

FILED JUL 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 22113

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 815

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph
c. LENGTH OF STAY (in this place) 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION 6217 Washington St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 6217 Washington St. 0117

3. NAME OF DECEASED
a. (First) ELVIS b. (Middle) P. c. (Last) CAMPBELL
4. DATE OF DEATH (Month) (Day) (Year) 7 17 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 5-4-1893 9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer 10b. KIND OF BUSINESS OR INDUSTRY Candy Company 11. BIRTHPLACE (City and State or Foreign Country) Versailles, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Houseton Campbell 13b. MOTHER'S MAIDEN NAME Liza Palmes 14. NAME OF HUSBAND OR WIFE Dorothy Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes W.W. # 1 16. SOCIAL SECURITY NO 493-12-6855 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Campbell, 6217 Washington City

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE DILATION OF HEART
ANTECEDENT CAUSES DUE TO (b) HYPOSTATIC PNEUMONIA
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) CEREBRAL APOPLEXY
II. OTHER SIGNIFICANT CONDITIONS SEVERAL STROKES OF CEREBRAL APOPLEXY IN PAST SEVERAL YEARS.
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 2 HOURS
24 HOURS
4 DAYS

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from NOV. 30, 1953, to JULY 17, 1954, that I last saw the deceased alive on JULY 16, 1954, and that death occurred at 5:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) 23b. ADDRESS 3105 KING HILL AVE. ST. JOSEPH, 48, MO. 23c. DATE SIGNED JULY 19, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 7-19-1954 24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem. 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. July 21, 1954 REGISTRAR'S SIGNATURE Esther M. Allison 485-25 FURNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, ~~or by~~, Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Allan C. Bayan*.....

Licensed Embalmer No. *4795*.....

P. O. Address *St. Joseph*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.