This Autopsy Authorization was obtained from AFIP, "X"'s added at my request. I got it because the one available from Archives on JFK is illegible in some important parts, esp. space #1.

Note this form provides for a complete autopsy, with no limitations expressed on one for JFK. This, ombined with AFIP autopsy regulations invalidates Finck's NO nonsense about not dissecting because of wishes of family. He had the legal authority to do full autopsy, and AFIP medico-legal regulations say neck organs always must be removed and examined in such autopsies.

HR

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

## CLINICAL RECORD

NAME AND LOCATION OF HOSPITAL

## 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.

Authority is also granted for the preservation and study of any and all tissues which may be removed. The performance of the autopsy specified above is approved.  Signature XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2. You are hereby authorized to perform a complet	e post-mort	tem examination on the res	nains of
Authority is also granted for the preservation and study of any and all tissues which may be removed. The authority shall be limited only by the conditions expressly stated below:    Signature	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX		
Signature XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(Name of deceased)			
Signature (Person authorized to consent)  Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Authority is also granted for the preservation and stu authority shall be limited only by the conditions expr	idy of any a essly stated	nd all tissues which may be below:	removed. This
Address  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Signature .		
The performance of the autopsy specified above is approved.  Signature	Address	Address		
SignatureXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	proved.		, <u>A</u> .
TITLE	TitleXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
DateXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	DateXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX		(4) E
PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; date; hospital or medical lacility)  REGISTER NO.  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	PATIENT'S IDENTIFICATION (For typed or written entries give: Name middle; grade; date; hospital or medical	e—last, first, l facility)		WARD NO.

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