taken into account ; they are the core of this process of rationalization of the activity. The handling of the body covers care, exhibition, placing the body in the coffin, closing of the casket, raising / removal of the body, establishing a set of particularly codified stages. The religious ceremony, mainly in the church, has well-defined sequences.

« And then, we pass in the first training which is the religious ceremony. All that we have to do for a ceremony (...) How we have to accompany it, place it, how take charge of the audience, how help the priest if it is necessary, so, we have a whole training, the behaviour which we must have within the church, all which is related to the religious ceremony, it is in transparent document form. Then, we

have all the document of analysis, it is a document which was worked out by the “groups of progress”(quality circle), which we saw again here, where they say all that you can do make or cannot do, how you can help an old person to go up the steps of the church, how to come towards this person to carry the flowerpot if we feel that she is just a little... Well, everything is noted, it is about twenty pages only on the religious ceremony while we do not speak about the ceremony but about the action that we have all around (...). Precise methods are needed, it is necessary to analyse everything, to look. One’s goes very far. Besides, we make a list where we explain what you should not do. We go until that point, because there are things which you should not do. Then sometimes it can make smile, but, we made lists. This list is not complete thus all which is not there is not authorized necessarily ... » (Control Quality Manager)

Other moments, which follow the ceremony, also follow rationalized practices. It is about the burial in the cemetery during which the master of ceremonies will propose the reading of texts to remember the deceased and a period of meditation. Musical fragments, appreciated quite particularly by the deceased, can be listened to. Generally, the master of ceremonies proposes a new blessing of the casket which had been done previously in the church or in the ceremony room of worship by a religious authority or his representative.

In this way, we see how the big companies as PFG play an essential role in the formatting of standardized practices as well as the formatting of services offered to families by the implementation of the industrial logic of increasing the economy of the services.

4. Standardization of the process and subjectivation of death

This process of professionalization and standardization of caring for the dead brings out not only a substantial transformation of funeral practices but also a new categorization of death and the dead. It comes with a rhetorical claim of funeral directors who consider themselves “producers of symbolic goods” (Bourdieu 1977) and ministers of the modern social caretaking for the dead, even if they don’t claim this mission openly¹⁰. As traditional roles – priest, brotherhoods, etc. – are less and less present, funeral directors and embalmers become the new protagonists of the burial ritual providing specific meanings (Chamboredon 1976). They find in the sociological theories of the “denial of death” a theoretical foundation of this rhetoric.

The claim of funeral directors and embalmers that they are ministering to the (re)socialization of death echoes the construction of scripts and meanings by health professions in the context of palliative care in the last decades (Memmi 2003; Seale 1998). Each of them is engaged in the production of « models of death » supported on ranges of either alternative or additional theoretical resources (medical speech, psychology, sociology). The display of the dead body (with the beautification of the corpse) and the formatting of all the ritual stages play a role in a

¹⁰ Even if they are more and more present in the production and the offer of ritual services (civil formalities, homage to the graveyard), undertakers refrain from claiming any symbolic authority in this domain, rivalling that of the priests or religious ministers notably.

new script of a “good death”. The operational continuum between the establishment of health and places of death is also translated by a standardization of the frames of meaning. The constructions (sometimes contradictory) of good death by health professionals go by those produced by the funeral agents. The sociologists identified the rise of the hospice model advocating "death awareness" in the context of palliative care in which the individual is placed in the middle of the process of the end of life. This model conveys representations of death marked by a "net will of auto-production of practices where personal meaning is more important than the social etiquette : the individuals want to give meaning to a felt experience, lived as personal. With the “death awareness”, it is the person who presides over her burial, the burial are intended to celebrate it in the privacy of his nearest" : J.H Déchaux qualifies these evolutions of “intimisation” (“nearness-ing”) of death (Déchaux 2000).

The funeral operators propose more and more "ritual" services in their programme. This activity joins a wider demand to be an agent of (*re*) *socialization* of death. This draws widely from the theses of the social denial of death - the decline of traditional rites, the thanatophobia of modern societies-, moreover supported by certain sociological and psychological speeches, the argument of a necessity to re-tame our bodies.

