

August 12, 1965

Mrs. Ruth Kent

335 Seventh Avenue N. E.  
Valley City, North Dakota

Dear Mrs. Kent:

While I was not the physician caring for your daughter, Barbara, during her last illness, I was on duty the night that she passed away. She had several episodes of cardiac arrest, in other words, the heart stopped beating several times and we were successful in restoring a heart beat on the first two occasions. The cause of the cardiac arrest is not clear even now. She suffered no pain nor was she aware of her surroundings or of anyone with her on the last day. According to the doctors who were caring for her, the next of kin, her husband, was notified of her condition as is our custom. We were also informed that attempts were being made to contact you to the extent of calling a highway patrol to give you this message on your way back to Valley City. I am sure that no effort was made to keep you from being informed about her sudden and unexpected turn for the worse.

Please rest assured that everything possible was done for Barbara during her entire stay here. The findings on the postmortem examination when it is completed will be sent to Dr. Pfeifle of the Quain Ramsted Clinic, Bismarck, North Dakota. He may be better able to interpret these findings than we can at this time. Should you have any further questions, please feel free to communicate with Doctors Bonilla, Hildebrand and Lundblad, who were caring for her, or with me.

Sincerely,



C. Richard McKinley, M. D.  
Resident of Urology  
University Hospital

CRM:sl

August 26, 1968

Mr. Richard Bernard  
451 Atkin Hall  
Illinois State University  
Normal, Illinois

Re: Barbara Bernard  
UH# 103-67-50

Dear Mr. Bernard:

In reply to your letter, which was brought to my attention recently, requesting a report in laymen's language of the post mortem findings on Barbara, I will first list the findings as they are found in the chart written by Doctor Arlander, the pathologist. There findings were:

1. Postoperative (37 days) -- bilateral nephrectomy, appendectomy, blind pouch ileostomy (first attempt removed because of gangrene).
2. Postoperative (7 days) -- construction of blind pouch ileostomy (about 10-12 cm.).
3. Generalized peritonitis and fibrinous adhesions.
4. Bilateral ureterectasis -- large ureterovesicle junction bilaterally.
5. Pleural effusion on the left -- 200 to 300 cc.
6. Left lower lobe atelectasis.
7. Right lower lobe bronchopneumonia (?).
8. Hyperplastic parathyroid.

Now, to summarize in laymen's terms just what these findings meant:

1. As you know, she had both kidneys removed prior to a proposed kidney transplant. At that time she had an appendectomy to remove a potential source of trouble in the future (the appendix). The blind pouch ileostomy refers to the small loop of bowel which was brought to the outside and was to serve as a substitute for the bladder when kidney transplantation could be performed.
2. She was one week postoperative from construction of another loop of small bowel which was brought to the outside to serve as a transport system to carry the urine from the proposed transplanted kidney. The first loop of bowel mentioned above had to be removed because of gangrene.
3. The reaction to the first loop of bowel which became gangrenous resulted in an inflammation of the abdomen and caused some adhesions.
4. The tubes which normally carried the urine from the kidneys to the bladder were dilated greatly; and, as you know, urine passed freely from the bladder to the kidneys up these tubes in an abnormal way. This was because of the kidney failure in the first place.

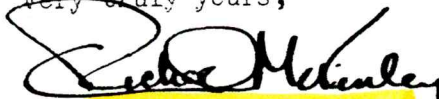
Re: Barbara Bernard  
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5. There was fluid found in the left chest cavity, which was a result of the collapse of the left lung which is noted at No. 6.
6. Barbara was unable to expand her left lung completely after surgery, this leading to the effusion noted in No. 5.
7. The bronchopneumonia which was suspected in the right lower lung was further evidence of her inability to expand the lungs completely following the surgery.
8. The hyperplastic parathyroids are not necessarily indicative of any abnormality, but may be due to the stress of the previous procedures or may be insignificant.

As you know, she was quite ill and required many artificial kidney treatments to combat the uremia. The fact that Barbara had no kidneys, of course, contributed to severe disturbances in the body's ability to maintain a stable state.

