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aggregate roughly approximate the dimensions of the large dented described above. At one angle of the largest of these fragments is a portion of the perimeter of a roughly circular wound <sup>principally</sup> of <sup>entry of the</sup> ~~entry~~ of the outer ~~table~~ and estimated to measure approximately 2.5 to 3.0 cm in diameter. Roentgenograms of this fragment reveal minute <sup>particles</sup> fragments of metal in the bone at this margin. Roentgenograms of the skull reveal multiple minute metallic fragments along a line corresponding with a line joining the above described <sup>small</sup> ~~small~~ <sup>capitulum</sup> ~~capitulum~~ wound and the st. supra-orbital ridge. From the surface of the dented st. cerebral cortex two small irregularly shaped fragments of metal are recovered. These measure 7 x 2 mm + 3 x 1 mm. These are placed in the custody of agents Francis X. O'Neil Jr. and James W. Stout of the Federal Bureau of Investigation. ~~It~~ <sup>He</sup> created a receipt therefor (attached). 2. The second wound <sup>principally</sup> of entry is that

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described above in the upper st. posterior  
thorax. Beneath the skin there is ecchymosis  
& sub-cutaneous tissue and musculature.  
The needle path through the fascia and  
musculature cannot be easily probed. The  
<sup>probably</sup> ~~kind~~ of exit was that described by Dr.  
M. A. Perry of Dallas in the low-anterior  
cervical region. When observed by Dr.  
Perry the wound measured a "few  
millimeters in diameter" however it was  
extended as a tracheotomy incision and thus  
its character is distorted at the time of  
autopsy. However there is considerable  
ecchymosis of the strap muscles of the st.  
neck and of the fascia about the trachea  
adjacent to the skin of the tracheotomy  
wound. The third point of reference in  
connecting these two wounds is in  
the apex (supra-clavicular portion) of  
the st. pleural cavity. In this region  
there is contusion of the parietal pleura  
and of the extreme apical portion of the  
st. upper lobe of the lung. In both

Instances the diameter of contusion and ecchymosis at the point of maximal involvement measures 5 cm. Both the visceral and parietal pleura situated overlying these areas of trauma.

Incisions The scalp wounds are studied in the coronal plane to examine the cranial contents and the customary "Y" shaped incision is used to examine the body cavity.

Thoracic Cavity - The bony cage is unimpaired. The thoracic organs are in their normal positions and relationships and there is no increase in free pleural fluid. The above described area of contusion in the apical portion of the rt. pleural cavity is noted.

Lungs - The lungs are of essentially similar appearance the rt. weighing 320 gm, the left 290 gm. The lungs are well aerated with smooth glistening pleural surfaces and grey-pink color. A 5 cm dia. area of mottled red discoloration and increased firmness to palpation is situated in the apical

portion of the rt. upper lobe. This corresponds to the similar area described in the overlying parietal pleura. <sup>hemorrhage into pulmonary</sup> ~~hemorrhage into pulmonary~~ <sup>pleural space</sup> ~~pleural space~~.

Heart - The ~~pericardial~~ <sup>pericardial</sup> cavity is smooth walled and contains approximately 1 cc of brown-colored fluid. The heart is of essentially normal external contour and weighs 35.6 gm. The pulmonary artery is ~~in situ~~ <sup>in situ</sup> and no abdominal aorta are noted. The cardiac chambers contain moderate amounts of post-mortem clotted blood. There are no gross abnormalities of the leaflets of the cardiac valves. The following are the circumferences of the cardiac valves: aortic 7.5 cm, pulmonary 7 cm, tricuspid 12 cm, mitral 11 cm. The myocardium is firm and reddish-brown. The left ventricular myocardium averages 1.2 cm in thickness, the rt. ventricular myocardium 0.4 cm. The coronary arteries are dissected, are of normal distribution and smooth walled and elastic throughout.

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Abdominal Cavity - The abdominal organs are in their normal positions and relations - shape and size. There is no increase in free peritoneal fluid. The vermiform appendix is surgically absent and there are a few adhesions joining the region of the cecum to the ventral abdominal wall at the above described old abdominal incision scars.

Skeletal System - Aside from the above described skull wounds there are no significant gross skeletal abnormalities.

Photography - Black and white and color photographs are <sup>being</sup> prepared of significant findings. Expendable undevelopes.

Roentgenograms - Roentgenograms are <sup>made</sup> prepared of the entire body and of the separately admitted three fragments of skull bone. Individual roentgenograms.

