U. S. Secret Service

DATE: December 20, 1963

J. Lee Rankin

General Counsel

FROM :

James J. Rowley Chief, U. S. Secret Service

SUBJECT:

Autopsy Report

There is attached standard form 503, a clinical record of the autopsy protocol prepared by the Naval Medical School, Bethesda, Md., relative to the autopsy performed on President John F. Kennedy.

Blandard Form 503
Revised August 1934
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Circular A-22 (Rev.)





CLINICAL RECORD

A.M. DATE AND HOUR AUTOPSY PROTOCCL
A63-272 (JJH; ec)

DATE AND HOUR DIED
A.M. DATE AND HOUR AUTOPSY SERFORMED
A.M. CHECK ONTE
22 November 1963 1300 (CST) F.M. 22 November 1963 2000 (ESE) M. FULL AUTOPSY HEAD ONLY TRUMK ONLY
PROSECTION (497831)
GDR. J. J. HIDES, MG. USN
GDR "J" THORNTON BOSWELL, MC, USN X
CLINICAL DIAGNOSES (Including operations)
LCOL PIERRE A. FINCK, MC, USA (04 043 322)

Ht. = 72½ inches Wt. = 170 pounds Eyes = blue Hair = Reddish brown

PATHOLOGICAL DIAGNOSES

CAUSE OF DEATH: Gunshot wound, head.

	AGE	SEX	PLACE	IDENTIFICATION NO.	AUTOPSY NO.
RESIDENT, UNITED STATES	46	Male	Cauc.		A63-272
TIENT'S IDENTIFICATION (For typed or middle; grade	written entr i; date; hosp	ies give: Name- ital or medical t	last, first,	REGISTER NO.	WARD NO.
KENNEDY, JOHN F.		1 1			
NAVAL MEDICAL SCHOOL	- L/6	4 00	100	ust well	AUTOPSY PROTOCOL
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	RELEASE SCHOOL SCHOOL	NATIONAL SIDENTIFICATION (For typed or written entraided, grade; date; hosp KENNEDY, JOHN F., NAVAL MEDICAL SCHOOL.	NATIONAL SIGNATURE (For typed or written entries give: Name- middle; grade; date; hospital or medical to KENNEDY, JOHN F. NAVAL MEDICAL SCHOOL	NATIONAL SIDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; date; hospital or medical facility)  KENNEDY, JOHN F.  NAVAL MEDICAL SCHOOL  EGG.	REGISTER NO.  REGISTER NO.  REGISTER NO.  REGISTER NO.  REPO!  REPO!

CLINICAL SUMMARY:

According to available information deceased, President John F. Kampay, was riding in an open car in a motorcade during an official visit to Callas, Toronto on 22 November 1963. The President was sitting in the right rear sant with his Rennedy seated on the same seat to his left. Sitting directly in front of the President was Governor John B. Commolly of Texas and directly in front of Mrs. Kerre sat Mrs. Connolly. The vehicle was moving at a slow rate of speed down an incline into an underpass that leads to a freeway route to the Dallas Trade Mart wherether President was to deliver an address.

Turee shots were heard and the President fell forward bleeding from the head. (Governor Connelly was seriously wounded by the same gunfire.) According to newspaper reports ("Washington Poet" number 23, 1965) Beb Jackson, a Dallas "Times Herald" Photographer, said he looked Sand as he he med the shots and saw a rifle barrel disappearing into a window on on upper floor of the searby Texas School Book Depository Building.

Shortly following the rounding of the men the car was driven to Parkland Respital in Dallas. In the smargetey rice of Dalla hospital the President was attended by Dr. Malcolm Perry. Telephove a mounted them and Dr. Perry on Nevember 23, 1963 develops the following information relative to the orservations made by Dr. Ferry and procedures performed there prior to character

Dr. Formy noted the provide would of the hand and a second ruch smaller wound of the low authories neck in approximately the midline. A trachectomy was performed by extending the latter wound. At Most party bloody air was noted bubling from the round and an injury to the right latered of the tracked was photograd. Incisions were made in the upper matrice share will bileterally to contab possible substancous employeems. Introduce in infuntions of and saline were begun and oxygen was administered. Despite a con such as the co nutrate occurred and placed thest condice massage failed to re-evidents of the President was premounced dead approximately thirty to forty minutus about his wounds.

