

World Christianity Ministries



"IN GOD'S NAME I GO FORTH"

Certificate of Ordination

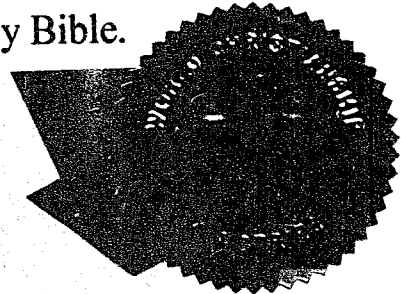
This is to certify that the below named individual has been ordained into the Christian ministry on July 13, 1995.

Shirley Ann Moore

World Christianity authorizes this individual to perform standard Christian religious services on behalf of the Christian faith and in accordance with the Holy Bible.

Rev. D. M. McCoy

Administrator/Bishop
World Christianity Ministries
Fresno, CA. 93747-8041 U.S.A.



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Shirley Moore the 18th day
of July A.D., 19 95 at 10:01 o'clock A M., and duly recorded in Vol. M95,
of Authority to solemnize marriages on Page 18468.

FEE \$5

By *Bernetha G. Lausch* Bernetha G. Lausch, County Clerk

363 MTC 35102 CERTIFICATE OF DEATH 136 State File Number

1. DECEASED'S FIRST NAME: Dean
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 4, 1993

4. SOCIAL SECURITY NUMBER: 528-14-2675
5a. AGE-Last Birthday (Years): 71
5b. Under 1 Year: Mos. Days Hours Mins.
6. BIRTHPLACE, City and State or Foreign: Ogden, Utah
7. DATE OF BIRTH (Month, Day, Year): December 24, 1921

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9. PLACE OF DEATH (Check only one): ☐ HOSPITAL ☐ Inpatient ☐ Outpatient ☐ POA ☐ OTHER ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
10. FACILITY NAME (if not institution, give street and number): Claimont Nursing Center
11. COUNTY OF DEATH: Klamath

12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Cataloger
13. KIND OF BUSINESS/INDUSTRY: Civil service Airport
14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
15. SPOUSE (If Married, Widowed): Freda Michelson

16. RESIDENCE - STATE: Oregon
17. COUNTY: Klamath
18. CITY, TOWN OR LOCATION: Chiloquin
19. STREET AND NUMBER: H.C. 63, Box 583

20. INSIDE CITY LIMITS? ☐ Yes ☒ No
21. ZIP CODE: 97624
22. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
23. RACE American Indian, Black, White, etc. (Specify): White
24. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) College (14 or 5+)
25. FATHER - NAME first middle last: George - Michelson
26. MOTHER - NAME first middle maiden: Lela - Comish
27. INFORMANT - NAME and relationship to deceased: Freda Michelson - Spouse
28. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory
30. LOCATION - City or Town, State: Klamath Falls, Oregon
31. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature]
32. LICENSE NUMBER (Of Licensee): 93-49-1363
33. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home 97603
34. 4711 Highway 39, Klamath Falls, Oregon
35. DATE FILED (Month, Day, Year): AUG 05 1993
36. REGISTRAR'S SIGNATURE: [Signature]
37. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
38. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

39. TO BE COMPLETED BY CERTIFYING PHYSICIAN
40. TIME OF DEATH: 1:13 A.M. ☐ Yes ☒ No
41. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
42. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [Signature] M.D.
43. DATE SIGNED (Month, Day, Year): Aug 4 1993
44. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): James F. Calvert M.D. 2625 Crosby Avenue, Klamath Falls, Oregon 97601
45. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
46. 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) Head + neck cancer
DUE TO, OR AS A CONSEQUENCE OF:
(b) Alcoholism
DUE TO, OR AS A CONSEQUENCE OF:
(c) Coronary Artery Disease
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I:
47. Did tobacco use contribute to the death? ☒ Yes ☐ Probably ☐ No ☐ Unknown
48. AUTOPSY: ☐ Yes ☒ No ☐ N/A
49. IF YES, were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
50. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide
51. DATE OF INJURY (Month, Day, Year):
52. TIME OF INJURY:
53. INJURY AT WORK? ☐ Yes ☒ No
54. DESCRIBE HOW INJURY OCCURRED:
55. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify):
56. LOCATION (Street and Number or Rural Route Number, City or Town, State):

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: SEP 14 1993

CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 18th day of July A.D., 19 95 at 10:23 o'clock A.M., and duly recorded in Vol. M95 of Deeds on Page 18469

FEE \$10.00
Ret: Mountain Title co

By [Signature] Bernetha G. Letsch, County Clerk