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## Introduction

We know that over the years, the way society talks about death has changed, and it now seems to have become a taboo topic (Lakasing, 2014), to the point that we have been described as having become somewhat of a death-denying society (Zimmerman, 2007). In order to explore community attitudes, to facilitate understanding of death as a normal part of life, the CareSearch team ([www.caresearch.com.au](http://www.caresearch.com.au)) at Palliative and Supportive Services, Flinders University, hosted a Massive Open Online Courses (MOOC) on death and dying (Dying2Learn). The aim of this paper is to explore the euphemisms for death that were identified by participants in the Dying2Learn MOOC and to reflect from a nursing perspective how language enables and sometimes disguises important messages and conversations, thus imparting important implications for clinical practice.

Massive Open Online Courses (MOOCs) are usually freely available online courses that anyone can participate in, and have traditionally been used as a way to provide education to large numbers of people in an online environment (Billings, 2014). MOOCs envisage the teachers as supporting the participants to actively interact with the content and not be passive recipients of education (King et al, 2014). However these forums also provide opportunities to impart important messages, facilitate social engagement and engage participants in conversations. The Dying2Learn MOOC was conducted over a five-week period in June / July 2016 with over 1,100 participants from 18 countries.

The MOOC was framed in a sociological rather than medical context, and was therefore not about how to provide palliative care but rather about opening the dialogue around death and dying. The content was delivered over 6 weeks and consisted of an introduction module, 4 core topic modules and a reflections module in the last week. Module 1 addressed the language used around death and dying, Module 2 focused on representations of death and how death various media, Module 3 looked at medicalisation of dying and Module 4 looked

at death in the digital age. Within the MOOC we conducted both evaluation (of the course itself) and formal research (changes in attitudes to death) which are reported elsewhere.

In week one, one of the activities asked participants to engage with Death and Dying in terms of language, and to think of alternative words (or euphemisms) that are used to describe death (without using the words 'death' / 'dead'). Euphemisms have been described in terms of language that is substituted for a word or phrase that seems too harsh – in effect to soften it (Isaacs et al, 2015). The word euphemism comes from the Greek *eu* (good) and *pheme* (speech) or speaking well to avoid offence (Slovenko 2005, Isaacs 2015). An important concept was explored in a paper on euphemisms in Victorian obituaries: “*Some experiences are too intimate and vulnerable to be discussed without linguistic safeguards*” (Fernandez 2006: 1). This author then goes on to say that euphemisms, as a part of our language, are a way of speaking openly about topics that can be considered taboo (Fernandez, 2006), so that words like death and dying are replaced with ‘socially sanctioned’ replacements (Aronson, 2007). Nyakoe and colleagues (2012) coin a very descriptive phrase: “*a way of mentioning the unmentionables*”, in other words a way of communicating something that can prove embarrassing, awkward or confronting.

## **Background**

Each week of the MOOC was facilitated / moderated by a section author who provided information, resources (such as videos), weblinks, and activities for participants to complete at their own pace. In week one, one of the activities asked participants to engage with Death and Dying in terms of language, and to ‘think of alternative words (or euphemisms) that are used to describe death (without using the words 'death' / 'dead')’. So for example, ‘kick the bucket’ or ‘passed on’. Participants brought words to share, they went out and collected (googled) large numbers of diverse terms, and also often provided examples of real life scenarios. After participants submitted their alternative words, they were then able to access

a gallery displaying the alternative words submitted by their fellow participants (not previously visible).

This activity stimulated a lot of discussion between participants (there were over 100 comments) and the MOOC facilitators, providing many insights into the effect of using euphemisms in everyday language. The MOOC had over two thirds of participants who self-identified as health professionals which was not actually our target audience, and therefore somewhat surprising. This MOOC activity provided an unanticipated opportunity to look at what the community was saying, as they provided many insights into the effect of using euphemisms in everyday language. We have taken a qualitative summative content analysis approach using a word frequency analysis to explore the euphemisms provided by participants and discuss the implications for nursing.

