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ASPEN

STATE OF OREGON—STATE BOARD OF HEALTH  
Vital Statistics SectionVol. m89 Page 20132  
8519697

## CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED—NAME First Middle Last 1. EDWIN LOREN HARVEY		DATE OF DEATH (month, day, year) 2. APRIL 5, 1974	
RACE White, Negro, American Indian, etc. (specify) 3. White	SEX 4. Male	AGE—Last birthday (years) 5a. 45	Under 1 year 5b. mos. days Under 1 day 5c. hours min.
COUNTY OF DEATH 7a. Lane	CITY, TOWN, OR LOCATION OF DEATH 7b. Eugene		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7d. Sacred Heart Hosp.
STATE OF BIRTH (if not in U.S.A., name country) 8. Cottage Grove, Ore.	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. Married	NAME OF SPOUSE 11. Arlos
SOCIAL SECURITY NUMBER 12. 543-28-9111	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a. Auto Dealer	KIND OF BUSINESS OR INDUSTRY 13b. Used Cars	
RESIDENCE—STATE 14a. Oregon	COUNTY 14b. Lane	CITY, TOWN, OR LOCATION 14c. Eugene	STREET AND NUMBER OR R.F.D. 14d. 2894 Tomahawk Lane
FATHER—NAME first middle last 15. Loren Harvey	MOTHER—Maiden Name first middle last 16. Flora Rand.	INFORMANT—NAME and relationship to deceased 17. Arlos Harvey, Wife	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))			approximate interval between onset and death
18. immediate cause (a) VENTRICULAR FIBRILLATION due to, or as a consequence of: Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b) ACUTE MYOCARDIAL INFARCTION due to, or as a consequence of: (c) CORONARY ARTERIOSCLEROSIS			
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)			AUTOPSY (yes or no) 19a. YES IF YES were findings considered in determining cause of death 19b. YES
ACCIDENT (specify yes or no) 20a.	DATE OF INJURY (month, day, year) 20b.	HOUR 20c.	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d.
INJURY AT WORK (specify yes or no) 20e.			PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f.
LOCATION (street or R.F.D. No., city or town, county, state) 20g.			7244A001 06/05/85 REC 4.00 **0001**
CERTIFICATION—PHYSICIAN: I attended the deceased from: 21. MAR 26, 1974 TO APR 5, 1974	month day year month day year	And Last Saw Him/Her Alive on: month day year APR 5, 1974	I Did/Did Not view the body after death (specify) DID NOT DEATH OCCURRED (hour) 10:52 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
PHYSICIAN—SIGNATURE 22a. Robert P. Hodan	NAME (type or print) 22b. ROBERT P. HODAN	degree or Title M.D.	DATE SIGNED (month, day, year) 22c. APR 9, 1974
MAILING ADDRESS—PHYSICIAN 23. 1180 PATTERSON ST. EUGENE OREGON 97401			
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Rest Haven	LOCATION city or town state 24c. Eugene, Ore.	DATE (mo., day, year) 24d. April 9, 1974
FUNERAL DIRECTOR—SIGNATURE 25a. Duane H. Hays	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 25b. ENGLANDS, EUGENE, ORE.		
REGISTRAR—SIGNATURE 26a. Neil Longton, Deputy	DATE RECEIVED BY LOCAL REGISTRAR 26b. April 9, 1974	DATE RECEIVED BY STATE REGISTRAR	
RESERVED FOR REGISTRAR'S USE 28.			

VS-2 R-69

STATE OF OREGON

COUNTY OF Lane

Date April 9, 1974

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Lane County Department of Health.

A. K. Fottle, Director  
Registrar of Vital Statistics

By

Neil Longton, Deputy

VS-16 7/69

HTA 8519697

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**AFTER RECORDING RETURN TO:**

ARLOS HARVEY HUNTER  
1864 HAPPY LANE  
EUGENE, OR 97401

NAME (Last, first, middle)	DATE	REPORT TO	POSTAGE
JOHN J. WATSON	10/10/50	10/10/50	10/10/50
(If the above is not the correct name, please print the correct name in the space below)			
NAME (Last, first, middle)			
NAME (Last, first, middle)			

State of Oregon,  
County of Lane--SS.

I, the County Clerk, in and for the said County, do hereby certify that the within instrument was received for record at

STATE OF OREGON,  
County of Klamath ss.

Filed for record at request of:

5 JUN 85 11: 22

Reel

1352 R

Lane County OFFICIAL Records.  
Lane County Clerk

By: am  
Deputy

C-30-53

Aspen Title Co.  
on this 20th day of Oct. A.D., 1989  
at 3:54 o'clock P M. and duly recorded  
in Vol. M89 of Deeds Page 20132  
Evelyn Biehn County Clerk  
By Audrey Mullendore  
Deputy.

Fee, \$13.00

8519697