I hope that this will in some way help you to better understand what happened at the end of her long and difficult illness. I understand your concern in wanting to know about the findings and apologize for their not having reached you sooner. Should you wish any further information, please do not hesitate to correspond directly with me.

Very truly yours,

  
C. Richard McKinley, M.D.  
Resident Physician

For: C. D. Creevy, M.D.  
Chief, Department of Urology

CRMK/dmw  
8-22



3483

MINNESOTA DEPARTMENT OF HEALTH  
Section of Vital Records  
**CERTIFICATE OF DEATH**

1. DATE OF MINNESOTA: **7-24-65**

2. COUNTY: **Grant**

3. CITY, VILLAGE OR TOWNSHIP: **Valley City**

4. NAME OF DECEASED: **Barbara N. Bernad**

5. DATE OF DEATH: **July 24, 1965**

6. PLACE OF DEATH: **University Hospitals**

7. ADDRESS: **771 7th Ave N.E. Valley City**

8. RESIDENCE (If on a farm, give acreage): **YES**

9. AGE (In years, last birthday): **22**

10. SEX: **Female**

11. RACE: **White**

12. MARRIED OR NEVER MARRIED: **Never married**

13. DATE OF BIRTH: **Feb. 15, 1943**

14. AGE (In years, last birthday): **22**

15. BIRTHPLACE (State or foreign country): **North Dakota**

16. CITIZEN OF WHAT COUNTRY: **United States**

17. NAME OF DECEASED: **Barbara N. Bernad**

18. MOTHER'S MAIDEN NAME: **Ruth Kent**

19. SPOUSE'S NAME: **Richard Bernad**

20. DECEASED EVER IN U.S. ARMED FORCES: **No**

21. SOC. SEC. NO.: **501-44-7149**

22. INFORMANT'S OWN SIGNATURE: **[Signature]**

23. ADDRESS: **University Hospitals**

24. DATE SIGNED: **7-28-65**

25. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

IMMEDIATE CAUSE (a) **Atelectasis & bronchopneumonia**

INTERVAL BETWEEN ONSET AND DEATH: **2 days**

CONDITIONS (b) **Chronic obstructive pulmonary disease**

INTERVAL BETWEEN ONSET AND DEATH: **Several yrs.**

CONDITIONS (c) **Bilateral vesicular interstitial pneumonia**

INTERVAL BETWEEN ONSET AND DEATH: **Several yrs.**

26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART 1: **None**

27. DATE OF OPERATION: **7-17-65**

28. MAJOR FINDINGS OF OPERATION: **Multiple adhesions - dense large ones**

29. ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY): **None**

30. DESCRIBE HOW INJURY OCCURRED: **None**

31. TIME OF INJURY: **None**

32. PLACE OF INJURY: **None**

33. CITY, VILLAGE OR TOWNSHIP: **Valley City**

34. COUNTY: **Grant**

35. STATE: **North Dakota**

36. I attended the deceased from the date stated above and to the best of my knowledge, from the causes stated.

37. SIGNATURE: **[Signature]**

38. ADDRESS: **University Hospitals**

39. DATE SIGNED: **7-28-65**

40. NAME OF CEMETERY OR CREMATORY: **St. Catherine's Cemetery**

41. LOCATION (City, village or county): **Valley City, North Dakota**

42. DATE OF BURIAL: **7-28-65**

43. SIGNATURE OF REGISTRAR: **[Signature]**

44. ADDRESS: **Minneapolis, Minn. 55455**

45. DATE SIGNED: **7-28-65**

46. SIGNATURE OF REGISTRAR: **[Signature]**

47. ADDRESS: **Minneapolis, Minn. 55455**

48. DATE SIGNED: **7-28-65**

I hereby certify that the above is a true and correct copy of the official record on file with the Section of Vital Records of the Minneapolis Health Department.

Dated:

AUG 2 1965

**Elsa M. Peterson**  
Deputy Local Registrar  
Minneapolis Health Department

Any alterations shown were made under the authority of the Minnesota Vital Statistics Act and the regulations of the Minnesota Department of Health.

NOT VALID WITHOUT IMPRESSED SEAL