The reason were transport to the Principlenting place to Inclinator. D.C. and subsequently to the Market Medical w Mat Lough March Medical Center, Bethroda, Maryland San postmortem contribution

CLAUSAN DESCRIPTION OF BOTT.

ें के **बल्दिए पर रिक्रिक इंदे के समा**र्केट के दिख The reserve of the resource of the residence of the resid There is clotted blood on the external ears but otherwise the ears, nares, and mouth are essentially unremarkable. The teeth are in excellent repair and there is some pallor of the oral nucous membrane.

Situated on the upper right posterior thorax just above the upper border of the scapula there is a 7 x 4 millimeter oval wound. This wound is measured to be 14 cm. from the tip of the right acromion process and 14 cm. below the tip of the right 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 wil 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 antero-lateral aspect of the left mid arm. Situated on the antero-lateral aspect of each ankle is a recent 2 cm. transverse incision into the subcutaneous tissue.

There is an old well healed 8 cm. McBurney abdominal incision. Over the lumbar spine in the midline is an old, well healed 15 cm. scar. Situated on the upper antero-lateral aspect of the right thigh is an old, well healed 8 cm. scar.

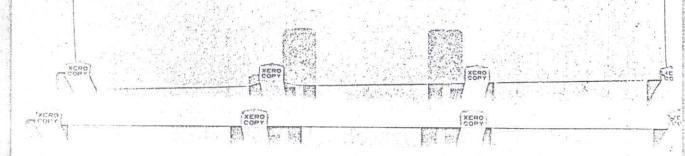
## MISSILE WOUNDS:

 There is a large irregular defect of the scalp and skull on the right involving mewhat into the temporal and occipital

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 the more or less intact scalp as follows:

- a. From the right inferior temporo-parietal margin anterior to the right ear to a point slightly above the tragus.
- b. From the anterior parietal margin anteriorly on the forehead to approximately 4 cm. above the right 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 measuring 15 x 6 mm. In the underlying bone is a corresponding wound through the skull which exhibits beveling of the margins of the bone when viewed from the inner aspect of the skull.

Clearly visible in the above described large skull defect and exuding from it is lacerated brain tissue which on close inspection proves to represent 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 saggital sinus.

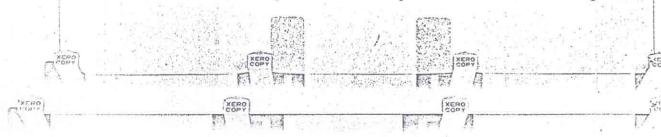
Upon reflecting the scalp multiple complete fracture lines are seen to radiate from both the large defect at the vertex and the smaller wound at the occiput. These vary greatly in length and direction, the longest measuring approximately 19 cm. These result in the production of numerous fragments which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

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

The brain is removed and preserved for further study following formalin fixation.

Received as separate specimens from Dallas, Texas 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 presumably of exit which exhibits beveling of the outer aspect of the bone and is estimated to measure approximately 2.5 to 3.0 cm. in diameter. Roentgenograms of this fragment reveal minute particles 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 small occipital wound and the right supra-orbital ridge. From the surface of the disrupted right cerebral cortex two small irregularly shaped fragments of metal are recovered. These measure 7 x 2 mm. and 3 x 1 mm. These are placed in the custody of Agents Francix X. O'Neill, Jr. and James W. Sibert, of the Federal Bureau of Investigation, who executed a receipt therefor (attached).

