

BURIAL DESCRIPTION

Site No.: _____ Date: _____

Feature No.: _____ Burial No.: _____ Recorder: _____

No. Individuals in Grave: _____ Age & Sex Estimates: _____

Orientation of Burial: _____ Head Position: _____

Position of Skeleton

Extended	<input type="checkbox"/>	Flexed	<input type="checkbox"/>	Semi-flexed	<input type="checkbox"/>
On Back	<input type="checkbox"/>	Left	<input type="checkbox"/>	Left	<input type="checkbox"/>
On Face	<input type="checkbox"/>	Right	<input type="checkbox"/>	Right	<input type="checkbox"/>

Disturbed? Yes No

Face Orientation:

Position of Limbs

Left Arm		Right Arm		Legs	
At Side	<input type="checkbox"/>	At Side	<input type="checkbox"/>	Straight	<input type="checkbox"/>
Crossed	<input type="checkbox"/>	Crossed	<input type="checkbox"/>	Flexed	<input type="checkbox"/>
Semi-flexed	<input type="checkbox"/>	Semi-flexed	<input type="checkbox"/>	Semi-flexed	<input type="checkbox"/>

Preservation

Good	<input type="checkbox"/>
Fair	<input type="checkbox"/>
Poor	<input type="checkbox"/>

Completeness

	Skull	PC
75-100%	<input type="checkbox"/>	<input type="checkbox"/>
50-75%	<input type="checkbox"/>	<input type="checkbox"/>
25-50%	<input type="checkbox"/>	<input type="checkbox"/>
Less than 25%	<input type="checkbox"/>	<input type="checkbox"/>

Anatomical Peculiarities

Taphonomic Features

Burial Container

Coffin Shroud Other None Present

Coffin Shape

Hexagonal Rectangular Trapezoidal Other

Coffin Lid Type

Gabled Flat

Coffin Materials

Wood Iron Lead Metal Clad Wood Other

Coffin Measurements

Length _____ Max. Width & Measurement Point _____ Height _____

Headboard Width _____ Footboard Width _____ Sideboard Thickness _____

Coffin Hardware & Burial Related Artifacts

Viewing Plate

Identification Plate