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The Late Arriving Fragment: Reality Bites

During the assassination of President Kennedy a large fragment of skull was removed which was later presented to the autopsy team during the later stages of the autopsy where it was determined to represent a portion of an exit wound. By evaluating the films of the assassination as well as the radiographs and eyewitness descriptions of this piece of skull it can be shown that it originated from the top rear of the skull and was displaced by a second gunshot wound to the head.

The backward head snap, following an initial forward movement, seen on the Zapruder and Nix films has long been cited as evidence for a second gunshot wound to the head originating from the right front of the motorcade. Incident to this backward motion, these films show the expulsion of a large bone fragment onto the trunk of the limousine affirming eyewitness observations of Charles Brehm and Clint Hill. These films further show that Jacqueline Kennedy recovered this fragment and brought it back into the limousine. The limousine then proceeded to Parkland Hospital where it was secured and transported to Love Field where it was loaded aboard a C130 transport plane and returned to Andrews Air Force Base where it arrived at 8 p.m.. Roy Kellerman, having previously arrived at AAFB aboard Air Force 1, instructed Chief Rowley that the limousine should be gone over for any possible evidence that it might contain. After landing at AAFB the limousine was taken under escort to the White House garage arriving at 9 p.m.. At 10:10 p.m. representatives from Dr. Burkley's office, William Martinell and Thomas Mills, accompanied by Deputy Chief Paterni and SAIC Boring, arrived at the White House garage inspected the vehicle and retrieved three bone fragments. (1) These were then taken to Bethesda Naval Medical Center where the autopsy was still in progress. Immediately following this three, 10 X12 inch radiographs of these skull fragments were taken. Having previously typed a receipt for the 8 14X17 inch body radiographs and 3 10X12 inch skull radiographs taken before these fragments arrived, Dr. John Ebersole hand corrected this receipt changing the number of 10X12 inch x-rays from three to six reflecting the additional three radiographs of these three late arriving fragments taken after the receipt had originally been typed. The report by F.B.I. agents Sibert and O'Neill failed to reflect this change as it indicated only the 11 x-rays noted in the original typewritten receipt. The autopsy report and the Sibert and O'Neill report made from notes made during the autopsy indicate that the largest fragment measured 10 X 6.5 cm and that the radiographs revealed small metallic particles imbedded in one corner. This same corner exhibited external beveling upon visual inspection. These findings indicated that this largest skull fragment contained a portion of an exit wound for a bullet. On 11/29/63 F.B.I. agents Sibert and O'Neill interviewed

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SAIC of the White House Detail Gerald Behn who confirmed that this large skull fragment had been retrieved from the back seat of the limousine. The final disposition of this and other skull fragments is not known although records show that the Harper fragment, which was recovered later, was forwarded to Dr. Burkely after inspection by the F.B.I.. (2)

The arrival of this large late arriving fragment was a significant development during the autopsy. When testifying before the WC, Drs. Humes and Finck stated that prior to the arrival of this bone fragment an examination of the margins of the large defect in the skull failed to reveal a specific point where a bullet might have exited the skull. (3) They curiously did not avail themselves of the considerable assistance the skull radiographs should have provided them in this regard. Instead they told the Commission members about dual fragment trajectories and the major portion of the bullet exiting somewhere in the middle of the large defect. It was after the large fragment's arrival that they came to the profound conclusion that the large fragment represented a portion of the exit defect somewhere in the intentionally vague right parietotemporooccipital area. Both stated that they were unable to precisely locate this bone in the large defect. (4) Until the autopsy photographs and radiographs became available these contentions could not be challenged. Autopsy photograph #44 clearly shows half of an exit defect exhibiting external beveling in the right frontal bone which must have been even more obvious to the autopsy team upon direct inspection the night of the autopsy. Logic dictates that since the radiographs revealed two metal fragments which were recovered in the right frontal area and the late arriving fragment had metal particles imbedded in one corner that this should have presented little challenge to conclude that this corner should have been situated in the front of the skull. Further this is the only logical point for the exit of a high velocity bullet which entered from behind. One must question why the autopsy doctors committed perjury before the WC by denying that this defect existed and their inexplicable inability to deduce the correct orientation of the large late arriving fragment given the many clues which should have guided them to its correct orientation and location. The answer to these questions was provided to author Josiah Thompson by Dr. Boswell in an interview that occurred one week prior to the January 1967 DOJ review.

