Commissio document 77 - secret service memorandum of 20 dec 1963 re: clinical autopsy records.

United States government memorandum

Commission No. 77

U.S. Secret Service

To: J. Lee Rankin
General Counsel

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

Subject: Autopsy Report

There is attached standard Form 501, 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.

Dr. Homer falsified bullet in back exitted Kennedy's throat not what Arlen Specter needed for his "magic bullet."

CLINICAL RECORD

DATE AND HOUR Died: 22 November 1963 1:30 PM

AUTOGRAPH PROTOCOL

A63-272 (22176-e)

Autopsy performed at 2:58 PM on 11 December 1963

CHECK 1000

CHIEF MEASUREMENTS:

B. 75 1/2 inches
H. 170 pounds
Eyes - blond
Hair - reddish brown

CASE OF DEATH: Gunshot wound, head.

AUTOGRAPH PROTOCOL

A63-272

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 November 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 Governor John B. Connally of Texas and directly in front of Mrs. Kennedy sat Mr. Connally. 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 where the President was to deliver an address.

Three shots were heard and the President fell forward bleeding from the head. (Governor Connally was seriously wounded by the same gunfire.) According to newspaper reports ("Washington Post" November 23, 1963) Bob Jackson, a Dallas "Times Herald" Photographer, said he looked around as he heard the shot 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 the two men the car was driven to Parkland Hospital in Dallas. In the emergency room of that hospital the President was attended by Dr. Malcolm Perry. Telephone communication with Dr. Perry on November 22, 1963 developed the following information relative to the observations made by Dr. Perry and procedures performed there prior to death.

Dr. Perry noted the massive wound of the head and a second much smaller wound of the low anterior neck is approximately the middle. A tracheostomy was performed by extending the latter wound. At this point bloody air was noted bubbling from the wound and an injury to the right lateral wall of the trachea was observed. Insufflation was 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, Maryland for postmortem examination.

General Description of Body:

The body is that of a muscular, well-developed and well nourished adult Caucasian male measuring 72½ inches and weighing approximately 170 pounds. 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 right pupil measuring 8 mm. in diameter, the left 4 mm. There are adenopathy of the lateral cervical region of the left eyelid measuring approximately 1.5 cm. in greatest diameter. There is edema and ecchymosis diffusely over the right supra-orbital ridge with abnormal mobility of the underlying bone. (The remainder of the scalp will be described with the skull.)
There is elected 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 right posterior thorax just above the upper border of the scapula there is a 3 x 4 millimeter oval wound. This wound is measured to be 16 cm. from the tip of the right sternum process and 16 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 will be further described below.)

Situated on the anterior chest wall in the nipple line are bilateral 2 cm. long recent transverse surgical incision 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 anterolateral aspect of the left side arm. Situated on the anterolateral aspect of each ankle is a recent 2 cm. transverse incision into the subcutaneous tissues.

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 anterolateral aspect of the right thigh is an old, well healed 8 cm. scar.

MEASURED 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 there extend in satellite fashion into the more or less intact scalp as follows:

a. From the right inferior temporal-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 anterolateral-ly for a distance of approximately 8 cm.

d. From the same starting point as c. 10 cm. postero-laterally.
PATHOLOGICAL EXAMINATION REPORT

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 1.5 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 exiting from it is a lacerated brain tissue which on closer inspection proves to represent the major portion of the right cerebral hemisphere. At this point it is noted that the falc cerebri is extensively lacerated with disruption of the superior sagittal sinus.

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 15 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 number of these fragments is produced tax satisfactory verbal description and are better appreciated in photographs and roentgenograms which are prepared.

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 margin of the disrupted right cerebral convex 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 Francis L. O'Mall, Jr. and James W. Simms, of the Federal Bureau of Investigation, who executed a search warrant (attached).

2. The second wound presumably of entry is that described above in the upper right posterior thorax. Beneath the skin there is a quadratus of subcutaneous tissue and musculature. The missile path through the fascia and musculature cannot be easily proved. The wound entrance at exit was that described by Dr. Malcom Perry of Dallas in the low anterior cervical region, then observed by Dr. Perry. On microscopic examination a few millimeters in diameter, however in the event of a tracheotomy incision and thus its character is distorted at the time of mutilation. However, there is considerable evidence of the entry wounds of the right side of the neck and of the fascia along the trachea adjacent to the line of the tracheotomy wound. The third point of reference is commenting...
These two wounds are in the apex (supra-clavicular portion) of the right pleural cavity. In this region there is contusion of the pericardium and of the anterior 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 pleurae are intact overlying these areas of trauma.

INCISIONS: The scalp wounds are extended in the coronal plane to expose the cranial content and the external (V) shaped incision is used to maximize the body cavities.

THORACIC CAVITY: The bony cage is unremarkable. The thoraic 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.

LUNGS: The lungs are of essentially similar appearance the right weighing 350 gm., the left 290 gm. The lungs are well aerated with smooth glistering 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.

HEART: The pericardial cavity is smooth walled and contains approximately 10 cc. of straw-colored fluid. The heart is of essentially normal external contour and weighs 350 gm. The pericardium 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: aorta 6.5 cm., pulmonic 7.5 cm., tricuspid 11 cm., mitral 13 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. The vermiform appendix is surgically absent and there are no adhesions joining the region of the cecum to the ventral abdominal wall at the above described odd abdominal incision scar.

ESOPHAGEAL 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. Kelley of the 5, 5, Secret Service, who executed a receipt therefore (attached).
PATHOLOGICAL EXAMINATION REPORT
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REPORTED CASE:

Roentgenograms are made of the entire body and of the separately submitted three fragments of skull bone. These are developed and were placed in the custody of Agent Ray H. Kallerman of the U. S. Secret Service, who executed a receipt therefor (attached).

SUMMARY:

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 persons 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 occipital cavity in a posterior-anterior direction (see lateral skull roentgenogram) 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 cerebral, 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 sagittal 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 axillary, parietal pleura and of the axillary portion of the right upper lobe of the lung. The missile continued into 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 structure 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.

[Signatures]

J. S. House
Medical Officer

Thomson Sobell
Medical Officer

F. F. Fish
Detective

U.S. Secret Service

Date: [Handwritten]