Standard Form 523 Revised August 1954 Bureau of the Budget Circular A-32 (Rev.)

## NOT'AL ARCHIVE'S RG 87 Seever Service Reends Valuable Docs. Cellerin

## 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			DATE	
1. U.S. Naval Hospital, Bethesda, Mar	ryland		22 November 1963	
2. You are hereby authorized to perform a comp	lete post-morte	m examination on	the remains of	
John F. Kennedy			(39)	
(Name of deceased)				
Authority is also granted for the preservation and authority shall be limited only by the conditions ex	study of any an apressly stated	d all tissues which i below:	may be removed. This	
		3		
Signature What Hamly				
Signature of witness	Signature _		Kennedy	
of witness		(Person auth	orized to consent)	
	Address	White House		
Address		,		
		Washington, D.C.		
	Authority	Wife		
	to consent_			
The performance of the autopsy specified above is	approved.			
Signature R.O. CANADA CAPT MC USN				
TitleCommanding Officer				
11010				
22 November 1963				
Date			WARD NO.	
PATIENT'S IDENTIFICATION (For typed or written entries give: N	Vame—last, first, dical (acility)	REGISTER NO.	WARD NO.	
middle; arade; date; hospital or ne	alderli	I ANTU	ORIZATION FOR POST-MORTE	
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ame and location of Hospital	22 November 1963
U.S. Naval Hospital, Eco.	
You are hereby authorized to perform a con-	camination on the remains of
You are hereby authorized to person	,
* **	· ·
John F. Kennedy (News of deceased)	
. (	This
the specification and student	dy of any and all tissues which may be removed. This easily stated below:
uthority is also granted for the preservation and stee thority shall be limited only by the conditions expre	essly stated below:
thority shall be inflitted only	
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•	, , , , , , , , , , , , , , , , , , , ,
(1) illimited	(Mrs) JOhn F. Kennedy
Signature //4/1/09/	Signature (Person authorized to consent)
of witness	White House
	Address Willes House
Address	7.0
•	Washington, D.C.
	Authority Wife
	to consent
	- In the state of
The performance of the autopsy specified above is a	indicate and and
	Talling From
R.O. CANADA CAPT MC USN	- 10
Signature R.O. C. 24155	Do Boy Ilens, a will
Commanding Officer	
Title	- Police File 3. Follow Marie
20/2	
Date 22 November 1963	WARDING
PATIENT'S IDENTIFICATION (For typed or written entries give: N middle; grade; date; hespital or met	Townselect, State   REGISTER NO.

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