

CLINICAL RECORD

AUTHORIZATION FOR POST-MORTEM EXAMINATION

In the event authorization for post-mortem examination is obtained by letter, telegram, or mechanically recorded telephone call, paragraphs 1 and 2 shall be completed by hospital authorities and the letter, telegram, or memorandum confirming telephone call of authorization attached to this form for permanent file.

NAME AND LOCATION OF HOSPITAL

U.S. Naval Hospital, Bethesda

November 1963

2. You are hereby authorized to perform an autopsy on the remains of

examination on

remains of

John F. Kennedy
(Name of deceased)

Authority is also granted for the preservation and study of any and all tissues which authority shall be limited only by the conditions expressly stated below:

y be removed. This

Signature of witness

[Handwritten signature]

Signature

(Mrs) John F. Kennedy

(Person authorized to consent)

Address

Address

White House

Washington, D.C.

Authority to consent

Wife

The performance of the autopsy specified above is approved.

Signature

R.O. CANADA CAPT MC USN

Title

Commanding Officer

Date

22 November 1963

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

AUTHORIZATION FOR POST-MORTEM
Standard Form 593