40519 '92 JAN 31 PM 3 22 Vol. M92 Page 2171

CERTIFICATE OF ORDINATION

EVANGELICAL LUTHERAN SYNOD

THIS CERTIFIES that Glenn Obenberger

was duly ordained on the 10th day of the month of July in the year of our Lord 1983 in accordance with the rites of the Evangelical Lutheran Church, and that he is now in charge of the congregation (s) known as The Apostle Lutheran Church at Tacoma, Washington

As pastor of said congregation, or any other congregation in membership or in affiliation with our synodical organization which may hereafter have duly called him, the Rev. Glenn Obenberger is authorized, under the rules of our Church, to perform all the functions of the ministerial office.

Signed at Marquam, Oregon on the 11th day of July A.D. 1983

Rev. Wayne M. Gruhl
PRESIDENT OF THE EVANGELICAL LUTHERAN SYNOD

Glenn Obenberger
P.O. Box 44006
Tacoma, Wa. 98444

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Glenn Obenberger the 31st day of Jan. A.D., 19 92 at 3:22 o'clock P M., and duly recorded in Vol. M92 of Authority to Solemnize Marriages on Page 2171.

FEE $5.00

Evelyn Biehn County Clerk
By Darlene Muldrow

103170

I.D. TAG NO. 60

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

DECEDENT

1 DECEDENT'S NAME: First: Mabel; Middle: Marie; Last: JAMESON
2 SEX: F
3 DATE OF DEATH (Month, Day, Year): January 26, 1992
4 SOCIAL SECURITY NUMBER: 543/84/3389
5a AGE - Last Birthday (Years): 68
5b Under 1 Year: Mos. / Days
5c Under 1 Day: Hours / Mins.
6 BIRTHPLACE (City and State or Foreign Country): Covina, Ca.
7 DATE OF BIRTH (Month, Day, Year): March 3, 1923
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8a PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number): Plum Ridge Care Center
9c CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d COUNTY OF DEATH: Klamath
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
10b KIND OF BUSINESS/INDUSTRY: Own Home
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12 SPOUSE (If Married, Widow(er)): Richard
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN, OR LOCATION: Keno
13d STREET AND NUMBER: 17209 Riveredge Road
13e INSIDE CITY LIMITS? ☐ Yes ☒ No
13f ZIP CODE: 97627
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify
15 RACE American Indian, Black, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9; College (1-4 or 5+):

PARENTS

17 FATHER NAME first middle last: Herman - Dahms
18 MOTHER - NAME first middle maiden: Mabel - Laile
19 INFORMANT - NAME and relationship: Philip Jameson / Son

DISPOSITION

20a METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park
20c LOCATION - City or Town, State: Klamath Falls, Oregon
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Garrett L. Ward
21b LICENSE NUMBER (Of Licensee): 3409
22 NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601

REGISTRAR

23 DATE FILED (Month, Day, Year): JAN 2 9 1992
24 REGISTRAR'S SIGNATURE: Charlene Barnes
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26 WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 1722 M
28 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Randal A. Machado, M.D
30 DATE SIGNED (Month, Day, Year): 1/28/92

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a TIME OF DEATH: M
31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32 On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature):
33 DATE SIGNED (Month, Day, Year):

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Randal A. Machado, MD / 1905 Main Street / Klamath Falls, Oregon / 97601
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest
PART I (a) Small Cell Carcinoma - Metastic — Interval between onset and death: Years
DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: (c) — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I
37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes ☒ No
39 If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40 MANNER OF DEATH: ☐ Natural ☒ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a DATE OF INJURY (Month, Day, Year):
41b TIME OF INJURY: M
41c INJURY AT WORK? ☐ Yes ☐ No
41d DESCRIBE HOW INJURY OCCURRED:
41e PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
41f LOCATION (Street and Number or Rural Route Number, City or Town, State):

RESERVED FOR REGISTRAR'S USE

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ORIGINAL - VITAL STATISTICS COPY

45-2 REV 3-8

DATE ISSUED JAN 2 9 1992

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Richard Jameson the 31st day of Jan. A.D., 19 92 at 3:30 o'clock P M., and duly recorded in Vol. M92 of Deeds on Page 2172.

Evelyn Biehn County Clerk
By Darlene Mulendore

FEE $8.00
Return: Richard Jameson
P.O. Box 616, Keno, Or. 97627