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WU046-CC STATE OF UTAH - DEPARTMENT OF HEALTH
REGISTRAR'S NO. 67 29 5556

CERTIFICATE OF DEATH STATE FILE NO.

1. PLACE OF DEATH a. COUNTY Weber		2. USUAL RESIDENCE (If ever deceased board, If institution, Residence before admission) a. STATE Utah	
b. CITY, TOWN, OR LOCATION Ogden		c. LENGTH OF STAY IN 18 c. CITY, TOWN, OR LOCATION Ogden	
d. NAME OF HOSPITAL OR INSTITUTION 5085 Sunset Lane		d. STREET ADDRESS 5085 Sunset Lane	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		f. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
g. NAME OF DECEASED (Type or print) Vigo Niels Miller		4. DATE OF DEATH October 31, 1967	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 9, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher		10b. KIND OF BUSINESS OR INDUSTRY Self	
11. BIRTHPLACE (State or foreign country) LaBarge, Wyoming		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Niels S Miller		14. MOTHER'S MAIDEN NAME Hedvig Jorgensen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yea, no, or unknown) No		16. SOCIAL SECURITY NO. 526 32 2005	
17. INFORMANT Mrs. Enger Chrisman		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>A. S. H. D. & atrial fibrillation</i> 4200 Conditions, if any, which gave rise to above cause (a), causing the underlying cause (b). DUE TO (b) DUE TO (c)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH sec. min.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>7-13-67</i> to <i>10-31-67</i> and last saw him alive on <i>10-30-67</i> Death occurred at <i>5:00 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <i>Grevera Petersen, M.D.</i>	
23a. FUNERAL CEREMONY AND ADDRESS Re-Burial <i>11/3/67</i>		23b. DATE <i>11/3/67</i> 23c. NAME OF CEMETERY OR CREMATORY Pinedale Cemetery	
24. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Lundquist & Sons Ogden, Utah		25. DATE REC'D. BY LOCAL REC. <i>10/3/67</i> 26. REGISTRAR'S SIGNATURE <i>J. H. Monson</i>	
(State of Utah) (County of Salt Lake) ss		The foregoing is a true and correct copy of the original certificate on file in the Utah State Department of Health.	
Date November 14, 1967		John W. Wright Director, Division of Vital Statistics	

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