Death Certificate Jane D Duchene

CERTIFICATE OF [illegible]

Name: Jane Dorothy Duchene
Sex: Female
Date of Death: November 19, 1986
Age: 68
Date of Birth: June 21, 1918
Race: Caucasian
Location of Death: Inver Grove Heights
County of Death: Dakota
Hospital or Other Institution: Wedgewood Health Care Center
Inpatient
Birthplace: Duluth, Minnesota
Citizen of What Country: U.S.A.
Married, Never Married, Widowed, Divorced: Widowed
Spouse: George [illegible]
Was Deceased Ever in U.S. Armed Forces: No
Social Security Number: 471-05-5309
Usual Occupation: Clerk
Kind of Business or Industry: [illegible]
Residence – State: Minnesota
County: Dakota
City, Village or Township: West St. Paul
Father – Name: Ernst Krause
Birthplace: Minnesota
Address of Decedent: 1144 Ottawa Ave., West St. Paul, MN
Mother – Maiden Name: Dorothy Leone
Birthplace: Minnesota
Informant – Name: Mary Jane Duchene
Address: 11 Northington St., London, England

Part I – Death was caused by:
a. Immediate cause: Metastatic lung cancer
b. Due to, or as a consequence of:
c. Due to, or as a consequence of:

Part II – Other significant conditions

Accident, suicide, homicide or undetermined
Date of injury
Autopsy: Yes [ ] No [X]
Place of injury
Location
How injury occurred

Certification – Physician: I attended the deceased from 6-26-78 to 11-19-86 and last saw him/her alive on 10-27-86. Death occurred at 4:10 AM at the place and time and on the date stated above and to the best of my knowledge due to the causes stated.

Physician Signature: [signature]
Physician – Name: Victor A. Corbett, M.D.
Mailing Address: 750 Doctors Professional Building, St. Paul, MN 55102
Date Signed: 11-20-86

Certification – Medical Examiner or Coroner: On the basis of the examination of the body and/or the investigation, in my opinion death occurred at ___ M, on the date and due to the causes stated above.

Burial, Cremation, Removal: Burial
Cemetery or Crematory – Name: Ft. Snelling Nat'l Cem
Location: Ft. Snelling Res., Hennepin Co., Minn.
Date of Burial, Cremation, Removal: December 1, 1986
Funeral Home – Name: West Funeral Home
Address: 1051 So. Robert Str, West St. Paul
Date Filed by Local Registrar: Dec. 3, 1986
Local Registrar: [signature] deputy
Funeral Director: [signature] #2231

STATE OF MINNESOTA, COUNTY OF DAKOTA
Certified to be a true and correct copy of the original on file and of record in my office this 2 day of March, 19 87
ROGER W. SAMES
Clerk of District Court
[signature]
DEPUTY

EXIBIT 048

EXHIBIT B-59

BB

Death Certificate Roger Krause

EXHIBIT "X"

CERTIFICATE OF DEATH

Roger	Ernest	Krause	Male	February 1, 1987

72	December 10, 1914	Caucasian	Hennepin	

Golden Valley	Colonial Acres Nursing Home

Minnesota	USA	Married	Bessie
Yes	477-07-4156	Teacher	St. Louis Park Junior High
Minnesota	Hennepin	Golden Valley	
Ernest Krause	Minnesota	5825 St. Croix Ave. Golden Valley, MN. 55435	
Dorothy Leone	Minnesota	Bessie Krause 3601 Dewey Hill Rd. Edina, MN. 55435	

20. PART I — DEATH WAS CAUSED BY
a. IMMEDIATE CAUSE: Pulmonary Cancer — Months
b. DUE TO, OR AS A CONSEQUENCE OF:
c. DUE TO, OR AS A CONSEQUENCE OF:
PART II — OTHER SIGNIFICANT CONDITIONS:

MEDICAL CERTIFICATION

23a. CERTIFICATION — PHYSICIAN: I attended the deceased from 9-11-86 to 2-1-87 and last saw him/her alive on 1-25-87. Death occurred at 8:10P. To the best of my knowledge death occurred due to the cause(s) stated.
23b. PHYSICIAN — SIGNATURE: Burton S. Schwartz
23c. PHYSICIAN — NAME: BURTON S. SCHWARTZ, M.D.
23d. MAILING ADDRESS: 2545 Chicago Ave. So. #402 Mpls. MN 55404
23e. DATE SIGNED: 02-04-87
23f. CERTIFICATION — MEDICAL EXAMINER OR CORONER
23g. MEDICAL EXAMINER OR CORONER — SIGNATURE
23h. MEDICAL EXAMINER OR CORONER — NAME

