

This is represented as the complete autopsy file, and it was copied and supplied to me as such. Aside from what the Commission suppressed from this file, like the autopsy notes, also missing is the certification that Humes burned the first draft. This appears in the appendix to WHITEWASH.

Note on Inquest, it was completed 12 days before the assassination.



NATIONAL NAVAL MEDICAL CENTER
BETHESDA 14, MARYLAND

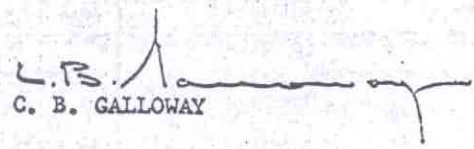
IN REPLY REFER TO

25 November 1963

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

Subj: Autopsy protocol in the case of John F. Kennedy, Late President
of the United States

1. Transmitted herewith by hand is the sole remaining copy (number eight) of the completed protocol in the case of John F. Kennedy. Attached are the work papers used by the Prosecutor and his assistant.
2. This command holds no additional documents in connection with this case.
3. Please acknowledge receipt.


C. B. GALLOWAY

371

90



OFFICE OF THE CHIEF
U. S. SECRET SERVICE

TREASURY DEPARTMENT

WASHINGTON 25, D. C.

Commission No.

CO-2-34

97144

Protective Research Section
November 26, 1963

Receipt is acknowledged this date, Nov. 26, 1963, of the following items from Dr. George G. Burkley:

One piece of bronze colored material inadvertently broken in transit from casket in which body was brought from Dallas

One letter - Certificate of Death of John F. Kennedy - State of Texas - dated Nov. 22, 1963.

One carbon copy of letter dated November 26 from Commanding Officer, U. S. Medical School, concerning law and regulation regarding confidential nature of the events.

One receipt dated Nov. 22, 1963, for bed sheet, surgical drapes, and shroud used to cover the body in transit.

One receipt dated Nov. 22, 1963, regarding a carton of photographic film, undeveloped except for X-rays, delivered to PRS for safekeeping.

An original and six pink copies of Certificate of Death (Nav.Med.N)

One receipt from FBI for a missile removed during the examination of the body.

One letter from University of Texas South West Medical School including report from Dr. Clark and summary of their findings of treatment and examination of the President in the Dallas County Hospital. Said letter of transmittal states that three carbon copies have been retained in that area.

One copy of autopsy report and notes of the examining doctor which is described in letter of transmittal Nov. 25, 1963 by Dr. Gallaway.

Transmittal letter and 7 copies of the above item (autopsy re

Authorization for post mortem examination signed by the Attorney General and dated Nov. 22, 1963.

Robert I. Bouc

Waters immersion, & Dr. Malcom
Blood air up
upper mediastinum

Only a few runs in
size 3-5 mm.

Important. Cat.
wall of the trachea -
no mesh in the wound.

Dep. Malcom 1-5050
4115 Park Lane

Dallas 20, Tex.

FL 2-5548

Home

Off in Med. School

Tom. Dept. of Surgery
Dr. Shins

Dr. Malcom Perry at Home

AB3. 272

Kennedy, John F.

Date of birth — — 1917

Date of death 11/22/63

Hour of death 1:00 PM EST Dallas, Tex.

Hour of autopsy 3:00 PM EST Bethesda, Md.

Clinical Summary

According to available information the deceased President John F. Kennedy, was riding in an open car in a motorcade during an official visit to Dallas, Texas on 22 Nov. 1963. The president was sitting in the right rear seat with Mrs. Kennedy seated on the same seat to his left. Sitting directly in front of the president was Gen. John B. Connelly of Texas and directly in front of Mrs. Kennedy sat Mrs. Connelly. The vehicle was moving at a slow rate of ~~approximately twenty miles per hour~~ down an incline into an underpass that leads to a freeway route to the Dallas Trade Mart where the president was to ^{deliver} give an address. Three shots were heard and the president fell ^{forward} ~~backward~~ to the floor of the vehicle.

bleeding from the head. (Governor Connally was seriously wounded by the same gunfire. According to newspaper reports (Washington Post Nov. 23, 1963) Bob Jackson, a Dallas Times Herald photographer, said he looked around as he heard the shots and saw a rifle barrel disappearing into a window on an upper floor of the nearby Texas School Book Depository building.

