

**FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-001094**

**FILED VS JAN 11 1960**

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 10

STATE FILE NUMBER

DEED

2-4-60  
2-4-60

3, 14, 17 Myrtle Rice Kirven, Julian Kirven-Myrtle Kirven, Kirven  
20b around a water pipe & pipe around a sill  
BY AFFIDAVIT OF informant and coroner

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Greene</b>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Length of stay in lb <b>8 years</b>		c. CITY OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1301 McGee Street</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>1301 McGee Street</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MYRTLE</b> Middle <b>RICE</b> Last <b>KIRVEN</b>				4. DATE OF DEATH Month <b>January</b> Day <b>2</b> Year <b>1960</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/11/1893</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>66</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Des Moines, Iowa</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Francis B. Rice</b>			13b. MOTHER'S MAIDEN NAME <b>Bertha Anderson</b>		14. NAME OF HUSBAND OR WIFE <b>Julian Kirven Kirven</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Kirven</b> <b>1301 McGee Street, Julian Kirven, Springfield, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Suffocation by hanging</b>							INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
Conditions, if any, which gave rise to above cause (a), 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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>She was found by her husband Julian Kirven. She was hanging with a rope around her neck and wrapped around a water pipe and a gas pipe ceiling. Small ladder &amp; platform fallen nearby.</b>					
20c. TIME OF DEATH Hour <b>3:00 P.M.</b> a.m. <b>1/2/1960</b> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Springfield, Greene, Missouri</b>		COUNTY	STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>aprox. 3:20 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Ralph Thieme</b> (Degree or title) <b>Greene County Coroner</b>				22b. ADDRESS <b>Springfield, Missouri</b>		22c. DATE SIGNED <b>1/2/60</b>	
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>1/8/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Siloam Springs, Arkansas</b>			
24. FUNERAL DIRECTOR <b>Ralph Thieme, Springfield, Missouri</b>			ADDRESS <b>1200 Bonville Avenue</b>	25. DATE RECD. BY LOCAL REG. <b>JAN 5. 1960</b>	26. REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>		

VS FEB 4 - 1960

MAR 3 1960

FEB 3 1960

**STATEMENT BY LICENSED EMBALMER**

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

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

Signed \_\_\_\_\_

Licensed Embalmer No. 368

P. O. Address Ralph

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.