COUNTY of KERN

HEALTH DEPARTMENT
1700 FLOWER STREET, BAKERSFIELD, CALIFORNIA 93305-4198

63097 Vol. M98 Page 26608

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 11/96)

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
AGNES	LOUISE	BROADLEY

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
08/29/1926	70			F	08/17/1997	0110

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
ILLINOIS	335-20-0361	☐ Yes ☒ No	MARRIED	12

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
WHITE	☐ Yes ☒ No	RAMTEC COMPANY

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
COIL WINDER	MANUFACTURING ELECTRONIC EQUIPMENT	12

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION				
29325 HWY 178				
21. CITY	**22. COUNTY**	**23. ZIP CODE**	**24. YRS IN COUNTY**	**25. STATE OR FOREIGN COUNTRY**
ONYX	KERN	93255	7	CALIFORNIA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
DAVID BROADLEY, HUSBAND	29325 HWY 178 ONYX, CA. 93255

SPOUSE AND PARENT INFORMATION

29. NAME OF SURVIVING SPOUSE—FIRST	30. MIDDLE	31. LAST (MAIDEN NAME)	
DAVID	LOWELL	BROADLEY	
32. NAME OF FATHER—FIRST	**33. MIDDLE**	**34. LAST**	**35. BIRTH STATE**
CARLYLE	-	ROY	ILLINOIS
36. NAME OF MOTHER—FIRST	**37. MIDDLE**	**38. LAST (MAIDEN)**	**39. BIRTH STATE**
CELIA	-	PACHOLSKI	ILLINOIS

DISPOSITION

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
08/19/1997	3 Miles off coast of Santa Barbara, Santa Barbara County, Ca.

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
CR/SEA	▶ NOT EMBALMED	-
44. NAME OF FUNERAL DIRECTOR	**45. LICENSE NO.**	**46. SIGNATURE OF LOCAL REGISTRAR**	**47. DATE MM/DD/CCYY**
VALLEY MORTUARY	FD-1216	▶ B. JINADU, M.D.	08/19/1997

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL	104. COUNTY
KERN VALLEY HOSPITAL SNC	☐ IP ☐ ER/OP ☐ DOA	☒ CONV. HOSP. ☐ FREE. CLINIC ☐ OTHER	KERN
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION			**106. CITY**
6412 LAUREL AVE.			LAKE ISABELLA

CAUSE OF DEATH

107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A):	CARDIOPULMONARY ARREST	minutes
DUE TO (B):	METASTATIC CANCER disease	months
DUE TO (C):		
DUE TO (D):		

106. DEATH REPORTED TO CORONER: ☐ Yes ☒ No (PERSONAL NUMBER)
108. BIOPSY PERFORMED: ☐ Yes ☒ No
110. AUTOPSY PERFORMED: ☐ Yes ☒ No
111. USED IN DETERMINING CAUSE: ☐ Yes ☒ No

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: Malnutrition

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: None

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY	DECEDENT LAST SEEN ALIVE MM/DD/CCYY	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO.	117. DATE MM/DD/CCYY
07/15/1997	08/17/1997	▶	A49827	08/18/1997

118. TYPE OR PRINT ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: HOSHANG PORMIR, M.D., 6412 LAUREL AVE. LAKE ISABELLA, CA. 93240

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED

120. INJURY AT WORK: ☐ Yes ☐ No | 121. INJURY DATE MM/DD/CCYY | 122. HOUR | 123. PLACE OF INJURY

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
▶		

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
								5869488	

98 JUL 21 P2:26

37080

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN } ss

DATE ISSUED
AUG 20 1997

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION OF THE DEPARTMENT OF PUBLIC HEALTH SERVICES.

B. A. Jinadu, MD, MPH
HEALTH OFFICER AND LOCAL REGISTRAR OF BIRTHS AND DEATHS

This copy is not valid unless prepared on engraved border displaying seal and signature of registrar.

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of David Broadley the 21st day of July A.D., 19 98 at 2:26 o'clock P. M., and duly recorded in Vol. M98, of Deeds on Page 26608.

Return: David Broadley
5012 Yokut Ct.
Weldon, Ca. 93283

FEE $10.00

Bemetha G. Letsch, County Clerk
By Kathleen Rose