24a. BURIAL, CREMATION, REMOVAL: Burial
24b. CEMETERY OR CREMATORY — NAME: Lakewood Cemetery
24c. LOCATION: Minneapolis, Hennepin, Minnesot
24d. DATE OF BURIAL, CREMATION, REMOVAL: Feb. 5, 1987
24e. FUNERAL HOME — NAME: WERNESS BROTHERS
24f. FUNERAL HOME — ADDRESS: 3500 West 50th Street Mpls., MN. 554
24g. DATE FILED BY LOCAL REGISTRAR: FEB 4 1987
24h. LOCAL REGISTRAR — SIGNATURE: Patricia McCarney
24i. SIGNATURE OF FUNERAL DIRECTOR

State of Minnesota)
County of Hennepin) ss

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

Dated at Minneapolis

State Registrar

EXHIBIT 861

Medical - St. Joseph's Radiology

EXHIBIT "W"

St. Joseph's Hospital

August 4, 1986

Irving Lerner, M.D.
Suite 1240 Drs. Professional Bldg.
280 N. Smith
St. Paul, MN 55102

RE: Mrs. Jane Duchene

Dear Dr. Lerner,

Mrs. Duchene received a course of palliative radiation treatments to the right posterior rib metastases from lung primary. She received 4100 rads in 14 treatments using a 6 x 9 cm. medial and lateral tangential fields. Her treatment course lasted from 7/14/86 to 7/31/86. She tolerated the treatments well and had considerable pain palliation and regression of the mass.

Thank you for referring Mrs. Duchene to us for radiation treatments.

Sincerely,

Y. Rao

Yashoda Rao, M.D.
Radiation Therapy Dept.

YR/ja

EXHIBIT B-53

Dr. Lerner

WEDGEWOOD HEALTH CARE CENTER
2060 Upper 55th Street East
Inver Grove Heights, MN 55075

451-1881

EXIBIT 024

RESIDENT REFERRAL

RESIDENT NAME: Jane D. Duchene
MEDICARE#: 471-05-5309-D S.S.# 477-07-4154 SEX: Female DOB: 6-21-1918
DIAGNOSIS: Meta CA of lung-Diabetes Mellitus-Cholelithiasis MEDICAID#: N/A
PHYSICIAN IN CHARGE: Corbet
ADVISED OF REFERRAL/CONSENT GIVEN BY: Self PHONE#: 222-8473
RELATIONSHIP: DATE:
ADDRESS: TIME:
PHONE#:(H)
CITY STATE ZIP (W)

CLINIC TO BE ATTENDED & REASON: Dr. Learner (Appt. made my resident)
RELEVANT NURSING DATA:

DIABETIC: YES X NO INSULIN/DOSAGE See Enclosed sheet
ALLERGIES: NKA TIME GIVEN: AM
DIET: See Enclosed sheet
MEDICATIONS: See Enclosed Sheet

NURSE: Joan Jasper POSITION RN
NEW ORDERS: 1) Provide nurses' notes or some description of the pt at the N/H when she comes for an OV.
2) Hold [illegible] for now

8-29-86
PHYSICIAN PROGRESS NOTES: 81-#? pm Exam = c̄ L chest wall mass
CXR: Probably stable.

PHYSICIAN SIGNATURE: [signature]
DATE: 8/29/86

B-45

WEDGEWOOD HEALTH CARE CENTER
2060 Upper 55th Street East
Inver Grove Heights, MN 55075

451-1881

EXIBIT 023

RESIDENT REFERRAL

RESIDENT NAME: Jane Duchene SEX: Female DOB: 6-21-1918
MEDICARE#: 471-05-5309-D S.S.# 477-07-4154 MEDICAID#:
DIAGNOSIS: Metastatic CA of Lung, Diabetes, Cholelithiasis
PHYSICIAN IN CHARGE: Dr. V. Corbett PHONE#: 222-8473
ADVISED OF REFERRAL/CONSENT GIVEN BY: Self
RELATIONSHIP: DATE: TIME:
ADDRESS: PHONE#: (H)
(W)
CITY STATE ZIP

CLINIC TO BE ATTENDED & REASON: Dr. Lerner (CHEMO-THERAPY)

RELEVANT NURSING DATA: Has been doing well ADL's & [illegible] [illegible] [illegible] [illegible] [illegible] to [illegible]. Is eating better & BS stable - [illegible] [illegible] to 200.

DIABETIC: YES x NO INSULIN/DOSAGE SEE ATTACHED SHEET TIME GIVEN:
ALLERGIES: NKA DIET:

MEDICATIONS: SEE ATTACHED SHEET

NURSE: [illegible] POSITION Charge Nurse

451-1881

NEW ORDERS: Thank you for the notes
Encourage higher fluid intake)

PHYSICIAN PROGRESS NOTES: 83#. 100/70. Dry.
↓ B.S. [illegible] [illegible]
A1c neg.