## **Methods**

The exploration of euphemisms provided by MOOC participants described here is part of a larger body of research investigating the 'Effect of supportive engagement through MOOC participation on death awareness and death attitudes' (described elsewhere). In order to explore the euphemisms provided by MOOC participants we have taken a qualitative summative content analysis approach (Hsieh and Shannon, 2005) using a word frequency analysis. Subsequently we discuss the implications for nursing.

### Ethics approval

We received ethics approval from the Flinders University Social and Behavioral Research Ethics Committee (Project 7247) with a modification received to use de-identified content from the 24 activities, therefore allowing us to quote participants.

### Sample

MOOC participants were recruited via a marketing campaign targeting the general public, which included Facebook adverts, emails to national, state and local organisations (such as libraries and local councils) and via dissemination through community partner organisations. A total of 895 people commenced participation in the Dying2Learn MOOC. Of these 895 participants, 93.1% were females, 68.3% self-identified as health professionals and they had an average age of 50.1 years (standard deviation = 12.0). The majority (94.1%) were located in Australia. When asking for words to describe death and dying (that didn't include dead, death or dying), 471 participants provided 3066 euphemisms in the first module of the course. This was an average of 6.5 per person, with each participant providing anywhere between 1 and 38 alternatives. Overall, a total of 1183 different or discrete euphemisms were recorded.

#### Data extraction and analysis

On completion of the MOOC, data extraction was facilitated by the team at Open Learning, and a member of the research team (LML) then de-identified the data before providing each section author with the results. As participants rarely provided euphemisms alone, the data was cleaned by the author of the activity (DR), removing paragraphs, written comments, quotation marks and hyperlinks. Also removed were the words dead, death and dying as these were what we were seeking alternatives to. On completion of this exercise, the data was imported into NVivo qualitative data analysis Software (QSR International Pty Ltd. Version 11, 2015) to enable exploration of word frequencies. Word frequency analysis was undertaken on the 3066 euphemisms provided by participants. In qualitative research this is considered a summative content analysis as we not only counted the times a euphemism was used (more of a quantitative approach) but we wanted to understand the contextual use of the words (Hsieh and Shannon, 2005).

## Results

The euphemisms cited by participants were varied, with some widely used, some rarely heard and some with their origins spanning over 500 years. There were different ways to view the multitude of examples that were provided and we have included here some of the euphemisms provided by participants (See Table i). It is not feasible to display all 1183 discrete euphemisms here.

Some of the euphemisms reflect aspects of individuals' social group or belief system such as those found in mythology, or in going back to the earth. There were also many euphemisms with a religious overlay (401) including Pearly Gates (49), Promoted to Glory (12) and Meet their Maker (120) that while they may have been more current in language 40 years ago, still have implications for some people today. Six people included 'terminated' as an alternative, which speaks to the concept of death as an act that is performed or carried out and is indicative of contemporary language and how euphemisms can develop. Overall, the most frequently cited euphemism for dead was 'gone' in its many forms such as 'gone to heaven', 'gone to sleep', 'gone to the other side' (with 485 mentions), followed closely by 'pass / passed / passes / passing' (with 447 mentions) which we will further explore in this paper. The most frequently cited colloquial phrase used was 'pushing up daisies' with 114 mentions. We also found that while there are socially acceptable euphemisms, such as 'passed on', there are also socially unacceptable ones such as 'kicked the bucket' which is likely to offend (a dysphemism in fact) (Slovenko 2005, Aronson 2007).

### *The Use of Euphemisms*

With the advent of more commonly used phrases such as 'passed away', the nature of the language we use is changing, so it was interesting to see quite a few historical terms cited by our participants. One example lies in "shuffled off this mortal coil" which means (either in full, or truncated: shuffled off) to separate from one's body (mortal coil) (Mabillard, 2000), which was cited by 32 participants. As a phrase coined circa 1600 in William Shakespeare's soliloquy "To be or not to be that is the question" (3.1.64-98) its longevity is surprising. It is

also interesting that “six feet under” was cited 37 times. Thought to have been originally coined in England following the great plague in 1665 when it was mandated that graves were to be 6 feet in depth, it is still used today. A final example is “pushing up daisies” which was cited 114 times by participants. While its origins are not really known for certain, it was used in Wilfred Owen’s World War 1 poem ‘A Terre’ published in 1919 (Simcox, 2001).