2. The second wound presumably of entry is that described above in the upper right posterior thorax. Beneath the skin there is ecchymosis of subcutaneous tissue and musculature. The missle path through the fascia and musculature cannot be easily probed. The wound presumably of exit 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 tracheostomy incision and thus its character is distorted at the time of autopsy. However, there is considerable eachymosis of the strap muscles of the right side of the neck and of the fascia about the trachea adjacent to the line of the tracheostomy wound. The third point of reference in connecting



these two wounds is in the apex (supra-clavicular portion) of the right pleural cavity. In this region there is contusion of the parietal pleura and of the extreme apical portion of the right 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 are intact overlying these areas of trauma.

INCISIONS:

The scalp wounds are extended in the coronal plane to examine the cranial content 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 right pleural cavity is noted.

The lungs are of essentially similar appearance the right weighing 320 Gm., the left 290 Gm. The lungs are well aerated with smooth glistening pleural surfaces and gray-pink color. A 5 cm. diameter area of purplish red discoloration and increased firmness to palpation is situated in the apical portion of the right upper lobe. This corresponds to the similar area described in the overlying parietal pleura. Incision in this region reveals recent hemorrhage into pulmonary parenchyma.

The pericardial cavity is smooth walled and contains approximately 10 cc. of strawcolored fluid. The heart is of essentially normal external contour and weighs 350 Cm. The pulmonary artery is opened in situ and no abnormalities are noted. The cardiac chambers contain moderate amounts of postmortem clotted blood. There are no gross abnormalities of the leaflets of any of the cardiac valves. The following are the circumferences of the cardiac valves: aortic 7.5 cm., pulmonic 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 right ventricular myocardium 0.4 cm. The coronary arteries are dissected and are of normal distribution and smooth walled and elastic throughout.

ABDOMINAL CAVITY:

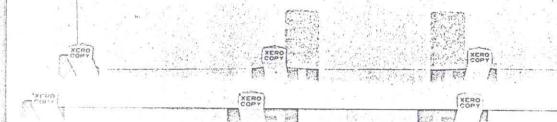
The abdominal organs are in their normal positions and relationships and there is no increase in free peritoneal fluid. Thervermiform appendix is surgically absent and there are a few adhesions joining the region of the cecum to the ventral abdominal wall at the above described old abdominal incisional scar.

SKELETAL SYSTEM:

Aside from the above described skull wounds there are no significant gross skeletal

abnormalities.

PHOTOGRAPHY: Black and white and color photographs depicting significant findings are exposed but not developed. These photographs were placed in the custody of Agent Roy H. Kellerman of the U. S. Secret Service, who executed a receipt therefore (attached).



fragments of skull bone.

## ROENTGENOGRAMS:

Roentgenograms are made of the entire body and of the separately submitted three These are developed and were placed in the custody of Agent Roy H. Kellerman of the U. S. Secret Service, who executed a receipt therefor

## SUMMARY:

(attached).

Based on the above observations it is our opinion that the deceased died as a result of two perforating gunshot wounds inflicted by high velocity projectiles fired by a person or persons unknown. The projectiles were fired from a point behind and somewhat above the level of the deceased. 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 portion of the projectile traversed the cranial cavity in a posterior-anterior direction (see lateral skull roentgenograms) depositing minute particles along its path. A portion of the projectile made its exit through the parietal bone on the right carrying with it portions of cerebrum, 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 saggital sinus, and of the right cerebral hemisphere.

The other missile entered the right superior posterior thorax above the scapula and traversed the soft tissues of the supra-scapular and the supra-clavicular portions of the base of the right side of the neck. This missile produced contusions of the right apical parietal pleura and of the apical portion of the right hpper lobe of the lung. The missile contused the strap muscles of the right side of the neck, damaged the trachea and made its exit through the anterior surface of the neck. As far as can be ascertained this missile struck no bony structures in its path through the body.

In addition, it is our 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.

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

J. HUMES

CDR, MC, USN (497831)

THORNTON BOSWELL

PIERRE A. FINCK LT COL, MC, USA

(04 - 043 - 322)