Shortly following the wounding of two men the car was driven to Parkland Hospital. In the emergency room of that hospital the president was attended by Dr. Malcolm Perry. Telephone conversations with Dr. Perry on Nov. 23, 1963 develop the following information relative to the observations made by Dr. Perry and procedures performed there prior to that

Dr. Perry noted the massive wound of the head and a second, puncture wound, of the low anterior neck in approximately the midline. A tracheostomy was performed by extending the latter

3
wound. At this point bloody air was noted
bubbling from the wound and an injury to
the internal wall of the trachea was observed.
Incisions were made in the upper anterior
chest wall bilaterally to combat possible
subcutaneous emphysema. Intravenous
infusions of blood and saline were begun
and oxygen was administered. Despite these
measures cardiac arrest occurred and closed
chest cardiac massage failed to re-establish
cardiac action. The president was
pronounced dead approximately thirty to
forty minutes after receiving his wounds.

The remains were transported via
the presidential plane to Washington, D.C.
and subsequently to the Naval Medical
School, National Naval Medical Center,
Bethesda, Md. for post-mortem examination.

General Description of Body The body is
that of a muscular, well-developed and well
rounded adult caucasian male measuring
70 1/2 inches and weighing approximately

1170 lbs. There is beginning rigor mortis, minimal dependent livor mortis of the dorsum and early algor mortis. The hair is reddish-brown and abundant, the eyes are blue the rt. pupil measuring 8 mm. in diameter, the left 4 mm. There is edema and ecchymosis of the inner canthus region of the left eye lid measuring approximately 1.5 cm in greatest diameter. There is edema and ecchymosis diffusely over the rt. supra-orbital ridge with abnormal mobility of the underlying bone. (The remainder of the scalp will be described with the skull.) There is dotted blood on the external ears but otherwise the ears, nose and mouth are essentially unremarkable. The teeth are in excellent repair and there is some pallor of the oral mucous membrane.

Situated on the upper rt. posterior thorax just above the upper border of the scapula there is a 7 x 4 mm. oval ~~linear~~ wound. This wound is measured

to be 14 cm. from the tip of the acromion process and 14 cm. below the tip of the st. mastoid process.

Situated in the low anterior neck at approximately the level of the third and fourth tracheal rings is a 6.5 cm. long transverse wound with widely gaping irregular edges. (The depth and character of these wounds will be further described below.)

Situated on the anterior chest wall in the nipple line are bilateral 2 cm. long recent transverse surgical incisions into the subcutaneous tissue. The one on the left is situated 11 cm. cephalad to the nipple and the one on the right 8 cm. cephalad to the nipple. There is no hemorrhage or ecchymosis associated with these wounds. A similar clean wound measuring 2 cm. in length is situated on the ~~right~~ anterior aspect of the ~~right~~ mid arm. Situated on the anterior-lateral aspect of each arm is a

recent 2 cm. transverse incision into the sub-cutaneous tissue.

There is an old well healed 8 cm. Mc Burney abdominal incision. Over the lumbar spine in the midline is an old, well healed 15 cm. scar, situated on the upper anterior-lateral aspect of the thigh is an old, well healed 8 cm scar.

Missile Wounds

1. There is a large irregular defect of the scalp and skull on the right involving chiefly the parietal bone but extending somewhat into the temporal and occipital regions. In this region there is an actual absence of scalp and bone producing a defect which measures approximately 13 cm. in greatest diameter.

