

City of Houston, Texas

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

Texas Department of Health - Bureau of Vital Statistics

1. NAME OF DECEDENT a. FIRST: Thomas b. MIDDLE: Anthony c. LAST: Navarro		d. SEX: Male		e. DATE OF DEATH: Nov. 19, 2001	
2. DATE OF BIRTH: July 5, 1995		3. BIRTH PLACE: Mesa, Arizona		f. SOCIAL SECURITY NO.: 600-57-2536	
4. RACE: Caucasian		5. MARITAL STATUS: Child		6. OCCUPATION: Child	
7. RESIDENCE AT DEATH: 2901 Elmside # 117		8. COUNTY: Harris		9. CITY/TOWN: Houston	
10. STATE: Texas		11. ZIP CODE: 77042		12. MADE IN CITY LIMITS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
13. FATHER'S NAME: James Navarro		14. MOTHER'S NAME: Donna Missler		15. PLACE OF DEATH (IF DIFFERENT FROM RESIDENCE):	
16. HOSPITAL DEPARTMENT: Harris		17. CITY OR TOWN OF DEPARTMENT: Houston		18. NAME OF HOSPITAL OR NOT (If not in brackets, type street address): Hermann Hospital	
19. METHOD OF DEATH: James Navarro (Father)		20. ADDRESS OF DEPARTMENT: 2901 Elmside #117		21. ADDRESS OF FUNERAL HOME: 77042	
22. PLACE OF BURIAL: Earthman Resthaven		23. LOCATION OF BURIAL: Houston, Texas		24. NAME & ADDRESS OF FUNERAL HOME: Earthman Funeral's 8303 Katy Freeway Houston, Texas 77251-1598	
25. SIGNATURE & TITLE OF CORPSE: Stanislaw Burzynski M.D., Ph.D.		26. DATE SIGNED: 11 03 01		27. TIME OF DEATH: 2:15 P.M.	
28. PART 1 - ENTER THE DISEASE, INJURY OR COMPLICATION THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DEATH SUCH AS CHOKING OR RIFLING GUN WOUND, SHOCK, OR HEART FAILURE. LIST ONLY THE CAUSE ON EACH LINE. Respiratory failure DUE TO OR AS A CHIEF CONSEQUENCE OF: Pneumonia, bilateral DUE TO OR AS A CHIEF CONSEQUENCE OF: Chronic toxicity of chemotherapy DUE TO OR AS A CHIEF CONSEQUENCE OF: Medulloblastoma (PNET)					
29. PART 2 - ENTER THE SIGNIFICANT CHRONIC CONDITIONS TO DEATH (DO NOT REPEAT IN THE JERKEN LINE) (SEE INSTRUCTIONS IN PART 1, 1.A. ADDRESS EACH DISEASE SEPARATELY) Medulloblastoma (PNET)					
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		31. DID ALCOHOL USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		32. WAS DECEASED DRUG-ADDICT? ATTENT OF DEATH: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN WITHIN LAST YEAR: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
33. MANNER OF DEATH: <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		34. DATE OF INJURY: DEC. 5, 2001		35. TIME OF INJURY: NO	
36. NUMBER OF FILE NO.: 02-18405		37. DATE RECEIVED BY LOCAL REGISTRAR: DEC. 5, 2001		38. REGISTRAR'S LOCAL SIGNATURE: R.W. Hanky	

The penalty for knowingly making a false statement on this form under the 3.00 statute is a fine of up to \$15,000, month and Salary Code, Sec. 105, 1987

VS-112 REV. 3/95

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CERTIFIED COPY OF VITAL RECORDS

STATE OF TEXAS
COUNTY OF HARRIS

DATE ISSUED **DEC 05 2001**

R.W. Hanky
R. W. Hanky, Registrar
BUREAU OF VITAL STATISTICS

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