In history death was a community event in homes everywhere (Donnelly, 1999), it was spoken of openly and treated as a natural part of life. Children routinely saw family members dying, and they also attended funerals. MOOC participants reflected on how over the years, this has become less commonplace with a need to protect children (or perhaps their parents) by avoiding sensitive topics such as death, and by not allowing children to attend funerals. One participant said: *“I think death and attitudes to it are changing. I did not go to my first funeral until I was in my 20s - it was considered that a funeral was no place for a child. Hence I think my attitudes to death and dying have been formed through my adult life and my own experiences”*.

Parents can feel that children need to be protected from death, often lacking the experience and resources themselves to cope (Mahon, 2009). As one participant said: *“I used to refer to death in a very matter of fact manner when I was a child, it was only as I got older that I became conditioned to skirt around it”*. This indicates that the way in which children speak is shaped by parental expectations of what is acceptable to talk about and what isn’t.

Another participant highlighted the dilemma for many in terms of viewing the deceased and attendance at funerals: *“My Mum and Dad are from the generation in which the loved one who had died was laid out in the front room. This, while macabre to some people would have been much healthier, especially for children, so that they had an opportunity to say “goodbye”. I cannot imagine how scary it would be to have a person suddenly disappear from your life and never be allowed to speak of them or be given the opportunity to*

*understand what actually happened. Devastating”* At least one parent in the MOOC was keen to change this: *“I’m a big one for being direct but it’s giving my husband some difficulties as we teach our toddler about our wider families: ‘Can Granddad come to my birthday party?’ ‘Urm, no, that might be a bit difficult’ ‘Is that because he’s dead?’ ‘Urmmmm, have you been talking to your mum again?’”*

However there were also many participants who stated that they did not use euphemisms and some alternative views were therefore also voiced: *“A lot of emotion surrounds the death of a person. Why would using different words/expressions lessen or change the emotions?”* or also *“I have been amazed that so many people think a word (passed away) softens the impact of death. Dying is real and the overwhelming responses of grief are the real response”*. The need to soften the language was mentioned so often that one participant said: *“I really am worried about offending anyone here, as I certainly do not want to do that. But I am getting the message that the word ‘die’ is like an obscenity or offensive word”*. Most participants however, agreed that the use of euphemisms was situational and that they would be guided in their use of language by the people they were talking to. One participant articulated this well: *“Whichever phrase you use it needs to be deemed appropriate for the situation I feel and the people you are speaking about and speaking to”*.

#### *Discomfort in discussing death and dying*

Within the MOOC a subsequent activity was a reflection on how people engage with death and dying and specifically why we are not open in describing death. This elicited 435 comments about avoidance and included such phrases as ‘not wanting to upset people’, ‘exposing our vulnerabilities’ ‘collective anxiety’, ‘difficult to acknowledge or come to terms with our own mortality’, ‘fear of death or of the unknown’. The majority of participants described speaking openly themselves but could understand why others would not do so.

At least one participant was uneasy with this euphemisms activity and, as not all participants contributed, this may also speak to their discomfort: *"I found some funny euphemisms for death, but then as I was writing more and more, it became a bit real that I was actually talking about death, and I started to have this uneasy feeling - not comfortable"* or also *"I swing between using 'dead' and 'passed away'. I think 'dead' is the better word but still can't bring myself to use it sometimes.* One participant said: *"While euphemisms can obscure the truth and even cloud the facts, they are used to show sensitivity to the feelings of the bereaved."* This need for sensitivity was a common theme: *"I think a lot of people feel more comfortable using other words rather than dead"* and *"I usually use the phrase, passed on or passed away. I am not scared of the word 'died' or 'dead' but I think it is very harsh".*

It became apparent from this study that while many health professionals are comfortable talking to each other using the words death and dying, some do not always use them in practice." *I find it difficult saying to say (sic) or write in notes that a patient has died, I most times say the patient has passed away".* This is evidence of how difficult we find it to talk about death directly in some important settings, and suggests that for many people the words "death" "dead" and "died" are felt to have the power to distress or cause harm, and are therefore avoided. However, using a euphemism does not necessarily equate to not being comfortable with death and dying, and we saw many participants who as health professionals will use the word 'died' in one context but 'passed away' in another. One participant wrote: *"I wonder how often we translate death to make ourselves feel better. No one ever tries to find other words for being born and that may be something about a beginning which we look forward to rather than completion which it seems must be avoided as an acknowledged part of life".*

An example of this in the context of death and dying are the words 'gone' and 'lost,' both of which are now commonly used and where misunderstandings and misinterpretation abound. The word 'gone' was the most frequently cited word in this activity and was used 485 times.

