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

Administrator/Bishop

World Christianship Ministries Fresno, CA. 93747-8041 U.S.A.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of July A.D., 19 95 at 10:01 M., and duly recorded in Vol. _o'clock __A

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020-14-6010	71 Mos. 101	9a PLACE OF	Ogden, Utah DEATH Check only o Ursing Home (Decade	ne)	Specify)
8.WAS DECEDENT EVER IN U.S. ARMED FORCES? HOSPITAL UI 90. FACILITY NAME (II not institution, give si	npalient DEFFOutpati	Se City, I	OWN, OR LOCATION	OF DEATH	SS COUNTY OF DEATH Klamath
Clairmont Nursing C	enter	KI F RUSINESSANOUSTRY	amath Falls	TATUS . Married, 12.	SPOUSE (If Married, Widowed)
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of wo be not use relied.)	irking life.		Never Man Divorced (S	specify)	reda Michelson
Cataloger	I GIVII	88rvice <u>Airport</u> TOWN OR LOCATION	13d. STREET	AND NUMBER	
21	in Ch	lloguln	H.C. 15. RACE American Ind Black, White, etc. (Spe	63, Dex 583	OECEDENT'S EDUCATION
136. INSIDE CITY 131. ZIP CODE LIMITS?	14. WAS DECEDENT OF (Specify No or Yes - If y Mexican, Puerto Rican, Specify:	yes, specily Cuban, etc.) UNo ☐ Yes	Black, White, etc. (Spe White	Elementary!	Secondary (0-12) College (1-4 or 5+)
□Yes ØNO 97624			maiden	19. INFORMANT - N	AME and relationship to deceased helson - Spouse
George - Michelson	Lela	- Comish	malery, cremetory, or	20c. LOCATION - Cit	
20a. METHOD OF DISPOSITION Mausol Burial Coremation Removal from 8	other p	al Hills Cremato		Klamath	Falls, Oregon
Donation Citer (Specify) 21a. SIGNATURE OF SUNERAL SERVICE L PERSON AOTHICAS SUCH		21b. LICENSE NUMBER	22 NAME, ADDRESS	AND ZIP OF FACILIT	ry I Home 97603
PERSON AUTHOUAS SUCH		93-49-1363	47,11 High	vay 39, Kla	math Falls, Oregon
23. DATE FILED (Month, Day, Year)			24. BEGISTRAN'S SI	GNATURE (1 BMC	<u> </u>
AUG 0 5 1993	E REQUEST FOR ANAT	TOMICAL BIFT CONSENT?	26. WAS GIFT MADE	7	
TYES DNO MINA			Oyes Or		
TO BE COMPLETED E	Y CERTIFYING PHYSICI	ian	TO BE	COMPLETED ONLY B	Y MEDICAL EXAMINER UNCED DEAD (Month, Day, Year, Hour)
	DICAL EXAMINER NOTIF	rist//	r som religion i file	1	
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