

FILED APR 24 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)STATE FILE NUMBER  
124 68 0016016

## CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUB

9. 0  
10a. 16  
10b.  
11. 0  
12. 0  
13. 3959  
14.  
15. 1  
16.  
17.  
18. 0  
19. CREDITS  
20. 1-0

VS 300

Rev. 1/68

4. 0421  
5. 92USUAL RESIDENCE  
WHERE DECEASED  
LIVED. IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.60421  
PARENTS

CAUSE

CERTIFIER

BU

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 102

DECEASED—NAME 1. <b>Chet Lawrence Heidler</b>			SEX 2. <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>April 16, 1968</b>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. <b>White</b>	AGE—LAST BIRTHDAY (YEARS) 5b. <b>16</b>	UNDER 1 YEAR MOS. DAYS 5c.	UNDER 1 DAY HOURS MIN. 5d.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <b>9-1-1951</b>	
CITY, TOWN, OR LOCATION OF DEATH 7a. <b>Windsor</b>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7b. <b>Dead on arrival at Windsor Hospital</b>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. <b>Missouri</b>		CITIZEN OF WHAT COUNTRY 9. <b>U. S. A.</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <b>never married</b>	
SOCIAL SECURITY NUMBER 12. <b>495-56-6501</b>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. <b>student</b>		KIND OF BUSINESS OR INDUSTRY 13b.	
RESIDENCE—STATE 14a. <b>Mo.</b>		CITY, TOWN, OR LOCATION 14b. <b>Henry</b>	STREET AND NUMBER (SPECIFY YES OR NO) 14c. <b>yes</b>		14d. <b>711 S. Tobe St.</b>
FATHER—NAME 15. <b>Joseph Andrew Heidler</b>			MOTHER—MAIDEN NAME 16. <b>Berry Bessie Juanita Heidler</b>		
INFORMANT—NAME 17a. <b>Joseph A. Heidler</b>			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. <b>711 S. Tobe St. Windsor, Mo. 65360</b>		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. <b>Acute Cardiac Arrest</b>				<b>Nil</b>	
(a) <b>Acute Cardiac Arrest</b> DUE TO OR AS A CONSEQUENCE OF: CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST				<b>16 yrs.</b>	
(b) <b>Aortic Stenosis &amp; Insufficiency</b> DUE TO OR AS A CONSEQUENCE OF:					
(c)					
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO) 19a. <b>Yes</b>	
				IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. <b>Yes</b>	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.		
INJURY AT WORK (SPECIFY YES OR NO) 21a.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 21b.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 21c.		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. <b>10-26-56</b> TO 21b. <b>4-16-68</b>	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON 21c. <b>10-14-66</b>	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. <b>DID</b>	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. <b>10 45 pm</b>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.					
CERTIFIER—NAME (TYPE OR PRINT) 22a. <b>Claude M. Thurber, M.D.</b>		SIGNATURE 22b. <b>Claude M. Thurber, M.D.</b>		DATE SIGNED (MONTH, DAY, YEAR) 22c. <b>4-18-68</b>	
MAILING ADDRESS—CERTIFIER 23a. <b>114 N. Main St. Windsor Mo. 65360</b>		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>		CEMETERY OR CREMATORY—NAME 24b. <b>Laurel Oak Cemetery</b>		LOCATION CITY OR TOWN STATE 24c. <b>Windsor, Mo.</b>	
DATE 24d. <b>4-19-1968</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. <b>GOUGE FUNERAL HOME, 301 W. Benton St. Windsor, Mo.</b>			
FUNERAL DIRECTOR—SIGNATURE 25b. <b>Clifford Gouge</b>		REGISTRAR—SIGNATURE 25c. <b>Mildred Bigon</b>		DATE RECEIVED BY LOCAL REGISTRAR 25d. <b>April 20, 1968</b>	

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.