From the irregular margins of the above scalp defect tears extend in stellate fashion into more or less intact scalp as follows:

a) From the right inferior temporal -

parietal margin anterior to the st. ear to a point slightly above the tragus.

b) From the anterior parietal margin anteriorly on the forehead to approximately 4 cm. above the st. orbital ridge

c) From the left margin of the main defect across the midline antero-laterally for a distance of approximately 8 cm.

d) From the same starting point as (c) 10 cm postero-laterally.

Situated in the posterior scalp approximately 2.5 cm laterally to the right and slightly above the external occipital protuberance

is a ~~lacerated~~ ~~wound~~ ~~tangential~~ ~~to~~ ~~the~~ ~~surface~~ ~~of~~ ~~the~~ ~~scalp~~ measuring 15 x 6 mm. In the underlying bone is a corresponding ~~bone~~ ~~wound~~ through ~~both~~ ~~tables~~ of the skull which exhibits ~~the~~ ~~appearance~~ of the margins of the bone when ~~viewed~~ ~~from~~ the inner ~~aspect~~ of the skull table.

A clearly visible in the above described large skull defect and extending from it is ~~isolated~~ ~~brain~~ ~~tissue~~ which on close inspection proves to represent ~~the~~

(8)

the major portion of the right cerebral hemisphere. At this point it is noted that the falx cerebri is extensively lacerated with disruption of the superior sagittal sinus.

Upon reflecting the scalp multiple complete fracture lines are seen to radiate from both the large defect at the vertex and the smaller ~~perforal~~ wound at the occiput. These vary greatly in length and direction the longest measuring approximately 19 cm. These result in the production of numerous fragments which vary in size from a few millimeters to 10 cm. in greatest diameter.

The complexity of these fractures and the fragments thus produced has satisfactory verbal description and are better appreciated in photographs and ~~radiographs~~ roentgenograms which are prepared.

The brain is removed and preserved for further study following formalin fixation. Received as separate specimens are three fragments of skull bone which in

aggregate roughly approximate the dimensions of the large defect described above. At one angle of the largest of these fragments is a portion of the perimeter of a roughly circular wound of ^{approximately} exit which exhibits ^{perforation} of the outer ^{aspect of the} ~~table~~ and is estimated to measure approximately 2.5 to 3.0 cm in diameter. Roentgenograms of this fragment reveal minute ^{particles} 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 ^{sub} ~~occipital~~ ^{occipital} 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, Sr. and James W. Sicut of the Federal Bureau of Investigation, who created a receipt ^{therefor} (attached).

2. The second wound of entry is that

described above in the upper st. posterior
 thorax. Beneath the skin there is ecchymosis
 of sub-cutaneous tissue and musculature.
 The muscle path through the fascia and
 musculature cannot be easily probed. The
 wound of ~~st~~ ^{probably} was that described by Dr.
 Malcolm 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~~
^{side of the} neck and of the fascia about the trachea
 adjacent to the ~~line~~ 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

(11)

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

Incisions The scalp wound was extended in the coronal plane to examine the cranial contents and the customary "Y" shaped incision is used to examine the body cavities.

Thoracic Cavity - The bony cage is unremarkable. 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 370 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 purplish 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 underlying parietal pleura. ^{pressure in this region would result in hemorrhage into pulmonary parenchyma.}

Heart - The ~~pericardial~~ ^{pericardial} cavity is smooth walled and contains approximately 10 cc of straw-colored fluid. The heart is of essentially normal external contour and weighs 35.6 gm. The pulmonary artery is opened in situ and no abnormalities 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 1.3 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.

Abdominal Cavity - The abdominal organs are in their normal positions and relationships and 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 scar.