EXHIBIT B-46

PHYSICIAN SIGNATURE: [signature] Harris RN 10/7/86 3pm DATE: 10/7/86

EXHIBIT "W"

EXHIBIT B-54

WEDGEWOOD HEALTH CARE CENTER
2060 Upper 55th Street East
Inver Grove Heights, MN . 55075

451-1881

EXIBIT 022

RESIDENT REFERRAL

RESIDENT NAME: Jane Duchene SEX: Female DOB: 6-21-1918
MEDICARE#: 471-05-5309-D S.S.# 477-07-4154 MEDICAID#: N/A
DIAGNOSIS: Metastatic CA of lung Diabetes Mellitus Cholelithiasis
PHYSICIAN IN CHARGE: Dr. V. Corbett PHONE#: 222-8473
ADVISED OF REFERRAL/CONSENT GIVEN BY:
RELATIONSHIP: DATE: TIME:
ADDRESS: PHONE#: (H)
(W)
CITY STATE ZIP

CLINIC TO BE ATTENDED & REASON: Dr. Corbett

RELEVANT NURSING DATA: much weaker - no longer to do for self. Needs assist to dress, walk. Incontinent at night. [illegible] [illegible] dropping down to [illegible] [illegible] 107 to 347 [illegible] insulin changed.

DIABETIC: YES X NO INSULIN/DOSAGE TIME GIVEN:

ALLERGIES: NKA DIET: 2000 Cal ADA

MEDICATIONS: SEE ATTACHED SHEET

Dr Corbett - please discuss the possibility of a DNR order

NURSE: [illegible] POSITION Charge Nurse

NEW ORDERS:

No Code
Ensure [illegible]
[signature] 10-27-86

PHYSICIAN PROGRESS NOTES: [illegible] X3 Expressed wish for DNR. Expressed wish

EXHIBIT B-47

PHYSICIAN SIGNATURE: [signature] DATE: 10/27/[illegible]

Dr. Corbett

VICTOR A. CORBETT, M.D.
750 DOCTORS PROFESSIONAL BUILDING
SAINT PAUL, MINNESOTA 55102
OFFICE PHONE: 222-8479

ENDOCRINOLOGY & METABOLISM

AMERICAN BOARD OF INTERNAL MEDIC
AMERICAN BOARD OF ENDOCRINOLOG

EXIBIT 025

October 23, 1986

Mary Jane Duchene
C/O Citi Services
11 Northington Street
London WC1N England

Dear Ms. Duchene:

I wanted to take this opportunity to let you know that during the past week, your mother's condition has deteriorated. If you wish, you may want to try to see her.

Sincerely,

Victor A. Corbett, M.D.

VAC:ms

EXHIBIT "B48"

EXHIBIT 046

WILLOWWOOD HEALTH CARE CENTER
2060 Upper 55th St. East
Inver Grove Heights, MN.
55075 451-1881

MEMO TO: Dr. Corbett

DATE: October 28, 1986

FROM: Jeanne Menard DNS

RE: Jane Duchene's daughter

Enclosed is a copy of the latest letter received by myself. Because of Mary Jane's continued reference to neurological testing, and the inclusion of her autopsy request, I felt you should have a copy of this letter. I have also given a copy to Ken Reichstad, County SS.

Sincerely,

Jeanne Menard DNS

Jeanne Menard
Director of Nursing

Copy of memo sent to Dr Corbett with Oct 12th letter.

JM

Please file in Jane Duchene's ~~to~~ medical record

KB

EXHIBIT B-49

Dr. Corbett

EXHIBIT "Z 23"

Phone:

Same [illegible]

✓ case, day · album, $600

Pt

OCT 27 1986

Pt obviously weaker. Pt here c̄ daughter [illegible]
wt ↓ [illegible], not eating well

Pt oriented to: time/place/person; [illegible] difficulties c̄ daughter; perfectly aware of her [illegible] of Cancer [illegible] Roger & Jim have turned [illegible] legal affairs to her [illegible] she wants to leave anything [illegible] c̄ daughter (Mary Jane)

CT of Head noted.
Pt off chemotherapy now but is considering [illegible] [illegible] think she [illegible]

Pt claims that she [illegible] [illegible], Pt [illegible] wants [illegible] [illegible]

EXHIBIT B-50

223

Gastroenteritis

BP 100/60

Chest clear

Ht: 80

Abd soft

[illegible] 2+ [illegible] [illegible]

Rx: No Code per [illegible] / ie : DNR)

