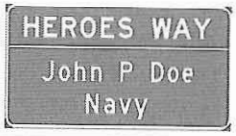
Heroes Way Naming Application Form

Missouri Department of Transportation



The following items must be submitted with this completed form:

- Participation fee payable to: Director of Revenue - Credit State Road Fund
- Proof the designee was in U.S. Armed Forces verifying designee had been killed in action while performing military duty

Step 1 **Legislative Sponsor:** SHAMED DOGAN Room #: 303-B Phone #: 573-751-4392

☐ Missouri Senate ☑ Missouri House of Representatives

Step 2 **Applicant:** JOSE M. NAVARRO **Organization:** *(if applicable)*

Address: 308 CARMEL WOODS DR City: ELLISVILLE State: MO Zip Code: 63021

Phone #: 314.760.7027 E-mail: napoli_rota@yahoo.com

Step 3 By signing this document as the applicant, I understand I am certifying I am related to the designee by way of marriage, adoption, or that I am his/her mother, father, brother or sister as required by State Statue. Falsifying this information will void the request and could result in loss of fees and sign installation.

Applicant Signature: Jose M. Navarro **Date:** Nov. 1. 2021

Relationship to designee: FATHER Was Designee a Missouri Resident: ☑ Yes ☐ No

Step 4 **Memorial Name Requested**

The proposed name may have a maximum of one line with 25 characters, including spaces. *(Subject to Design Limitations)*

Line 1: Designee's first name, middle initial, last name (Ranks/Titles are optional & must be abbreviated)

P	E	T	E	R		J		N	A	V	A	R	R	O		S	P	C						

Line 2: Branch of service: *(check appropriate box)*

☑ Army ☐ Navy ☐ Marines ☐ Airforce

11/4/21 - Should read: SPC Peter J Navarro per the request of the father and mother

Step 5 ***Call 1-573-751-7643 - MoDOT, confirming availability of interchange, bridge or segment of highway and the current participation fee.***

1) List the State Highway/Bridge/Interchange, and exit numbers/intersection, and nearby City/Town of the requested location.

(Interchange example: I-70 at Exit 148, US 54 at Kingdom City)
(Bridge example: bridge on Hwy. CC crossing over N Fork White River)
(Segment of Highway example: 1/2 mile south of Hwy. A to the intersection of US 54 on Hwy. 160)

ON (MO-100) FROM MO 340 TO VLASIS DRIVE IN ST. LOUIS COUNTY IN BALLWIN MISSOURI

2) List the County in which the interchange, bridge or segment of highway is located:

ST LOUIS COUNTY.

3) **Designation Type, check one**: ☐ Interchange ☐ Bridge ☑ Segment of Highway

Step 6 **Information Supporting Designation**

DD-2064. US POST OFFICE IN BALLWIN has been dedicated and named FOR PETER.

THANK YOU very much.

Step 7 ☑ By marking this box the applicant is requesting to receive a PDF proof of the Memorial Sign Design and acceptance of the following terms. *(PDF proof allows applicant to utilize a local company to fabricate commemorative signs for their own personal use. PDF proof will be provided electronically to the applicant's email, if provided.)*

I, the applicant, agree to follow all state and federal statutes and regulations pertaining to this program. Further, receipt of a PDF proof of the requested sign does not authorize the fabrication or installation of the sign on or near any portion of the State Highway System. I hereby acknowledge that such installation is unlawful. I further acknowledge and agree that unlawfully installed signs will be removed at my expense and will become property of MoDOT.

Questions or concerns regarding application, call Highway Safety and Traffic Division at 1-573-751-7643

CERTIFICATE OF DEATH *(OVERSEAS)*
Acte de décès (D'Outre-Mer)

NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms)	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social
Navarro, Peter, Joseph	E-4	Army	XXX-XX-6661

ORGANIZATION Organisation	NATION *(e.g. United States)* Pays	DATE OF BIRTH Date de naissance	SEX Sexe
Company A, 2d Battalion, 70th Armor, 3d BCT (TF Baghdad), Fort Riley, KS	United States	5 February 1985	[X] MALE [ ] FEMALE

RACE Race		MARITAL STATUS État Civil				RELIGION Culte		
	CAUCASOID Caucasique	X	SINGLE Célibataire		DIVORCED Divorcé		PROTESTANT Protestant	OTHER (Specify) Autre (Spécifier)
	NEGROID Negroide		MARRIED Marié		SEPARATED Séparé	X	CATHOLIC Catholique	
X	OTHER (Specify) Autre (Spécifier) Asian		WIDOWED Veuf				JEWISH Juif	

NAME OF NEXT OF KIN Nom du plus proche parent	RELATIONSHIP TO DECEASED Parenté du décédé avec le sus
Mr. and Mrs. Jose U. Navarro	Parents
STREET ADDRESS Domicile à (Rue)	**CITY OR TOWN OR STATE** *(Include ZIP Code)* Ville (Code postal compris)
16542 Branchwood Drive	Wildwood, MO 63011-1845

MEDICAL STATEMENT Déclaration médicale

	CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)	INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH[1] Maladie ou condition directement responsable de la mort.	Blast and shrapnel injuries	Minutes
ANTECEDENT CAUSES Symptômes précurseurs de la mort. — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS[2] Autres conditions significatives[2]		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
[ ] NATURAL Mort naturelle	[X] YES Oui [ ] NO Non	Circonstances de la mort suscitées par des causes extérieures
[ ] ACCIDENT Mort accidentelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
[ ] SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste: Edward A. Reedy, LCDR, MC, N	
[X] HOMICIDE Homicide	SIGNATURE Signature: [signature] DATE Date: 16 December 2005	AVIATION ACCIDENT Accident à Avion: [ ] YES Oui [X] NO Non

DATE OF DEATH *(day, month, year)* Date de décès (le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès
13 December 2005 1438	Taji Iraq

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du dé funtet je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci-dessus.

NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire	TITLE OR DEGREE Titre ou diplôme
Edward A. Reedy	Associate Medical Examiner

GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
LCDR	Dover AFB, Dover DE
DATE Date: 16 DEC 2005	SIGNATURE Signature: [signature]

[1] State disease, injury or complication which caused death, but not mode of dying such as heart failure, ect.
[2] State conditions contributing to the death, but not related to the disease or condition causing death.
[1] Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc
[2] Préciser la condition qui a contribué à la mort Mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.

DD FORM 1 APR 77 2064 REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITON OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
CHRISTOPHER SCHULZE	GS-11	K10000539 / DE	
INSTALLATION OR ADDRESS 436 SVS/SVD 116 26th Street, Dover AFB DE 19902	**DATE** 29 Dec 05	**SIGNATURE**	
NAME OF CEMETERY OR CREMATORY	**LOCATION OF CEMETERY OR CREMATORY**		
TYPE OF DISPOSTION	**DATE OF DISPOSTION**		

REGISTRATION OF VITAL STATISTICS

REGISTRY *(Town and Country)*	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK) *USAPA V1.00*