Summary Based on the above observations it is an opinion that the deceased died as a result of two <sup>perforating</sup> gunshot wounds inflicted by high velocity projectiles fired by a person

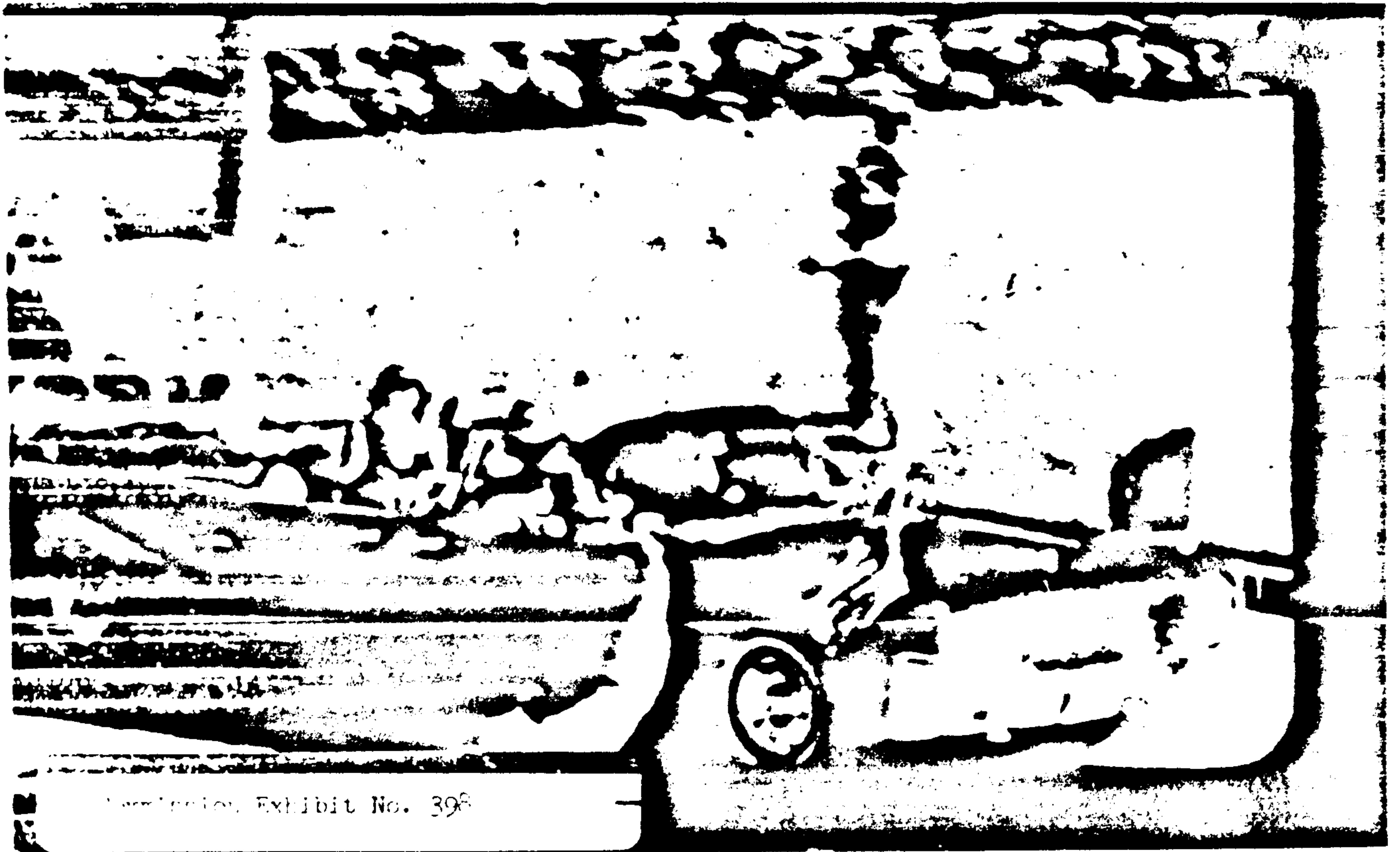
as persons unknown. The projectiles were fired from a point behind and somewhat above the ~~horizontal line~~ <sup>of the perpendicular</sup> ~~to the~~ <sup>of the perpendicular</sup> ~~initial position~~ of the body at the moment of impact. The observations and available information do not permit a satisfactory estimate as to the sequence of the two wounds.

The fatal missile entered the skull above and to the right of the external occipital protuberance. A ~~small~~ portion of the projectile traversed the cranial cavity in a posterior-anterior direction (see lateral skull roentgenogram) depositing minute particles along its path. ~~The~~ <sup>A</sup> ~~portion~~ <sup>portion</sup> of the projectile made its exit through the parietal ~~bone~~ <sup>bone</sup> on the right. ~~The two wounds~~ carrying with it portions of cartilage, skull and scalp. The two wounds of the skull combined with the force of the missile produced extensive fragmentation of the skull, laceration of the superior sagittal sinus and of the rt. cerebral hemisphere. The ~~second~~ <sup>other</sup> missile entered the rt. superior posterior thorax above the

scapula ~~to the right of the skull~~ and  
 traversed the soft tissues of the supra-  
 scapular and supra-clavicular portions of  
 the base of the right side of the neck. The  
 missile produced contusions of the st. apical  
 pleura and of the apical portion  
 of the st. upper lobe of the lung. The missile  
 contused the strap muscles of the st. side  
 of the neck, damaged the trachea and  
 which it exit through the anterior surface  
 of the neck. As far as can be ascertained  
 the missile struck no bony structures in  
 its path through the body.

