

Detective Senior Sargeant  
Footscray Police Station

13 April 2015

Dear Sir/Madam

**Re: Desmond Laurence Gannon**

This is to advise you that Desmond Laurence Gannon died yesterday at James Barker House, 64, Buckley Street, Footscray (ph 92834000).

Enclosed is a copy of the Death Certificate.

Please contact me if you require any other information.

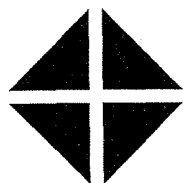
Regards

REDACTED

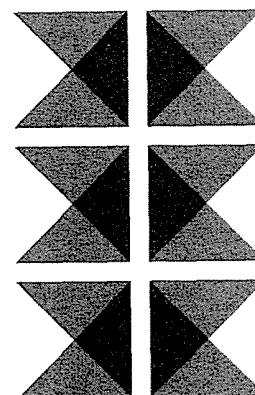
Francis D B Martinesz

Power of Attorney

REDACTED



**Australian Locum Medical Service Pty Ltd**  
Professional after hours medical support



**VERIFICATION OF DEATH CERTIFICATE**

Deceased Name DESMOND GANNON DOB 27.8.1929

Address 64 BUCKLEY ST.  
JAMES BARKER HOUSE AGED CARE.  
FOOTSCRAY 3011

I hereby certify that I have verified the death of

#

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at the above address on 12.4.15 at 2:45 am/pm

The approximate time and date of death was 7:30 am/pm on 12.4.15

Please request the General Practitioner to issue formal Death Certificate.

**Name:** Dr S Hossain  
**Position:** Deputising General Practitioner

**Medical Registration Number:** MED0001206986

**Provider Number:**

**Signature of attending Doctor** 

**Date** 12.4.2015

## VERIFICATION OF DEATH FORM

<p style="text-align: center; font-size: small;">(PLEASE ADD DECEASED DETAILS HERE)</p> <p>Family name: <u>Gannon</u></p> <p>Given names: <u>Desmond</u></p> <p>Date of birth: <u>27/08/1929</u> Gender: <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">M</span> F</p> <p style="font-size: x-small;">(If identity is unknown, record UNKNOWN above)</p>	<p style="text-align: center; font-size: small;">Regular Doctor's Details</p> <p>Name: <u>Dr Sanjay Saluja</u></p> <p>Address: <u>Guardian Medical Centre / 200 Rosamond Rd</u> <u>Manlymore 3033</u></p> <p>Phone No: <u>89312 4000</u></p> <p>MP: .....</p> <p style="font-size: x-small;">(Medical Practitioners Board of Victoria No.)</p>
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### VERIFICATION OF DEATH

Location of examination: James Barker House Date: 12.4.15 Time: 0730hrs

I have completed the following assessment and there is:

(please tick boxes below identifying determination of death: all boxes (excepting ECG strip) must be ticked to verify death)

- No palpable carotid pulse and
- No heart sounds heard for 2 minutes and
- No breath sounds heard for 2 minutes and
- Fixed (non responsive to light) and dilated pupils and
- No response to centralised stimulus  
(eg trapezius muscle squeeze, supraorbital pressure, mandibular pressure or the common sterna rub)
- No motor (withdrawal) response or facial grimace in response to painful stimulus  
(eg. Pinching inner aspect of the elbow)
- ECG strip shows no rhythm (OPTIONAL)
- I verify death

PROFESSIONAL DETAILS (please print)

Name: Rita H.S. Dignipaul

Position Title:

- Medical Practitioner** (A medical practitioner, as defined in the  
Medical Practitioners Registration Act 2001)
- Registered Nurse** (A division 1 or 3 registered nurse, within the meaning of the  
Health Professions Registration Act 2005)
- Ambulance Victoria Paramedic** (A person credentialed by Ambulance Victoria  
as either an Ambulance Paramedic or a MICA Paramedic)

Signature: Rita Dignipaul Date: 12.4.15