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

Photography - Black and white and color photographs are ^{sent} ~~present~~ of significant findings, Exposed X-ray emulsions

Radiograms - Roentgenograms are ^{made} ~~present~~ of the entire body and of the separately submitted three fragments of skull bone. Dorsal roentgenogram

Summary Based on the above observations it is our opinion that the deceased died as a result of two ^{parietal} gunshot wounds inflicted by high velocity projectiles fired by a person

as persons unknown. The projectiles were
 found from a point behind and superior to the
 above mentioned position. The position
 of the body of the murderer of infant. The
 observations and articles in fact are not
 found a satisfactory estimate as to the nature
 of the wounds.
 The fatal missile entered the skull
 above and to the right of the external
 protuberance. It ~~was~~ part of the projectile
 traversed the cranial cavity in a posterior-
 anterior direction (see external skull markings)
 depositing minute particles along its path.
 The ~~part~~ portion of the projectile made its
 exit through the parietal ~~bone~~ on the right.
~~At the same time~~ ~~it~~ ~~was~~ ~~carrying~~ ~~with~~ ~~it~~ ~~particles~~ ~~of~~ ~~carbon~~
 of the skull combined with the faces of the
 missile produced extensive fragmentation of
 the skull, fracture of the basilar region
 pines and of the A. cerebelli laminae.
 The ~~rest~~ missile entered the
 of superior posterior base of the

In addition to your opinion that the
wound of the skull produced such extensive
damage to the brain as to produce the
paralysis of the lower extremities this injury

findings:
Examination will materially alter the
Hemorrhage is not anticipated that there
of the brain and microscopic pattern
intracerebral hemorrhage, more detailed examination
Hypothalamus great will be
to path through the body
this muscle which no longer functions in
of the neck. A few years ago he was
muscle to get through the anterior surface
of the neck, damaged the trachea and
contained the deep muscles of the neck
of the T. upper part of the lung. The muscle
partial palsy and of the spinal
muscle produced paralysis of the T. spinal
the base of the right side of the neck. The
recumbent and supra-sternal part of
transverse the right trunk of the upper -



U. S. NAVAL MEDICAL SCHOOL
NATIONAL NAVAL MEDICAL CENTER
BETHESDA, MARYLAND 20014

In reply refer to

24 November 1963

C-E-R-T-I-F-I-C-A-T-E

I, James J. Humes, certify that all working papers associated with Naval Medical School Autopsy Report A63-272 have remained in my personal custody at all times. Autopsy notes and the holograph draft of the final report were handed to Commanding Officer, U. S. Naval Medical School, at 1700, 24 November 1963. No papers relating to this case remain in my possession.

J. J. Humes
J. J. HUMES
CDR, MC, USN

Received above working papers this date.

J. H. Stover, Jr.
J. H. STOVER, JR.
CAPT, MC, USN
Commanding Officer, U.S. Naval Medical School
National Naval Medical Center

CR 371

AUTOPSY DESCRIPTIVE SHEET

MS PATH-8 (1-63)

AUTOPSY

NMS # A 1000 DATE 11-22-63 HR. STARTED _____ HR. COMPLETED _____

NAME: _____ RANK/RATE _____

DATE/HOUR EXPIRED: _____ WARD _____ DIAGNOSIS _____

PHYSICAL DESCRIPTION: RACE: _____ Obtain following on babies only:

Color _____
 Height _____ in. Weight _____ lb. Hair _____
 Crown-rump _____ in.
 Crown-heel _____ in.
 Color eyes _____ Pupil (R) _____ mm, (L) _____ mm
 Circumference Head _____ in. Chest _____ in.
 Abdomen _____ in.

