

# Report of Death to Coroner

**NOTE**  
 (1) This form should be prepared in quadruplicate in all cases where a death is reported to the Coroner. The original and two copies should be forwarded to the Coroner. All statements in duplicate should be lodged with the Coroner no later than 28 days after receipt of inquest notice.  
 (2) The full name and address of all persons and the registered number of all motor vehicles concerned should be indicated.

Kings Cross Police Station  
A Region  
11 November 19 96

The Coroner,  
Glebe

Death of Carl gregory STOCKTON Morgue Register/Book No. e96/ 2930  
 (Christian Name) (Surname) Sex: Male Age: 52

Address Mort St, Surry Hills 2010 Marital State Single

Time and Date of Death 4pm 11.11.96

Place of Death St Vincents Hospital

By whom found \_\_\_\_\_ Address \_\_\_\_\_

By whom reported to Police Dr BEDER Address Registrar St Vincents

By whom last seen alive Nursing staff Address St Vincents

When last seen alive 11.11.96

Time and date reported to Police 4.30pm 11.11.96

Deceased a native of (Country) Australia

Occupation Engine Driver (SRA)  
 (If pensioner state type and authorities informed)

Name and Address and Telephone No. of nearest relative Merle LUCY STOCKTON  
 \_\_\_\_\_ ph \_\_\_\_\_ Relationship to Deceased Mother

Name and Address of identifying person Bruce Doust, \_\_\_\_\_

Method of Identification (Visual, Dental, F/prints) Visual

Chain of Identification [i.e. Relative or Friend (name) to Police (name) to other Police (name)] Relative to police

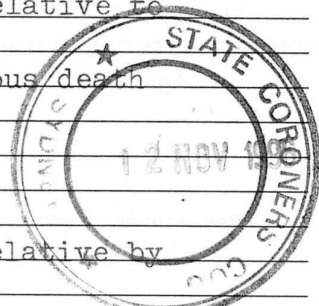
Criminal Charges Preferred (Yes/No) - Details Unknown at this time - Suspicious death

Property and clothing found on and with deceased Nil

Miscellaneous Property Book Reference \_\_\_\_\_

How Property and clothing disposed of and on whose authority Property handed to relative by hospital staff.

**Narrative of circumstances under which death took place.**  
 About 1.30am the 6.11.96 the victim was observed to fall over in Bourke St, Surry Hills by barmaid Magda Kos from Bar Cleverland. The manager of the bar, assisted the victim, STOCKTON, into the hotel where he formed the opinion the victim was affected by alcohol and called Missionbeat. Missionbeat attended and conveyed him to Campbell House, a proclaimed place, where he was admitted. When admitted it was noticed by staff that the victim had a black eye and injured arm. The victim went to sleep until 7.30am when he awoke and vomited and then passed back to sleep. He again awoke and vomited at 11.30am and was then assessed by medical staff and then conveyed by CDA to St Vincents. About 7.45pm Dr BEDER from St Vincents, contacted police at Kings Cross and informed them that STOCKTON's injuries were inconsistent with a fall and he believed him to have been assaulted. Surry Hills detectives were notified and started an investigation into the matter. The victim remained in ITU at St Vincents and died on the 11.11.96 as a result of brain heamorrhage. Detective S/CST Michael SPARKES, Surry Hills is the OIC of the investigation



If any previous illness, and deceased seen by doctor, particulars should be given. Where treated by a doctor a note should be obtained giving particulars of treatment of such doctor. If died within 24 hours of Anaesthetic - Forms A and B required from hospital and indicated at the start of the Narrative.

Signature: \_\_\_\_\_  
 Rank: Sencon KING  
 Annual leave: \_\_\_\_\_

**POISONING -**

- (a) Was death apparently from (i) poison, (ii) drug: \_\_\_\_\_
- (b) Name poison or drug (if known): \_\_\_\_\_
- (c) Apparently administered by whom: Name: \_\_\_\_\_ Address: \_\_\_\_\_
- (d) Date and time: \_\_\_\_/\_\_\_\_/19\_\_\_\_. at \_\_\_\_\_ am. / pm.
- (e) When symptoms first showed \_\_\_\_/\_\_\_\_/19\_\_\_\_. at \_\_\_\_\_ am. / pm.
- (f) Detail symptoms: \_\_\_\_\_
- (g) State recently prescribed medicine: \_\_\_\_\_
- (h) Prescribing Doctor: Name: \_\_\_\_\_ Address: \_\_\_\_\_
- (i) When prescribed: \_\_\_\_/\_\_\_\_/19\_\_\_\_. (j) Quantity prescribed: \_\_\_\_\_
- (k) How much remains now: \_\_\_\_\_ (l) Dispensing chemist: \_\_\_\_\_
- Name and address: \_\_\_\_\_

**GAS POISONING -**

- (a) Did gas come from coal-gas supply, brazier, or car: \_\_\_\_\_
- (b) Where in building/car was body found: \_\_\_\_\_
- (c) In what position was body found: \_\_\_\_\_
- (d) State appliance gas had escaped from: \_\_\_\_\_
- (e) Was gas still escaping: \_\_\_\_\_
- (f) If room sealed, how: \_\_\_\_\_
- (g) Was food being prepared: \_\_\_\_\_
- (h) Who in Gas Company notified: Name: \_\_\_\_\_

**ELECTROCUTION -**

- (a) What caused shock: \_\_\_\_\_
- (b) Where in building was body found: \_\_\_\_\_ (c) Position \_\_\_\_\_
- (d) State appliance "shock" received from: \_\_\_\_\_
- (e) Was appliance still "alive": \_\_\_\_\_
- (f) Detail any burns: \_\_\_\_\_
- (g) Who in Electricity Commission of supplying Authority notified: \_\_\_\_\_

**UNIDENTIFIED CASES** (the following information should be furnished)-

Sex, Age, Height, Building, Complexion, Hair, Eyes, Nose, Face: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Peculiarities, marks, scars, tattoos, deformities, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What steps have been taken to establish identification (Department file reference No.: \_\_\_\_\_)

\_\_\_\_\_  
\_\_\_\_\_

**REPORT OF INQUEST** (or Magisterial Inquiry)

Date and place of Inquest: \_\_\_\_\_

Name of Coroner or Magistrate: \_\_\_\_\_

VERDICT: \_\_\_\_\_

**INQUEST NOT HELD**

Inquest disposed of on: \_\_\_\_\_

By whom: \_\_\_\_\_

Cause of death: \_\_\_\_\_

\_\_\_\_\_

Signature:  Date: 4/11/96

Rank: S/CS Reg'd No.: 26677