While being interviewed by Josiah Thompson for Six Seconds in Dallas, Dr. Boswell revealed that the autopsy team had been able to locate the large late arriving fragment the night of the autopsy. Logic dictates that this should have been and which by Dr. Boswell's accounts was accomplished. Dr. Boswell revealed to Thompson that this large late arriving fragment could be oriented because one of its edges matched an edge on the intact skull so that it fit at the very crown of the President's head on the midline. (5) These very specific assertions are supported by the radiographs of this fragment which show a portion of a suture present on one edge. Given Dr. Boswell's assertions, this portion of suture on the late arriving fragment would represent a segment of the midline sagittal suture. The skull radiographs show that the corresponding segment of the sagittal suture is missing in this area near the rear of the skull. In this position the corner which contains a portion of an exit wound would be oriented to the rear of the skull at the crown of the head just as Thompson had been told by Dr. Boswell. Dr. Boswell's candid statement, completely supported by the radiographs and films of the assassination, exposed part of their perjury before the WC about not being able to orient this fragment

and it's correct orientation. The autopsy photos reveal the other part of their lies in this regard. In further previous testimony before the WC, they contended that there was no evidence of where a bullet might have exited in the margins of the large defect in the skull. It has been the consensus of experts and other observers, including myself, that autopsy photo #44 clearly demonstrates external beveling and represents a portion of a frontal exit wound. In the 1966 Inventory the autopsy doctors realized that this photo documented what they said under oath had been nonexistent the night of the autopsy. In an effort to hide their previous perjury, they intentionally misidentified this photo, which depicts external beveling, as depicting a portion of an entrance wound in the rear of the skull. (6) This has caused considerable confusion among critics who would like to believe that this particular misidentified photo represents a portion of an externally beveled exit wound in the rear of the skull. In fact, the photo's correct orientation and interpretation provides much more damning evidence as we will see. The DOJ in drafting the 1967 review for the autopsy doctors to sign included in the statement the apparently logical conclusion that the late arriving fragment, having one half of a single exit hole, would fit in the front of the skull where the other half of an exit hole was depicted in the autopsy photographs. The autopsy doctors could not object to this logic for to do so would indicate two separate exit wounds and evidence for conspiracy. We can now understand the original reasons for their perjury. The night of the autopsy they knew that the correct orientation of the large late arriving fragment's exit portion was towards the rear of the head. Boswell's candid revelation to Thompson, completely supported by the radiographic and films of the assassination, proves this. In order not to reveal the presence of an exit wound in the rear of the skull they denied the existence of a portion of another exit defect in the front of the skull which should have lead them to its correct position. This allowed them to be intentionally vague as to where exactly this late arriving fragment fit. By signing the 1967 review, which included an accurate description of this frontal exit wound in the autopsy photos, the autopsy doctors confirmed their own perjury.

A critical evaluation of testimony and interviews of other eyewitnesses from both the WC and recently released documents from the HSCA investigation reveals others who bear witness to the fact that the late arriving fragment comprised a portion of an exit wound in the rear of the skull. Clint Hill and Charles Brehm's statements about seeing a large bone fragment coming off the rear of the skull have previously been mentioned. Roy Kellerman, in his WC testimony, discussed the large piece of bone removed from the skull during the assassination and recovered from the limo in a way consistent with Boswell's. Kellerman said that the bullet which entered from behind made a small hole of entry in the rear of the skull which was located in intact bone 2 inches below from where the large piece of bone had been removed. Kellerman went on further to tell the WC members present that he could not conceive of how a bullet had accomplished this trajectory and we should share his skepticism of the ability of a single bullet to both enter and exit the back of the head. (7) Dr. John Ebersole told HSCA investigators that a large portion of occipital bone was brought into the autopsy room late and x-rayed. (8) Certainly this large fragment of skull described by Dr. Ebersole must be the same fragment so accurately identified by Dr. Boswell. The existing skull x-rays show the occipital bone proper to be fractured but intact but Dr. Ebersole's statement confirms the