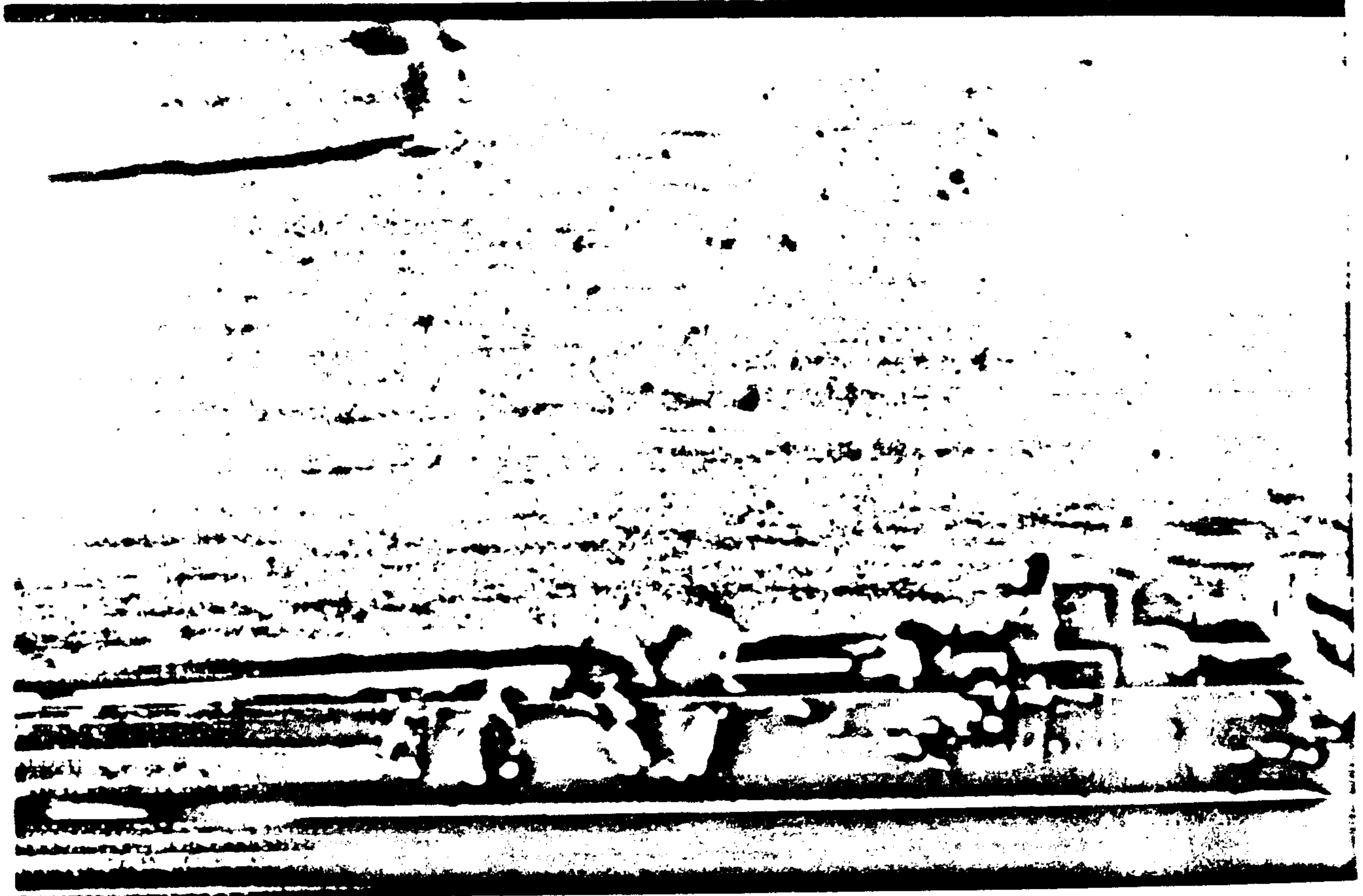
A supplementary report will be  
 admitted following more detailed examination  
 of the brain and of microscopic sections.  
 However it is not anticipated that these  
 examinations will materially alter the  
 findings.

In addition I am of opinion that the  
 wound of the skull produced such extensive  
 damage to the brain as to preclude the  
 possibility of the deceased surviving this injury.



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