

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF VENTURA

VENTURA, CALIFORNIA

**INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY**

3052019197895

### CERTIFICATE OF DEATH

3201956004118

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT—FIRST (Given) <b>SIDNEY</b>		2. MIDDLE <b>EDDIE</b>		3. LAST (Family) <b>MOSESIAN</b>	
AKA—ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST) <b>SID HAIG</b>					
4. DATE OF BIRTH mm/dd/ccyy <b>07/14/1939</b>		5. AGE Yrs. <b>80</b>	IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes	6. SEX <b>M</b>
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SRDP* (at Time of Death) <b>MARRIED</b>
7. DATE OF DEATH mm/dd/ccyy <b>09/21/2019</b>		8. HOUR (24 Hours) <b>1715</b>			
13. EDUCATION—Highest Level/Degree (see worksheet on back) <b>ASSOCIATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED <b>ACTOR</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>ENTERTAINMENT</b>		19. YEARS IN OCCUPATION <b>58</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]					
21. CITY [REDACTED]		22. COUNTY/PROVINCE <b>VENTURA</b>		23. ZIP CODE [REDACTED]	24. YEARS IN COUNTY <b>44</b>
25. STATE/FOREIGN COUNTRY <b>CA</b>					
26. INFORMANT'S NAME, RELATIONSHIP <b>SUSAN OBERG, WIFE</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) [REDACTED]		
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST <b>SUSAN</b>		29. MIDDLE <b>LYNN</b>		30. LAST (BIRTH NAME) <b>OBERG</b>	
31. NAME OF FATHER/PARENT—FIRST <b>HAIG</b>		32. MIDDLE -		33. LAST <b>MOSESIAN</b>	
34. BIRTH STATE <b>ARMENIA</b>		35. NAME OF MOTHER/PARENT—FIRST <b>ARAXIE</b>		36. MIDDLE <b>BERTHA</b>	
37. LAST (BIRTH NAME) <b>MOORADIAN</b>		38. BIRTH STATE <b>CA</b>			
39. DISPOSITION DATE mm/dd/ccyy <b>10/03/2019</b>		40. PLACE OF FINAL DISPOSITION <b>RESIDENCE OF SUSAN OBERG</b>			
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER [REDACTED]		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT <b>GRIFFIN FAMILY FUNERAL CHAPELS</b>		45. LICENSE NUMBER <b>FD1938</b>		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
47. DATE mm/dd/ccyy <b>10/02/2019</b>					
101. PLACE OF DEATH <b>LOS ROBLES HOSPITAL &amp; MEDICAL CENTER</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>VENTURA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>215 W JANSS RD</b>		106. CITY <b>THOUSAND OAKS</b>	
107. CAUSE OF DEATH Enter the chain of events—diseases, injuries, or complications—that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>(A) CARDIORESPIRATORY ARREST</b> <b>(B) RESPIRATORY FAILURE</b> <b>(C) ASPIRATION PNEUMONITIS AND ASPERGILLUS PNEUMONIA</b> <b>(D) SMALL BOWEL OBSTRUCTION</b>		Time Interval Between Onset and Death (A) <b>MIN</b> (B) <b>WEEKS</b> (C) <b>WEEKS</b> (D) <b>WEEKS</b>	108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER		
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>HISTORY OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: mm/dd/ccyy <b>03/05/2018</b> Decedent Last Seen Alive: mm/dd/ccyy <b>09/21/2019</b>		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		116. LICENSE NUMBER <b>A89245</b>	117. DATE mm/dd/ccyy <b>10/02/2019</b>
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>FARAH SUI TANA HASAN, M.D.</b>					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]		127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	CENSUS TRACT

**CERTIFIED COPY OF VITAL RECORD**  
STATE OF CALIFORNIA, COUNTY OF VENTURA

This is a true and exact reproduction of the document officially registered and placed on file with the Ventura County Clerk and Recorder.

DATE ISSUED

OCT 14 2019

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the County Clerk and Recorder.



*Mark A. Lunn*  
**MARK A. LUNN**  
COUNTY CLERK AND RECORDER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CAVENTUR02