

OFFICE OF THE COUNTY MEDICAL EXAMINER
858 Madison Avenue
MEMPHIS, TENNESSEE 38103

Case No. 77-1944

REPORT OF INVESTIGATION BY COUNTY MEDICAL EXAMINER

DECEDENT ELVIS Aron Presley RACE: W SEX: M AGE: 42
First name Middle name Last name
 HOME ADDRESS: 3764 Elvis Presley Blvd MEMPHIS TN 38103
Number and Street City or County State M W S D OCCUPATION: Entertainer

TYPE OF DEATH: Violent Casualty Suicide Suddenly when in apparent health Found Dead
 (Check one only) In Prison Suspicious, unusual or unnatural Cremation

Comment _____

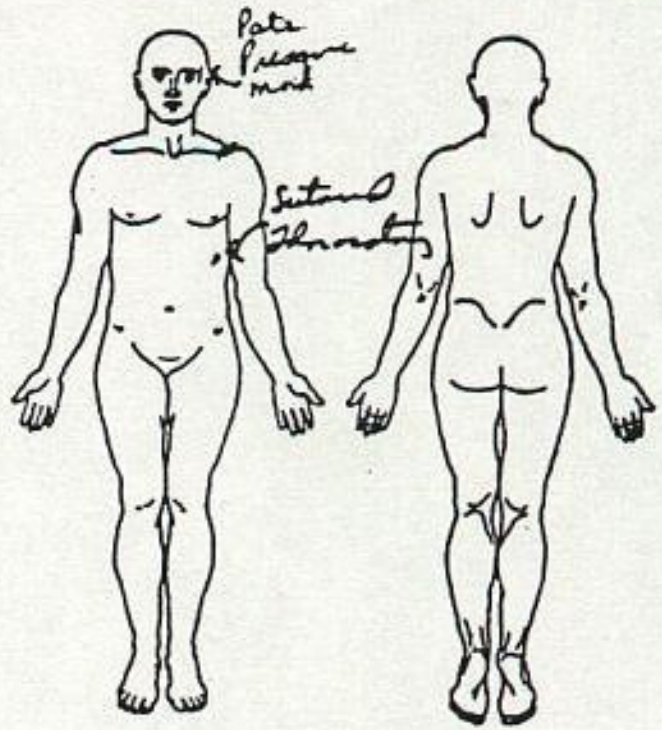
If Motor Vehicle Accident Check One: Driver Passenger Pedestrian Unknown

Notification by City Homicide Address City

Investigating Agency SCME + MPD

DESCRIPTION OF BODY: Clothed Unclothed Partly Clothed Circumcised Yes No
 Eyes Bl : Hair Bl : Mustache 0 : Beard 0
 Weight _____ : Length _____ : Body Temp _____ : Date and Time _____
Pounds Inches Fahrenheit
 Rigor: Yes No Lysed Liver Color 0 Fixed Non-Fixed

Marks and Wounds _____
Concussion to forehead & upper
torso
Autopsy at BMH



PROBABLE CAUSE OF DEATH	MANNER OF DEATH	DISPOSITION OF CASE
<u>HClid associated with ASH8</u>	(Check one only) Accident <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Unknown <input type="checkbox"/> Homicide <input type="checkbox"/> Pending <input type="checkbox"/>	1. Not a medical examiner case <input type="checkbox"/> 2. Autopsy requested Yes <input type="checkbox"/> No <input type="checkbox"/> Autopsy ordered Yes <input type="checkbox"/> No <input type="checkbox"/> Pathologist _____

I hereby declare that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Section 38-701-38-714 Tennessee Code Annotated; and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

Date 12/22/77 County of Appointment _____ Signature of County Medical Examiner _____

PERSONAL HISTORY: Suicide attempts Suicide threats Hobbies, aptitude and skills with firearms, chemicals, etc. Domestic, premarital or marital conflicts Financial or business reverses Social or religious conflicts Legal difficulties Criminal record Unemployment Fear of disease Other (specify) _____

CONDUCT BEFORE DEATH: Efforts to prevent help Efforts to obtain help Suicide attempt: Admitted Denied Refusal to talk Written declaration of intended suicide Accusations against others Other (specify) _____

	LAST SEEN ALIVE	INJURY OR ILLNESS	DEATH	DISCOVERY	MEDICAL EXAMINER NOTIFIED	VIEW OF BODY	POLICE NOTIFIED
DATE	8-16-77		8-16-77	8-16-77	8-16-77	8-16-77	8-16-77
TIME	08:00±		Profound 1530	1400±	1600	1730	1530
	LOCATION		CITY OR COUNTY		TYPE OF PREMISES (HOSPITAL, HOTEL, HIGHWAY, ETC.)		
INJURY OR ONSET OF ILLNESS	Home						
DEATH	DVA Bm H -		Reason attempted				
VIEWING OF BODY BY MEDICAL EXAMINER	Bm H						

MEDICAL ATTENTION AND HOSPITAL OR INSTITUTIONAL CARE

NAME OF PHYSICIAN OR INSTITUTION	ADDRESS	DIAGNOSIS	DATE
A. Michopoulos	Medin	HCV0 / Colon Pathol	

CIRCUMSTANCES OF DEATH

	NAME	ADDRESS
FOUND DEAD BY	Hugis Alden	Some
LAST SEEN ALIVE BY	"	"
WITNESS TO INJURY OR ILLNESS AND DEATH	None	

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH:

Found on floor of dressing room by alone who had been sleeping in adjoining room. No indication of foul play. Had been ok in early Am. Ht of playing basketball in early Am. Family consent signed for autopsy - to be performed at Bm. H.