

AFTER RECORDING, RETURN TO:
Emelia Coven
4866 Donald St.
Eugene, OR 97405

32817

Local File Number

CERTIFICATE OF DEATH

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. M84 Page 1235

State File Number

1 DECEASED—NAME FIRST MIDDLE LAST ELLYN J. COVEN		DATE OF DEATH (MONTH, DAY, YEAR) January 25, 1978	
2 RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) white	3 SEX male	4 AGE—LAST BIRTHDAY (YEARS) 45	5 DATE OF BIRTH (MONTH, DAY, YEAR) September 2, 1932
6 COUNTY OF DEATH Lane	7 CITY, TOWN, OR LOCATION OF DEATH Rural Eugene		
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Iowa	9 CITIZEN OF WHAT COUNTRY U S A	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married	11 HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.) West 11th near Greenhill
12 SOCIAL SECURITY NUMBER 544-32-8659	13 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Building Contractor	14 SPOUSE (IF MARRIED, WIDOWED) Emelia Coven	15 IF HOSP. OR INST. IN-DM. INPATIENT (SPECIFY) at scene
16 RESIDENCE—STATE Oregon	17 COUNTY Lane	18 CITY, TOWN, OR LOCATION Eugene	19 STREET AND NUMBER OR R.F.D. NO. 1775 East 43rd Street
20 FATHER—NAME FIRST MIDDLE LAST John - Coven	21 MOTHER—MAIDEN NAME FIRST MIDDLE LAST Eva - Irwin	22 INFORMANT—NAME AND RELATIONSHIP TO DECEASED Emelia Coven - wife	
23 BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY) burial	24 CEMETERY OR CREMATORY—NAME Rest Haven Memorial Park	25 LOCATION CITY OR TOWN STATE Eugene Oregon	
26 I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT: NATURAL CAUSES ☐ ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐ NAME—(TYPE OR PRINT) Edward F. Wilson, M.D. DATE SIGNED (MONTH, DAY, YEAR) JAN 31, 1978			
27 DATE RECEIVED BY REGISTRAR (MO. DAY, YR.) January 31, 1978			
28 IMMEDIATE CAUSE (a) Fracture and dislocation of (neck) cervical vertebrae (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)			
29 DATE OF INJURY (MONTH, DAY, YEAR) Jan. 25, 1978			
30 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) Pickup driver in Pickup/Pickup collision			
31 PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. Highway			
32 LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) Milepost 54, West 11th Avenue, Eugene, Lane, Oregon			

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-78

STATE OF OREGON, COUNTY OF LANE

DATE January 31, 1978

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE LANE COUNTY COMMUNITY HEALTH AND SOCIAL SERVICES DEPARTMENT

(SEAL)

Registrar of Vital Statistics
By: *Paul Longtin, Deputy*

NOT VALID WITHOUT RAISED SEAL OF VITAL STATISTICS, STATE OF OREGON

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 23rd day of January A.D., 1984 at 2:22 o'clock P.M. and duly recorded in Vol M84, of Deeds on page 1235.

Fee \$4.00

EVELYN BIEHN, COUNTY CLERK
by: *Lane Smith* Deputy