Sometimes it was quoted alone, but was also used an additional 60 times in a saying or well-used phrase, with the five most popular of these 'Gone to Heaven', 'Gone to a Better Place', 'Gone to God', 'Gone to Sleep' and "Gone to the other side'.

#### *Examples of miscommunication*

Two participants highlighted how it can be easy to misunderstand the context of a conversation: *"My great aunt was very worried that her husband was not able to stay for much longer at the palliative care facility, and would ultimately be transferred to one of two nursing homes, located quite some distance away, and therefore not easy for her to reach, to visit him. After a phone call one morning letting her know that her husband had 'gone', she inquired as to which nursing home he was transferred to; whereby the caller awkwardly clarified that her husband had in fact died. Plain language would have prevented an awkward conversation at a sensitive time."* Another participant posted: *"A few years ago I was visiting an uncle in Tasmania and he began talking about someone he knew who had 'gone over to the other side'. I thought the person had gone to the mainland!"*

The word 'lost' was cited 56 times in the activity and is again a word that can be easily misunderstood in context: *I can never forget a friend phoning early in the morning saying they 'had lost Mum'. I was confused and said, 'Why? Where did she go? How can she be lost?' I was then mortified when I found out the truth behind the phone call".* Another participant has issues with the use of the word: *I have become quite sensitive to the comment I get from people: "Sorry to hear you lost your son" mmmm it implies I was a careless Mother and lost him in the supermarket or similar. He died in a car accident. Even the word killed vs died has given me much to ponder".* There is also the implication that loss is not only biological (gone to another place) but describes the gap or hole that has been left after 'a loss'. *"I feel that describing death, in a language that makes it better or more acceptable, is because it helps to ease the harshness of the grief and pain associated with the loss".*

## ***Discussion***

Euphemisms for death and dying have been described for decades and become a part of our everyday language to describe things that we would rather avoid saying (Pound 1936, Isaacs et al 2015). These authors have looked at the various types of euphemisms and their use in history, but there are different ways in which we can view euphemisms, such as those from our respondents along with some of their accompanying comments. Death and dying euphemisms have the capacity to be misunderstood or misinterpreted which can cause embarrassment or distress or cause unintentional harm through the lack of clarity or shared meaning and context.

There are important implications for practice that have emerged from this activity in the MOOC. Firstly, it is important to always be clear in any communications with patients and families because when euphemisms are used they may not actually understand what is said. We know that the use of euphemisms in clinical consultations can be fraught as doctors try to avoid causing upset to patients (Tayler and Ogden, 2005). However the resulting misunderstanding can potentially cause even greater distress, so it is clear that words do matter (Le Blanc et al, 2014) and that the language we use is important. In the example of cancer, tumour or neoplasm is often used (Isaacs et al, 2015) and in a personal conversation, one of the researchers (D. Rawlings 1997) was told by a colleague that a patient was devastated to find out that the 'shadow on the lung' he was diagnosed with, was in fact cancer.

However, in our rush to ensure open and honest conversations about death, it is important to recognise the need to be sensitive to cultural differences. For example, direct statements about death and dying are not usually made in Aboriginal and Torres Strait Islander communities, with many Aboriginal and Torres Strait Islander People preferring to say 'passed away', rather than died and 'finishing up' rather than dying (PEPA Project Team,

2014), and “going back to country” has been used as a way of saying that someone is going home to die (Maddocks and Rayner, 2003). This has practice implications for nurses, where taking cues from patients and families on the appropriate language to use is important for the provision of culturally responsive health care. As Ondimu (2014) highlights, the language that is used can be an indicator of how a particular culture conceptualises death, and in some cultures the word death is never used.