WEIGHTS: (Grams, unless otherwise specified)

LUNG, RT. 320 KIDNEY, RT. 1375 ADRENALS, RT. _____

LUNG, LT. 290 KIDNEY, LT. 140 ADRENALS, LT. _____

BRAIN _____ LIVER 150 PANCREAS _____

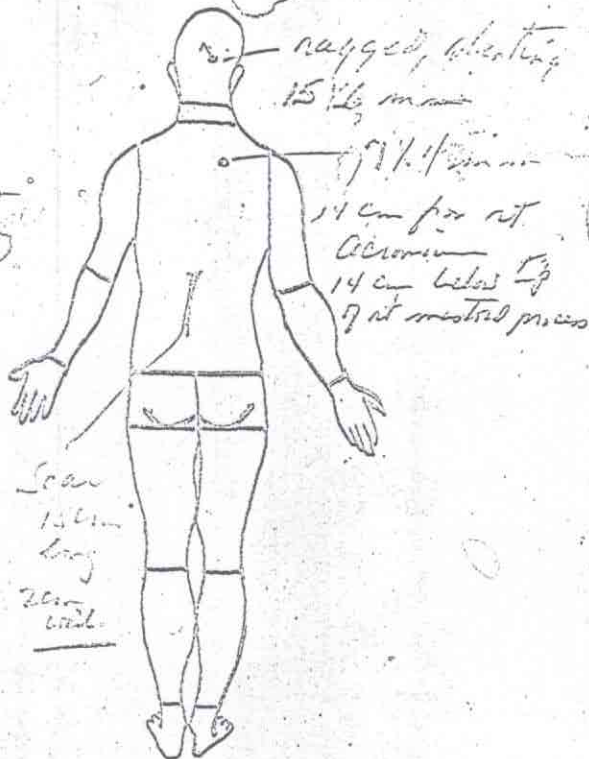
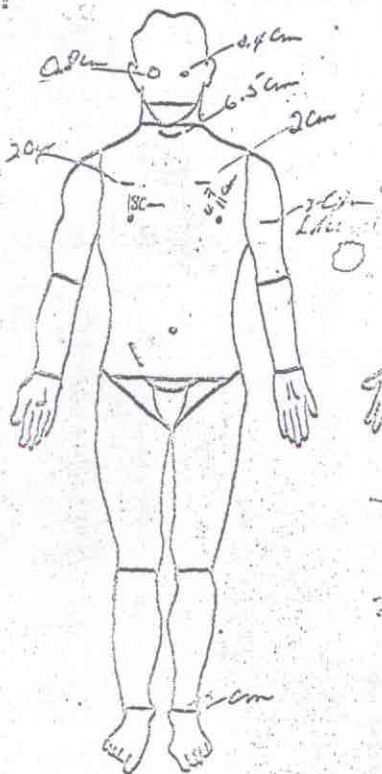
SPLEEN 90 HEART 750 THYROID _____

TESTIS _____ Ovary _____

HEART MEASUREMENTS: A 7.5 cm. P 7 cm. T 1.1 cm. M 1.0 cm.

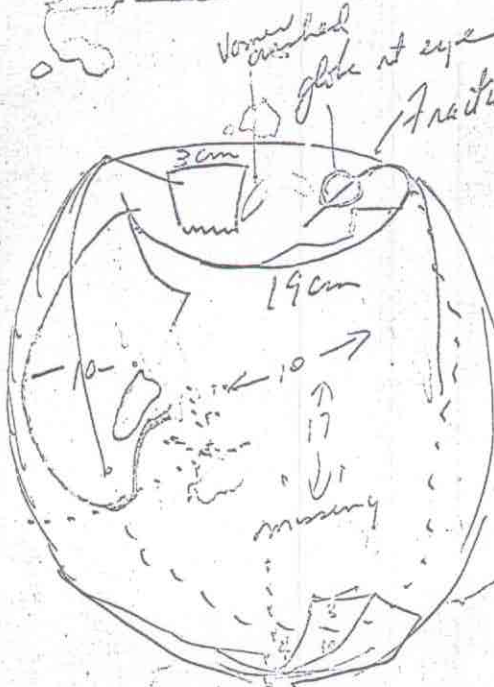
LVM 1.5 cm. RVM .4 cm.

NOTES:



CR 371

Pathologist _____



• false bone from splayed
 • from the
 • Canal Suture back

CR 371