The thanatopraxy participates first of all in the aesthetics of this whole intimate theatre of display which scores in luxury and in harmony (beauty of lounges (shows), exhibition (exposure) of the body in the dressed coffin). Besides, thanatopraxy is more basically indicated as a fundamental part of the acceptance of death. This argument feeds off one of the contemporary leitmotifs, stemming from psychological ideas which have thoroughly permeated conceptions of mourning (Bacqué 2000; Hanus 2000) : they notably suggest the necessity « to see the deceased » to make the mourning process easier. The thanatopracteur then becomes one of the main mediators of this obligatory passage which is the confrontation with the deceased, by being the artisan of a meeting without the anxiety of being confronted with the decomposition. The serene expression of the face, the pinkish colour of the skin, the restored integrity of the body, death here becomes confused with endless sleep, very much like that which came over Snow White in her glass coffin...

The privacy of exhibition rooms, the withdrawn attitude of the family and the nearest, the exhibition of a body, reflect the same process of subjectivation through death. These dimensions convey a privatization of the expression of feelings and of the mourning process, which were traditionally more distributed between the family and social roles (the persons who keep vigil over the dead body, priors, hired mourners) and the local circle. One sees a tightening of the expression of emotions on the restrained family circle (Segalen 1975). Thanatopraxy plays an essential role in this social construction by offering to the family a body reconciled with its own image. Contemporary embalmers do rhetorically champion its therapeutic benefits for the grief-stricken. « We are sellers of the last image, and it facilitates the mourning », says one of the most important personalities of thanatopraxy in France.

The undertakers successfully propose new products for ministering to the living by producing and directing “rituals practices” during the ceremony, notably when they noticed a deficit of

the ritual framework (priest's absence during the religious ceremony, ceremony at the crematorium, civil ceremony, or excessive sobriety of the ceremony). The large firms worked on the creation of those "ritual products", called "civil ceremony", "personal homage" (graveyard), "personalized ceremony". Even if they work on a symbolic language of homage, this service offer still draws widely from a standardized catalogue of texts and civil poems¹¹ combined with "small symbolic gestures" (a time of meditation, a hand placed or a flower deposited on the coffin, a handful of earth thrown on the coffin in the graveyard), which punctuate the personal interventions of the family or the nearest.

The whole process of death, and more specifically the ceremony, is characterized by the central place granted to subjectivity. Funeral directors claim a very important role in the implementation and the directing of emotions. There are various supports : emphatic and ceremonial gestures, speech on painful separation, musical stage setting, texts read by professionals or the family, parade of the family and nearest. To give meaning is to give relief to lives which inevitably did not have it, it is to make of an individual "X" a singular being. From a standard catalogue, the undertakers subtly compose a particular music on the deceased.

To examine the rise of standardization in the modern way of disposal, this paper has focused on the whole working chain regarding the corpse and its handling. The transformation of social death and disposal is related here to the constructive role of the care givers of the corpse, the effect of technical innovation – arterial embalming - in the process of treatment, the rising power of the professional group of embalmers and funeral directors in constructing their hegemony on funeral activity.

The paper shows the historic turning point in the development of care of the body, and more fundamentally, the increase of care of the dead in funeral services (funeral home, display, embalming), which forms a bridge between the medical world and the funeral world. The analysis combines different points of view on this transition: the central role of industrial agents to carry out socio-technical innovations in burial ; the effect of a process of customer channeling (standardized itinerary of the deceased) ; the intensification of the public action as vector of rules in the normalization of processes and equipment (tools, devices, spaces) ; the creation of a unique sense of mission for the professionals of death, related to the social construction of death. Finally, we may conclude that the factors and forces of standardization proceed from the construction of a material and symbolic continuum "dying care" and "dead care", the health profession and the funeral profession, public space (hospital) and private space (funeral home), which establish funeral directors and embalmers as an institutionalised profession.

¹¹ Broadly broadcast by Internet on specialized sites of the undertakers or associations of support of mourning.

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