

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

County of Ventura

VENTURA, CALIFORNIA

3052023162305

CERTIFICATE OF DEATH

3202356003529

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
MARTHA		FAHNOE	
2. MIDDLE		5. AGE Yrs.	
ANN		83	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy	
		08/27/1939	
9. BIRTH STATE/FOREIGN COUNTRY		11. EVER IN U.S. ARMED FORCES?	
NY		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
10. SOCIAL SECURITY NUMBER		12. MARITAL STATUS (SRDP) (at Time of Death)	
998-32-5166		WIDOWED	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		7. DATE OF DEATH mm/dd/yyyy	
BACHELOR		07/21/2023	
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		8. HOUR (24 Hours)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		1713	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)			
CAUCASIAN			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		19. YEARS IN OCCUPATION	
BROADCASTER		60	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)			
RADIO			
20. DECEDENT'S RESIDENCE (Street and number, or location)			
149 ESTABAN DRIVE			
21. CITY			
CAMARILLO			
22. COUNTY/PROVINCE			
VENTURA			
23. ZIP CODE			
93010			
24. YEARS IN COUNTY			
45			
25. STATE/FOREIGN COUNTRY			
CA			
26. INFORMANT'S NAME, RELATIONSHIP			
PATRICIA JAY, DAUGHTER			
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
27 WEST ANAPAMU STREET #131, SANTA BARBARA, CA 93101			
28. NAME OF SURVIVING SPOUSE/GRUP - FIRST			
-			
29. MIDDLE			
-			
30. LAST (BIRTH NAME)			
-			
31. NAME OF FATHER/PARENT - FIRST			
RICHARD			
32. MIDDLE			
DIMS			
33. LAST			
BUCKLEY SR.			
34. BIRTH STATE			
RI			
35. NAME OF MOTHER/PARENT - FIRST			
MARION			
36. MIDDLE			
-			
37. LAST (BIRTH NAME)			
MCDONALD			
38. BIRTH STATE			
IL			
38. DISPOSITION DATE mm/dd/yyyy			
07/26/2023			
40. PLACE OF FINAL DISPOSITION RESIDENCE OF PATRICIA JAY			
27 WEST ANAPAMU STREET #131, SANTA BARBARA, CA 93101			
41. TYPE OF DISPOSITION(S)			
CREMATE/RESIDENCE			
42. SIGNATURE OF EMBALMER			
NOT EMBALMED			
43. LICENSE NUMBER			
-			
44. NAME OF FUNERAL ESTABLISHMENT			
CONJO MOUNTAIN FUNERAL HOME & MEMORIAL PARK			
45. LICENSE NUMBER			
FD1375			
46. SIGNATURE OF LOCAL REGISTRAR			
ROBERT M LEVIN MD			
47. DATE mm/dd/yyyy			
07/26/2023			
48. PLACE OF DEATH			
ST JOHNS REGIONAL MEDICAL CENTER			
102. IF HOSPITAL, SPECIFY ONE			
<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice			
103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
<input type="checkbox"/> Nursing <input type="checkbox"/> Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY			
VENTURA			
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)			
1600 N ROSE AVE			
106. CITY			
OXNARD			
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 electrocution without showing the etiology. DO NOT ABBREVIATE.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
(A) RUPTURED THORACIC AORTIC ANEURYSM			
(B) ATHEROSCLEROSIS VASCULAR DISEASE			
(C) HYPERTENSION			
(D) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)			
NO			
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 Decedent Last Seen Alive			
05/11/2023 07/21/2023			
115. SIGNATURE AND TITLE OF CERTIFIER			
JEFFREY BRIAN ALLAN, MD			
116. LICENSE NUMBER			
G74327			
117. DATE mm/dd/yyyy			
07/26/2023			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
JEFFREY BRIAN ALLAN, MD			
58 WEST LOOP DRIVE, CAMARILLO, CA 93010			
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			
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE mm/dd/yyyy			
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			
127. DATE mm/dd/yyyy			
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR			
A B C D E			
FAX AUTH.#			
CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF VENTURA

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Ventura County Public Health Department, if it bears the date of issue in red ink.

DATE ISSUED

07/28/2023

Robert M. Levin, MD
HEALTH OFFICER
VENTURA COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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