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## SUPPLEMENTARY REPORT OF AUTOPSY MUNICIPAL A63-272 PRISIDENT JOHN F. KENNEDY

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BARRIES OF ENTRETION REPORT

No. A63-272

CE OF BEING OF BEATH:

Following formalin fixation the brain weighs 1500 gas. The right cerebral hexisphere is found to be markedly disrupted. There is a longitudinal laceration of the right hemisphere which is para-sagittal in position approximately 2.5 cm. or the right nemisphere which is para-sagittal in position approximately to the occipital to the right of the of the midline which extends from the tip of the occipital lobe posteriorly to the tip of the frontal lobe anteriorly. The base of the laceration is situated approximately 4.5 cm. below the vertex in the white matter. Increase above the base of the laceration, particularly in the parietal lobe. The nargins of this laceration are at all points jarged and irregular, with additional lacerations extending in varying discontinuous and for second discontinuous and second di points janged and arrugular, while south the main laceration. In addition, there directions and for varying distances from the main laceration. is a laceration of the corpus callosus extending from the genu to the tail. posed in this latter laceration are the interiors of the right lateral and third

When wiewed from the vertex the left ventricles. Gerebral hemisphere is intact. There is marked engorgement of meningual blood Wessels of the left temporal and frontal regions with considerable associated out-arachnoid henorrhage. The gyri and sulci over the left hemisphere are of essentially normal size and distribution. Those on the right are too fragmented and distorted for satisfactory description. When wired from the besiler espect

the disruption of the right cortex is again obvious. There is a longitudinal character of the mid-brain through the floor of the third ventricle just behind the optic chiasa and the namillary bodies. This laceration partially communiests with an oblique 1.5 cm. tear through the left cerebral peduncle. There are irregular superficial lacerations over the basilar aspects of the left temporal and frontal lobes.

In the interest of preserving the Specimen coronal sections are not made. The following sections are taken for deresopic examination:

- a. From the margin of the laceration in the right parietal lobe.
- b. From the margin of the laceration in the corpus callosus.
- From the anterior portion of the laceration in the right frontal lobe.
- d. From the contused left fronto-perietal cortex.
- G. From the line of transection of the spinal cord.
  - Ro From the right cerebellar cortex.
- From the superficial laceration of the basilar aspect of the left temporal

PATITIOGICAL EXAMINATION REPORT

During the course of this examination 8-wen (7) black and white and six (6) color 4x5 inch negatives are exposed but not developed (the cassettes containing those negatives have been delivered by hand to Rear Admiral George W. Burkley, MC, USH, White House Physician).

HICHOSCOPIC EXAMINATION:

BRATH:

Multiple sections from representative areas as noted above are examined. All Sections are essentially similar and show extensive disruption of brain tissue with associated henorrhage. In none of the sections examined are there significant ab-mormalities other than those directly related to the recent traums.

HEART:

Sections show a moderate amount of subepicardial fat. The coronary arteries,

syccardial fibers, and endocardium are unremarkable.

Sections through the grossly described area of contusion in the right upper lobe exhibit disruption of alveolar walls and recent hemorrhage into alveoli. Sections are otherwise essentially umremarkable.

Sections show the normal hepatic architecture to be well preserved. The parenchymal cells exhibit markedly granular cytoplasm indicating high glycogen content which is characteristic of the "liver biopsy pattern" of sudden death.

SPLEEK:

Sections show no significant abnormalities.

KIDREYS:

Sections show no significant abnormalities aside from dilatation and engorgement of

blood wessels of all calibers.

SKIR KOURDS:

Sections through the wounds in the occipital and upper right posterior thoracic regions are essentially similar. In each there is loss of continuity of the epidermis with congulation necrosis of the tissues at the wound margins. The ocalp wound exhibits several small fragments of bone at its margins in the sub-

cutaneous tissue. DIKAL SIDMARY:

So the cause of death.

This supplementary report covers in more detail the extensive degree of cerebral Brauma in this case. However neither this portion of the examination nor the microscopic examinations alter the previously submitted report or add significant details

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6 Docember 1963

Commanding Officer, U. S. Naval Medical School From:

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The Maite House Physician To:

Commanding Officer, Mational Raval Medical Center Via:

Subj: Supplementary report of Naval Medical School autopsy No. A63-272, John F. Kennedy; forwarding of

1. All copies of the above subject final supplementary report are forwarded herewith.

J. H. STOVER, JR.

6 December 1963

FIRST ENDUSEMENT

From: Commanding Officer, National Naval Medical Center To: The Unite House Physician

1. Forwarded.

C. B. GALLOWAY