

REGISTRAR'S NO. 67 29 5556 STATE OF UTAH - DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**

1. PLACE OF DEATH  
a. COUNTY **Weber**  
b. CITY, TOWN, OR LOCATION **Ogden**  
c. LENGTH OF STAY IN 1b  
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) **5085 Sunset Lane**  
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Utah**  
b. COUNTY **Weber**  
c. CITY, TOWN, OR LOCATION **Ogden**  
d. STREET ADDRESS **5085 Sunset Lane**  
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☒ f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print)  
First **Vigo** Middle **Niels** Last **Miller**  
4. DATE OF DEATH **October 31, 1967**  
5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED ☒ NEVER MARRIED ☐ 8. DATE OF BIRTH **Dec. 9, 1884**  
9. AGE (In years last birthday) **82** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Rancher** 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 **Hedevig Jorgensen** 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **526 32 2005** 17. INFORMANT **Mrs Enger Chrisman** Address **Ogden, Utah**  
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **A.S.H.D. & atrial fibrillation** INTERVAL BETWEEN ONSET AND DEATH **see no.**  
4200  
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.  
DUE TO (b)  
DUE TO (c)  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.  
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **7-13-67** to **10-31-67** and last saw him alive on **10-30-67**  
Death occurred at **5:00** a. m. on the date stated above; and to the best of my knowledge, from the causes stated.  
22a. SIGNATURE (Type or print) **William B. Petersen, M.D.** 22b. ADDRESS **950-25th Ogden, Utah** 22c. DATE SIGNED **10-31-67**  
23a. BURIAL, CREMATION, REMOVAL (Specify) **Re-Burial** 23b. DATE **11/3/67** 23c. NAME OF CEMETERY OR CREMATORY **Pinedale Cemetery** 23d. LOCATION (City, town, or county) (State) **Pinedale, Wyoming**  
24. FURNERAL DIRECTOR'S SIGNATURE AND ADDRESS **Laquist & Sons - Ogden, Utah** 25. DATE RECD. BY LOCAL REG. **10/31/67** 26. REGISTRAR'S SIGNATURE **J. H. Moxley**

(State of Utah)  
(County of Salt Lake)<sup>ss</sup>

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