

# CERTIFICATE OF DEATH STATE OF CALIFORNIA

14134

STATE FILE NUMBER <b>14134</b>		1C. LAST <b>DROBATZ</b>		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER <b>FEB 23, 1982</b>		2B. HOUR <b>0539</b>	
1A. NAME OF DECEDENT—FIRST <b>ANDREW</b>		1B. MIDDLE <b>JOHN</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>FEB 23, 1982</b>		2B. HOUR <b>0539</b>	
3. SEX <b>MALE</b>		4. RACE <b>WHITE</b>		5. ETHNICITY		6. DATE OF BIRTH <b>JAN 10 1916</b>	
7. AGE <b>66</b>		8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>CALIFORNIA</b>		9. NAME AND BIRTHPLACE OF FATHER <b>PAUL DROBATZ AUSTRIA</b>		10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>MARA NARIC AUSTRIA</b>	
11. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		12. SOCIAL SECURITY NUMBER <b>562 16 3563</b>		13. MARITAL STATUS <b>MARRIED</b>		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) <b>BEVERLY JEAN ELLIOTT</b>	
15. PRIMARY OCCUPATION <b>POLICE OFFICER</b>		16. NUMBER OF YEARS THIS OCCUPATION <b>ADULT LIFE</b>		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>LOS ANGELES POLICE DEPT.</b>		18. KIND OF INDUSTRY OR BUSINESS <b>LAW ENFORCEMENT</b>	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>3003 BUCKEYE</b>		19B. CITY OR TOWN <b>BODFISH</b>		19C. STATE <b>CALIFORNIA</b>		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>BEVERLY J. DROBATZ (WIFE) P.O. BOX 948 BODFISH, CA 93205</b>	
21A. PLACE OF DEATH <b>Kern Valley Hospital</b>		21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>Route 1 Box 152</b>		21C. CITY OR TOWN <b>Lake Isabella</b>		21D. STATE <b>KERN</b>	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <b>Cardiomegaly and three vessel occlusive coronary atherosclerosis with ischemic heart disease.</b>		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <b>Chronic obstructive pulmonary disease and generalized arteriosclerosis</b>		24. WAS DELIVERED TO CORONER? <b>YES</b>		25. WAS BIOPSY PERFORMED? <b>NO</b>	
26. WAS AUTOPSY PERFORMED? <b>YES</b>		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? <b>NO</b>		28. DATE SIGNED <b>FEB 24 1982</b>		28D. PHYSICIAN'S LICENSE NUMBER <b>2318</b>	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32. DATE OF INJURY—MONTH, DAY, YEAR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35. CORONER—SIGNATURE AND DEGREE OR TITLE <b>Richard P. Gervais, Coroner</b>		35C. DATE SIGNED <b>02 24 1982</b>	
36. DISPOSITION <b>BURIAL</b>		37. DATE—MONTH, DAY, YEAR <b>2/26/82</b>		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>KERN RIVER VALLEY CEME, WOFFORD HTS, CA</b>		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE <b>2318</b>	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>VALLEY MORTUARY 1216</b>		41. LOCAL REGISTRAR—SIGNATURE <b>Leon M. Hebertson, M.D.</b>		42. DATE ACCEPTED BY LOCAL REGISTRAR <b>FEB 24 1982</b>		43. SIGNATURE OF LOCAL REGISTRAR <b>C. Lee</b>	

THIS IS TO CERTIFY THAT THIS IS  
A TRUE COPY OF THE DOCUMENT ON  
FILE IN THIS OFFICE.

LEON M. HEBERTSON, M.D.  
Local Registrar of Vital Statistics  
KERN COUNTY HEALTH DEPARTMENT  
BAKERSFIELD, CALIFORNIA 93305

ISSUED BY KERN COUNTY HEALTH DEPARTMENT

FEB 24 1982

STATE OF OREGON: COUNTY OF KLAMATH :ss  
I hereby certify that the within instrument was received and filed for  
record on the 2 day of August A.D., 1982 at 2:25 o'clock P. M.,  
and duly recorded in Vol. M 82, of Deeds on page 9853

EVELYN BIEHN COUNTY CLERK  
by George Mc. Brown Deputy

Fee \$ 4.00