Cont c̄ current med

Sugar / [illegible] / Albu[illegible]

EXHIBIT B51

CARE PLAN PROBLEMS

(PLEASE ADDRESS EACH ONE)

1. ADL'S, Dressing, Grooming, Bathing, Eating, & Dietary
2. Ambulation & Mobility-Bed Mobility, Transferring & Wheeling
3. Sensory-Vision & Hearing
4. Toileting
5. Skin Integrity
6. Orientation
7. Behavior & Communication
8. Self Preservation-Vulnerable Adult
9. Support Network
10. Activities

10/24/86

PROBLEM-NEED-STRENGTH	INDIVIDUAL APPROACH	DEPT	GOAL DATE
#1 Total care c̄ all ADL's D/T terminal condition D/T CA. Goal: comfort + dignity. J) DNR + no hosp. per request.	A) Wash totally ... B) ... C) ... D) ... E) ... F) ... G) Insulin ... H) 2000 cal ADA diet ...	Ns. / Serve	
Weak + dependent c̄ all motions. Goal: Keep skin from ...	A) ... B) ... C) ... D) Turn side to side ... E) Walk-B/M - D.A.T. ... F) Clinitron bed	Ca / PT	
... Goal: no breakdown + odor free	A) Toilet ... B) good peri care ... C) ... bed ...	... rounds	
5 Decubiti ... side. Goal: healing if possible	A) Turn q 2h ... B) SHC ... C) good pepi care D) pad on bed + ... E) ~~... ...~~ F) Clinitron Bed. 11-2-86		

RESIDENT ______ ADMIT# ______ PHYSICIAN ______

NURSING 4/86

PLAN OF CARE

EXHIBIT B-21

TRANSCRIPTION PLAN OF CARE WEDGEWOOD NURSING HOME 10/24/86 written by Kathleen Wagner, Anne Thule, Jeanne Hennard and possibly another (written by K Wagner unless specified in parenthesis) - * my comments brackets

10/24/86

PROBLEM - NEED - STRENGTH	INDIVIDUAL APPROACH
#1. Total care w all ADL's D/T [due to] terminal condition [in between above and next line written in possibly at later date] D/T [due to] CA [cancer] plan [crossed out and replaced by] goal comfort and dignity J) No [crossed out] DNR and no hosp. [hospital] per request.	1 A) cont. [continue] to dress q [each?] day B) Wash totally q am and q hs [evening?] C) assist w wig D) Total bath q Tuesday E) Insure q H [hour?] by TL [person?, Anne Thule?] F) Insulin q am G) Insulin q pm sliding scale H) 2000 Cal. ADA diet I) Set up tray as requested (handwriting of Anne Thule)
#2. Weak and dependent w all motions goal: keep skin from breaking down	2 A) Pad in W/C [wheelchair] B) Pad in easy chair C) egg shell mattress [later crossed out] D) Turn side to side @ [at] nite E) Walk BID [twice a day] DNT [?] Assist of I or II PRN [patient needs/requests] [and both lines above under 'E' are crossed out at some time]
#4. Incon up Inc. [incontinent] goal: no breakdown and odor free	4 A) Toilet q H [hour] B) good peri [?] care p [patient's] inc. [incontinence] C) V [side rails up] bed @ [at] noc [night] q [each or during] rounds
[#3. committed altogether re: hearing and vision and perhaps indicates too far gone to comment on]	
#5. Diabetic decyx. P [?] side goal: healing if possible	5 A) Turn q 2 H [hours] when in bed B) SID betadine [lotion for skin] C) good peri care D) pad on bed and all chairs E) full S/K [skin care?] [crossed at sometime?] F) Clinitron Bed 11/2/86 (added in handwriting of Anne Jeanne Hennard)
[from this point written in unidentified handwriting, possibly printed by Jeanne Hennard]	★ [from this point written in unidentified handwriting, possibly printed by Jeanne Hennard]
6. Episodes of disorientation infreq. [inserted above the word epispdes at some time, possibly later] (the word infrequ. appears to be written in handwriting of Anne Thule)	6 a) 1:1 [one to one] visits w staff b) orient to time and place
7. [Nothing written for behaviour and communication at all;- perhaps indicating that there was no behaviour or communication to speak of]	8 a. remove from danger b. transfer w 2 [move with 2 nurses] c. Both bedrails arrow up [up] d. reminder belt in w/c [water closet]
8. Unable to remove from danger due to weakened condition	9 Praise visits, Monitor visitors, allow time to pray
9. Frequent visitors; in process of dying	10 Visit w her, inform of events in building
10. unable to attend activities	

COMPARE W/PLANS OF ARE DATED 7/23/86 AND 10/22/86.

EXHIBIT B23