

# ANCON PROJECT RECORDING FORM

## AGE/SEX, STATURE, AND DENTAL WEAR & PATHOLOGY

Site Name/Number ANCON / \_\_\_\_\_ Observer MJP

Feature/Burial Number \_\_\_\_\_ / \_\_\_\_\_ Date 1/29/2010

Burial/Skeleton Number 40009 / \_\_\_\_\_

Present Location of Collection 2407.04.06

### Age & Sex

Estimated Sex F

Estimated Age 40-45

Comments:

*definitely female - b/c os coxae & cranium agree  
older than 25 yrs old (previous estimate) - no bellows/furrows,  
eroding ventral rampart; worn teeth*

### Stature

**Femur: Maximum Length:** distance from the most superior point on the head of the femur to most inferior point on the distal condyle. Place the medial condyle against the vertical endboard while applying the movable upright to the femoral head. Use the right femur unless incomplete or absent.

**Tibia: Length:** distance from the superior articular surface of the lateral condyle to the tip of the medial malleolus. Place the tibia on the osteometric board, resting on its posterior surface with the longitudinal axis parallel to the instrument. Place the lip of the medial malleolus on the vertical endboard and press the movable upright against the proximal articular surface of the lateral condyle. Use the right tibia unless incomplete or absent.

Femur Length (cm) 38.5

Tibia Length (cm) 34.0

Comments:

*used left tibia b/c right one missing*

### Dental Inventory

**Tooth Presence:** code 1-8 (see Standards). **Occlusal surface wear:** use left teeth, following Smith (1984) for anterior teeth (code 1-8) and Scott (1979) for molars (code 0-10). If marked asymmetry is present, record both sides. Record each molar quadrant separate in the spaces provided (+) and the total for all four quadrants under "Total." **Caries:** code each carious lesion separately (1-7); **Abscesses:** code location (1-2).

	Tooth Presence	Wear/Total	Caries	Abscess
Maxillary	1M <sup>3</sup> <u>4</u>		— — — —	—
Right	2M <sup>2</sup> <u>4</u>		— — — —	—
	3M <sup>1</sup> <u>2</u>		— — — —	—
	<i>crowns broken</i> 4P <sup>2</sup> <u>7</u>		— — — —	—
	5P <sup>1</sup> <u>5</u>		— — — —	—
	6C <u>5</u>		— — — —	—
	7I <sup>2</sup> <u>5</u>		— — — —	—

	Tooth	Presence	Wear/Total	Caries	Abscess
	8I <sup>1</sup>	5	_____	_____	_____
Maxillary	9I <sub>1</sub>	5	_____	_____	_____
Left	10I <sub>2</sub>	5	_____	_____	_____
	11C	5	_____	_____	_____
heavy alveolar resorption	12P <sub>1</sub>	4	_____	_____	_____
	13P <sub>2</sub>	4	_____	_____	_____
	14M <sub>1</sub>	5	— _____	_____	_____
	15M <sub>2</sub>	4	— _____	_____	_____
	16M <sub>3</sub>	5	— _____	_____	_____
Mand.	17M <sub>3</sub>	6	— _____	_____	_____
Left	18M <sub>2</sub>	7	— _____	_____	_____
	19M <sub>1</sub>	2	$\frac{6}{6}   \frac{6}{6} 24$	_____	_____
	20P <sub>2</sub>	2	$\frac{3}{3}   \frac{3}{3}$	_____	_____
	21P <sub>1</sub>	2	$\frac{3}{3}   \frac{3}{3}$	_____	_____
Crown broken	22C	7	$\frac{6}{6}   \frac{6}{6}$	_____	_____
	23I <sub>2</sub>	5	_____	_____	_____
	24I <sub>1</sub>	5	_____	_____	_____
Mand.	25I <sub>1</sub>	5	_____	_____	_____
Right	26I <sub>2</sub>	5	_____	_____	_____
	27C	2	_____	_____	_____
Crown broken	28P <sub>1</sub>	7	_____	_____	_____
Completely remodeled	29P <sub>2</sub>	4	_____	_____	_____
	30M <sub>1</sub>	4	— _____	_____	_____
	31M <sub>2</sub>	2	— _____	4 4	_____
	32M <sub>3</sub>	5	— _____	_____	_____

Comments: 2 LEH on each upper canine

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