

CERTIFICATE OF DEATH
NAVMED 8 (REV. 4-58) FRONT

Wong

See NAVMED DEPT. for instructions regarding number of copies and submission.

FROM (Ship or Station) *TRE W. HITE No. 2000*

IF UNIDENTIFIED INDICATE BY USING "X" AND CONSECUTIVE NUMBER HERE

1. NAME *President John F. Kennedy*

2. SEX MALE FEMALE

3. RACE CAUCASIAN NEGROID OTHER (Specify)

4. STATUS *President of the United States*

REGULAR ACTIVE RESERVE ACTIVE RETIRED DEPENDENT WAP OTHER (Specify) *2 yrs Honor*

5. LENGTH OF SERVICE (Years and months) *2 yrs Honor*

6. AVIATION YES NO

7. FILE OR SERVICE NO. *NA*

8. RANK/RATE *NA*

9. CORPS *NA*

10. BRANCH OF SERVICE *NA*

11. PLACE OF BIRTH (City and State or Country) *BROOKLINE, MASS.*

12. DATE OF BIRTH (Month, day and year) *MAY 29, 1917*

13. AGE (Years, months) (Days, if under 1 year) *46 years 5 months 3*

14. RELIGION *Catholic*

15. COLOR OF EYES *BLUE*

16. COLOR OF HAIR *GRAY*

17. COMPLEXION *Ruddy*

18. HEIGHT *5' 10"*

19. WEIGHT *172*

20. MARKS AND SCARS (Noted in health record)
*4" scar 2nd and 4th lumbar
4 1/2" upper left leg, well healed*

21. FINGERPRINT - STATE WHICH FINGER (Right index preferred)



22. NEXT OF KIN OR FRIEND (Relation, name and address)
MRS. John F. Kennedy, THE WHITE HOUSE, WASH. D.C.

23. ADMITTED TO SICK LIST FROM (If on active duty, last duty station before current admission to sick list)
TRE W. HITE No. 2000, WASH. D.C.

24. DATE ADMITTED TO SICK LIST (Month, day, year)
NOV 22, 1963

25. PLACE OF DEATH
SKIDLAND MEMORIAL HOSPITAL, DALLAS, TEXA.

26. TIME OF DEATH (Month, day, year, hour)
Nov 22, 1963 1:00 A.M.

27. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, i.e., heart failure, asthma, etc., it means the disease, injury or complication which caused death.)

(a) *Coronary thrombosis*

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II. ANTECEDENT CAUSES. (Morbid conditions, if any giving rise to above cause (a), stating the underlying cause last)

III. OTHER SIGNIFICANT CONDITIONS. (Conditions contributing to death but not related to the disease or condition causing death.)

28. DO NOT WRITE IN THIS SPACE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

29. NAME

Wald Fitzgerald Murray

30. SUMMARY OF FACTS RELATING TO DEATH:

31. DISPOSITION OF REMAINS

TO THE WHITE HOUSE, WASH, D.C.

32.

DATE SIGNED

NOVEMBER 23, 1968

SIGNATURE

George Gregory Barkley
GEO. GREGORY BARKLEY
PHYSICIAN (Medical Officer) R. S. (Rank)

USN

33.

APPROVED: COURT OF INQUIRY OR BOARD OF INVESTIGATION

BE HELD.

(Will or will not)

DATE SIGNED

SIGNATURE

(Commanding Officer)

(Rank)

USN

John Fitzgerald Kennedy

10. SUMMARY OF FACTS CONCERNING DEATH

President John Fitzgerald Kennedy, while riding in the motorcade in Dallas, Texas, on November 22, 1963, and at approximately 12:30 p.m., was struck in the head by an assassin's bullet and a second wound occurred in the posterior back at about the level of the third thoracic vertebra. The wound was shattering in type causing a fragmentation of the skull and evulsion of three particles of the skull at time of the impact, with resulting maceration of the right hemisphere of the brain. The President was rushed to Parkland Memorial Hospital, and was immediately under the care of a team of physicians at the hospital under the direction of a neurosurgeon, Kemp Clark. I arrived at the hospital approximately five minutes after the President and immediately went to the emergency room. It was evident that the wound was of such severity that it was bound to be fatal. Breathing was noted at the time of arrival at the hospital by several members of the Secret Service. Emergency measures were employed immediately including intravenous fluid and blood. The President was pronounced dead at 1:00 p.m. by Dr. Clark and was verified by me.

31. DISPOSITION OF REMAINS

To the White House, Washington, D.C.

32.

DATE SIGNED November 23, 1963

SIGNATURE

George Gregory Burkley
George Gregory Burkley, M.D.M.
Physician in Charge, President

APPROVED: COURT OF INQUIRY OR BOARD OF INVESTIGATION

B. FIELD

(Yes, or will not)

DATE

SIGNATURE

(Name and Title)

COPY