testimony of others that this skull fragment originated from the top rear of the skull or right occipital area. F.B.I. agent Sibert told these same investigators that the wound was in the upper back of the head and that the missing section of bone arrived later. (9) Almost all of the eyewitness accounts both at Parkland and Bethesda are of an exit wound being present in the top rear of the skull.

Strong corroborative photographic evidence of a separate exit wound being present in the top rear of the skull is present in the Zapruder and Nix films. At frame 313 of the Zapruder film we see several smaller fragments of bone being ejected from the front of the skull in several different directions. By virtue of its size the 10 X 6.5 cm late arriving fragment, which contained a portion of an exit wound, was the largest skull fragment to have been displaced from the President's head. Had this large late arriving fragment actually comprised a portion of the exit wound in the front of the skull we should see only one large fragment of bone being ejected from this area on frame 313. Autopsy photo #44 shows that there was no bone loss forward of this frontal exit hole. Instead we see several

radiographic findings as they do not demonstrate skull fragments being ejected distances far from the back of the head but they do show several smaller skull fragments arising from the more anterior portions of the head which are propelled far away from the limousine. By comparing the films of the skull fragments as they are exploded from the head with where each fragment was recovered it is easy to dispel the long held misconception of many critics, fueled by the misidentification by Drs. Harper and Cairns, that the Harper fragment represented occipital bone. By actually proving that this is not the case, it translates into much stronger support for the correct conclusion that the large late arriving fragment formed part of a second exit wound in the top rear of the skull.

The Zapruder and Nix films show that the large exit fragment arose from the back of the head. These films also show that it is impossible for the late arriving fragment to have been one of the several fragments which arose from the front of the skull and that none of these could have been recovered in the limousine after the assassination. Almost all the eyewitnesses have said that there was an exit in the top rear of the head. Several eyewitnesses have more specifically said that the large late arriving fragment which contained a portion of an exit wound could be oriented in the large defect so that it fit in the upper rear of the skull. The postmortem radiographs show that bone is missing in this exact same area and that there are lead fragments in this location that can not be related to the bullet which entered several cm below. The radiographs of the large fragment show it has properties that only allow it to fit in the top rear of the skull and preclude it from fitting adjacent to the exit defect in the front of the skull. All of this is mutually self supportive and proves that a second bullet struck the rear of the skull driving the President backwards after the fatal wounds.

None of the photographic, radiographic or film evidence extending from Dealey Plaza to Bethesda Naval Medical Center supports the contention of Drs. Harper and Cairns that the Harper fragment is occipital bone. In contrast, all of this same objective evidence points to the correct conclusion that the Harper fragment was exploded from the more forward portion of the skull to be recovered some 25 feet south of the assassination site.

If a conspiracy actually existed to alter all of the objective evidence in this case to hide an exit wound in the top rear of the skull, it has failed miserably. One must question and ultimately reject the notion that wholesale tampering with the evidence has occurred. Almost always when a discrepancy exists between eyewitness observations and the objective evidence, in the medical area of this case, it is either the result of a simple error in the eyewitness observation and the conclusions derived therefrom or as a result of a deliberate attempt by individuals to distort or ignore evidence for the benefit of a conclusion favorable to their own viewpoint. I would cite the demonstrable perjury of Drs. Humes, Boswell and Finck before the Warren Commission in an effort to deny that an exit wound was present in the top rear of the head as a prime example. Is the persistent belief that the Harper fragment is occipital bone and represents a portion of an exit low in the rear of the head another ?

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