

# 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: <b>Thomas</b> b. MIDDLE: <b>Anthony</b> c. LAST: <b>Navarro</b>		d. SEX: <b>Male</b>		e. DATE OF DEATH: <b>Nov. 19, 2001</b>	
2. DATE OF BIRTH: <b>July 5, 1995</b>		3. AGE AT DEATH: <b>6</b>		4. SOCIAL SECURITY NO.: <b>600-57-2536</b>	
5. RACE: <b>Caucasian</b>		6. MARRIAGE STATUS: <b>Child</b>		7. OCCUPATION: <b>Child</b>	
8. RESIDENCE AT DEATH: <b>2901 Elmside # 117</b>		9. COUNTY: <b>Harris</b>		10. CITY/TOWN: <b>Houston</b>	
11. COUNTY: <b>Harris</b>		12. STATE: <b>Texas</b>		13. ZIP CODE: <b>77042</b>	
14. FATHER'S NAME: <b>James Navarro</b>		15. MOTHER'S NAME: <b>Donna Missler</b>		16. PLACE OF BIRTH (IF OTHER THAN HOME OF DECEDENT):	
17. HOSPITAL/DEPARTMENT: <b>Hermann Hospital</b>		18. COUNTY OF DEATH: <b>Houston</b>		19. NAME OF PHYSICIAN OR NOT (YES OR NO) (Indicate type when address): <b>Hermann Hospital</b>	
20. SIGNATURE & TITLE OF PHYSICIAN: <b>Stanislaw Burzynski M.D., Ph.D.</b>		21. DATE OF DEATH: <b>11 03 01</b>		22. TIME OF DEATH: <b>2:15 P.M.</b>	
23. PART 1 - ENTER THE DISEASE, INJURY OR COMPLICATION THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DEATH SUCH AS CHOKING OR RIFLE GUN WOUND, SHOCK, OR HEART FAILURE. LIST ONLY THE CAUSE ON EACH LINE. <b>Respiratory failure</b> <b>Pneumonia, bilateral</b> <b>Chronic toxicity of chemotherapy</b> <b>Medulloblastoma (PNET)</b>					
24. PART 2 - ENTER THE SIGNIFICANT CHRONIC CONDITIONS TO DEATH (DO NOT REPEAT IN THE JERKIN LINE) (SEE INSTRUCTIONS IN PART 1) (i.e. address such as diabetes, asthma, etc.) <b>Medulloblastoma (PNET)</b>					
25. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		26. DID ALCOHOL USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		27. WAS DECEDENT DRUG-DEPENDENT? 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	
28. 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		29. DATE OF INJURY: <b>DEC. 5, 2001</b>		30. TIME OF INJURY: <b>NO</b>	
31. REGISTER FILE NO.: <b>02-18405</b>		32. DATE RECEIVED BY LOCAL REGISTRAR: <b>DEC. 5, 2001</b>		33. REGISTRAR'S LOCAL SIGNATURE: <b>R.W. Hanky</b>	

The penalty for knowingly making a false statement on this form may be \$100 per year or a fine of up to \$1,000, month and salary Code, Sec. 105, 1987

VS-112 REV. 3/95

4118681

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

This is a true and exact reproduction of the document officially registered and placed on file in the BUREAU OF VITAL STATISTICS, HOUSTON HEALTH AND HUMAN SERVICES DEPARTMENT

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

