The Human Remains from the Northeast Church at Sussita. Who is this Old Lady?

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The burial: Archaeological consideration

A single skeleton was found in a sarcophagus (average internal dimensions = 40 cm width X 177 cm length X 37 cm depth) located at the east end of the south aisle (Figure 00). The sarcophagus was covered by a large monolithic limestone slab and was oriented west-east. On its western part, the covering limestone manifested a cupshaped concavity $(9 \times 9 \text{ cm})$ with a drill at its base penetrating through it. The church's original floor is 42 cm below the top of the sarcophagus covering stone. The monolithic covering stone as well as the upper part of the sarcophagus were exposed above the floor. The internal space of the sarcophagus was rectangular in shape, the western part of it manifesting a concave appearance. The sarcophagus was massive, wall thickness being 10-12 cm in width and was made of a single carved limestone box. No inscriptions were noticed on the walls of the sarcophagus itself. But on the surrounding marble slabs that were attached to the walls of the sarcophagus (Figure 00), "Teutonic" crosses were found on the west and north surfaces. Neither personal belongings nor any offerings were found within the sarcophagus. The sarcophagus was covered by a thick layer of white plaster. The immediate area surrounding the sarcophagus was isolated by two walls (Figure 00).

The burial: Anthropological consideration

The human remains were concentrated on the western part of the sarcophagus, except for seventeen metatarsals and phalanges of the foot recovered from the east end. The bones were not in their anatomical positions, indicating either secondary burial or interference of the original burial. The bones were not piled randomly, as clearly seen in Figure 00, but rather were organized in a peculiar manner. The long bones were prearranged in the shape of a table -- the legs (two humeri and one femur on one side and a femur, tibia and fibula on the other) along the long axis of the sarcophagus and the plate (tibia) along the short axis (Figure 00). The other bones were placed within the inner space of the table, including the skull (now fragmented) that was placed on top of the postcranial bones (in the center). The os coxae and sacrum were placed under the skull. Underneath them were the rest of the postcranial bones. The bones were in a very fragmentary condition. Due to post-depositional processes much of the mineral content of the bones was lost, making the bones light and fragile. Large areas of the bones manifest a 'worm-eaten' appearance (Figure 00). The inventory included most of the cranial and post cranial bones (Figure 00).

The burial: Methodological consideration

Sex determination was based on the following methods: cranial and long bones morphology (Bass, 1987; Buikstra and Ubelaker, 1994), vertical diameter of the femoral and humerus heads (Bass, 1987), and os coxae morphology (Milner, 1992; Bass, 1987; Phenic 1969). Scoring techniques described in Buikstra and Ubelaker (1994).

Age determination was determined using the following criteria: morphology of the auricular surface of the ilium (Lovejoy et al., 1985), morphology of the pubic symphysis (Brooks and Suchey, 1990), morphology of the sternal end of the ribs (Loth and Iscan, 1989), cranial suture closure (based on combined methods described in Buikstra and Ubelaker (1994), and the presence of osteophytes and arthritic lesions on the vertebral body. A final estimated age for this skeleton was computed by averaging the data obtained from the above methods.

What do the bones tell us about the deceased in the sarcophagus?

All bone parameters indicated that the skeleton probably belonged to a women of low stature (152 cm) and advanced age (>50 years). As mentioned before, all bones were very light and porous, raising the suspicion that this women suffered from an advanced condition of osteoporosis; i.e., a reduction of total one mass per unit volume (Aufderheide and Rodriguez-Martin, 1998). Women normally suffer a substantial acceleration of this phenomenon during the post-menopausal state. The osseous changes seen in the vertebrae (osteophytes and Schmorl's nodes) are also indicative of

the advanced age of this individual. The cause of death could not be ascertained for this individual. No specific pathology was noticed.

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