We were given hundreds of discrete euphemisms, some random, some humorous, and some a bit confusing but they do provide important considerations at a practice level. It is worth considering, for example, when patients and families use euphemisms what cues they are giving. Does their reluctance to use the ‘D’ words hinder conversations? If within nursing there is also a reluctance to use words like death or died, does it matter? It certainly mattered to the woman who thought her husband had been transferred to an aged care facility. Are our patients walking away from conversations with the message that was intended, or are they none the wiser about what has been said?

When talking of palliative care, if indeed palliative care is mentioned at all, this is another whole debate. There has been a recent swing towards calling palliative care by a less confronting name (eg, supportive care) (Fadul et al, 2009). Is this because it is more palatable? What will happen if death and dying is dropped from our vocabulary completely? What does that mean for honest clinical discussions?

### **Strengths and limitations**

This study provided a unique opportunity to examine in a large sample, euphemisms used for death and dying. While the sample was large, the vast majority of participants were female and not all (less than half) of the MOOC participants chose to complete the euphemisms activity. Two-thirds of the MOOC participants self-identified as health professionals, so the supposition is that they have familiarity with death and dying, which can

potentially skew results. This could be a limitation in that members of the general public would arguably have different views and experiences, however many health professionals put aside their role and participated from a very personal standpoint, highlighting their own experiences. This double, reflexive perspective adds depth to the discussions in the MOOC.

## **Conclusion**

We are a society that does not always speak openly about death and dying and tend to shy away from what can be seen as harsh words, such as dead or died. Euphemisms have become a part of our everyday language to describe things we would rather avoid saying, and are used to soften conversations and avoid stating the obvious. However, while euphemisms are used widely in this context we need to be mindful of misunderstandings and misinterpretations which can cause embarrassment and distress.

The alternatives provided by the MOOC participants suggest that figurative language to describe death and dying has been occurring for centuries. Death is a universal reality that every human being will experience, and yet we have evidence of the significant difficulties that many people have with speaking clearly about death and dying. In many instances euphemisms convey meaning as well as soften. However, language is important in communication and being able to comfortably and openly talk about death and dying is important clinically and at the community level.

Improving death literacy through an activity such as a MOOC may help generate an awareness of these issues, so that participants are able to communicate more comfortably and fluently about this part of life, with benefits for themselves, their families, and - if they are health professionals - for their patients/clients.



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Table 1 Examples taken from the 1183 unique euphemisms provided by participants

	<b>Examples</b>	<b>Number of times cited</b>
<b>Historical</b>	Shuffled off this mortal coil/ shuffled off (circa 1600)	32
	Six feet under (circa 1665)	37
	Pushing up daisies (circa 1800's)	114
<b>War</b>	Killed in Action	2
<b>Religion</b>	Promoted to Glory (Salvation Army)	12
	Gone to God	52
	At the pearly gates	49
	Gone to see St Peter	4
	Got their angel wings	5
<b>Australianisms</b>	Carked it	52
	Cactus	6
<b>Medical terminology</b>	Gone to the 7 <sup>th</sup> floor (of 6 floor hospital)	3
	Transferred to the eternal care unit	2
<b>English Rhyming slang</b>	Brown Bread	4

<b>Americanisms</b>	Sleeping with the fishes	3
	Gone to Boot Hill (circa 1800's)	3
	Buy the farm	20
<b>Pets</b>	Gone over the rainbow bridge	8
<b>Funeral language</b>	Eternal rest	14
<b>Going on a Journey</b>	Crossed over	27
	Journeyed beyond	7
<b>Back to the earth</b>	Taking a dirt nap	4
	Feeding the worms	12
<b>Modern analogies</b>	Has left the building	15
<b>Spiritual /mythology</b>	In the Bardo (Buddhism)	1
	Gone to the Summerlands (Wiccan)	2
	Pay the ferryman (Greek mythology)	3
<b>Commonly used</b>	Gone	485
	Pass / passed, passes, passing	447
	Drop off the perch	68
	Lost	56

	Turn up their toes	25
	Cash in their chips	18
	Pop their clogs	16
	Gone to the big .....in the sky	15
	Dead as a dodo	13