



STATE CORONER'S COURT OF NEW SOUTH WALES

Inquest:	Inquest into the death of Mary-Anne Turner
Hearing dates:	23 October 2015
Date of findings:	23 October 2015
Place of findings:	State Coroners Court, Glebe
Findings of:	Magistrate Harriet Grahame, Coroner
Catchwords:	Coronial Law
File number:	2013/00317306
Representation:	Samantha Ferguson, Coronial Law Advocate – Advocate assisting the Coroner
Findings:	<p>On the balance of probabilities, I find that Mary-Anne Turner died between 17 October and 31 October 2014 at her home address of Unit 13/160 Alfred Street Parramatta, NSW. The cause and manner of her death remains unknown.</p>

IN THE STATE CORONER'S COURT
GLEBE
NSW
SECTION 81 CORONERS ACT 2009

REASONS FOR DECISION

1. This inquest concerns the death of Mary-Anne Turner.

Introduction

2. Mary-Anne was a 58 year old woman who was living alone in Parramatta at the time of her death. Mary-Anne had some significant health issues including a longstanding severe addiction to various prescription drugs, mental health issues and Hepatitis C. Her partner was of the view that her health was generally poor and that she suffered various other conditions such as emphysema for which she would not get appropriate medical care.
3. Mary-Anne had two adult children. At the time of her death it appears that she was not speaking with her daughter and had recently had cut ties with her son Michael over his escalating amphetamine use. Mary-Anne had not seen her mother for around 8 years, although they had spoken on the telephone.
4. Mary-Anne had been in a de facto relationship with Cheryl Waight, also known as Sophie, for approximately 30 years. At the time of Mary-Anne's death the couple had been separated for around 8 weeks. This had been a pattern in their relationship and was not necessarily understood to have been a final split. According to Sophie, Mary-Anne did not like to mix with people and had few friends.
5. Mary-Ann was socially isolated and aside from collecting her methadone, preferred to remain at home resting and watching videos. In the weeks leading up to her death

Mary-Anne was not in contact with her partner or with her son Michael, so little is known about her daily life during this period.

The role of the Coroner

6. The role of the Coroner is to make findings as to the identity of the nominated person, and in relation to the date and place of death. The Coroner is also to address the issues concerning the manner and cause of the person's death.

Background

7. On 6 November 2014, police were called to the address of 13/160 Alfred Street, Parramatta because neighbours had noticed a bad smell emanating from Mary Anne's apartment. They had not seen or heard of Mary-Anne for 3-4 weeks and when they knocked on her door, there was no reply.¹ The neighbours contacted the Department of Housing, who in turn called the Police.
8. In company with the NSW Fire and Rescue Service, Police gained entry to the Unit. During the process a large cabinet was knocked over, spilling items onto the floor. Police searched the unit and found a deceased woman lying in the living room. Her body was significantly decomposed. She was undressed. There was some medical paraphernalia around her body. There was an upturned chair and the house was untidy. However, there did not appear to be any clear sign of forced entry or struggle.

Identity

9. Given the decomposition, it was initially difficult to confirm the identity of the body. Police believed it could be either be Mary-Anne Turner or her partner Cheryl Waight who were both known to live at the Unit. However, shortly after discovery of the body, Cheryl Waight arrived at the Unit and spoke to police. She was distressed but was able to confirm that Mary-Anne was the likely inhabitant of the unit and was therefore deceased. Mary Anne's identity was later formally confirmed by fingerprint analysis.²

¹ Statements of Janine and Robert Napier, Exhibit 1, Tab 10 and 11

² Statement of Bernadine Harmond, Exhibit 1, Tab 2

When and where did Mary Anne die?

10. While the decompositional change makes it clear that Mary-Anne had been dead for some time prior to her discovery, it is difficult to pinpoint her time of death with any accuracy and the pathologist did not offer an estimate.
11. It is however known from police inquiries that Mary-Anne collected her methadone at Mary Street, Auburn on 17 October 2014. She did not attend on 20 October for her next scheduled dose, which was unusual.³ There was mail in her letterbox dated 24 October 2014 and there was milk in her fridge with a use-by date of 25 October. The last outgoing phone call registered on her mobile phone was on 16 October 2014. Mary-Anne was last seen by a neighbour sometime during the middle of October.⁴ Neighbours noticed a "bad smell" in late October.⁵
12. On the balance, I am of the view that Mary-Anne Turner died between 17 October and 31 October 2015. There is nothing to suggest that her body had been moved and I find on the balance that she died in her own home at Unit 13/160 Alfred Street, Parramatta NSW.

What was the cause and manner of Mary-Anne's death?

13. Mary Anne's body was taken to the Glebe Mortuary and an autopsy was conducted on 7 November 2014. The body was found to be in a state of advanced decompositional change with marked tissue loss of the head and torso and mummification of the extremities.⁶
14. At autopsy, there were no injuries identified on the tissue present, however given the state of the body, the pathologist could not make a definitive statement that there were no injuries. Certainly, there were no broken bones that might indicate a struggle or assault. It was noted that the hyoid bone was undamaged, ruling out any obvious signs of strangulation. There were no defensive wounds observed.⁷

³ Statement of S/C Mark O'Reilly, Exhibit 1, Tab 5

⁴ Statement of Frank Graham, Exhibit 1, Tab12

⁵ Statement of Janine Napier, Exhibit 1, Tab11

⁶ Limited Autopsy Report For the Coroner, Kendall Bailey, Exhibit 1, Tab3

⁷ Statement of S/C Mark O'Reilly, Exhibit 1, Tab 5,

15. Decompositional change resulted in a marked loss of the internal organs with recognisable structures reduced to the aorta, the small and large bowel, the gallbladder and the spleen. For this reason there is little that could be said in relation to the possibility of natural disease.
16. Toxicological analysis obtained from the spleen revealed the presence of Amitriptyline, Nortriptyline and Methadone. Alcohol was detected, however as alcohol is produced by microbes in the post mortem period the result does not necessarily reflect the ingestion of alcohol prior to death.
17. It should also be noted that police did not find physical evidence of struggle in the unit. There is nothing to suggest property had been taken. There was no suicide note or indeed any indication of planning for suicide.
18. It is impossible to say what caused Mary-Anne's death. The autopsy cannot eliminate death by natural causes. The toxicological results are unable to rule out an drug overdose, given the length of time between her death and the autopsy and the real impossibility of accurately measuring toxicity levels. It is well known that Mary Anne had significant mental health problems, including depression and that she had talked about suicide in the past.⁸ She was clearly struggling with a variety of issues at the time of her death including her separation from her partner of 30 years and the recent dispute with her son over of his drug issues. Mary-Anne's own drug use, in particular her reliance on large quantities of street Xanax and other prescription drugs , along with her methadone dose meant that an accidental overdose was always possible. In these circumstances the cause and manner of her death must remain an open finding.

Findings

19. On the balance of probabilities, I find that Mary-Anne Turner died between 17 October and 31 October at her home address of Unit 13/160 Alfred Street Parramatta. The cause and manner of her death remain unknown.

⁸ Recorded Interview with Cheryl Waight. Exhibit 1 Tab 6

I offer my sincere condolences to her partner and family.

Magistrate Harriet Grahame
Deputy State Coroner