

Water conversation, & Dr. Malcolm Perry  
Blood & air in upper mediastinum

Only a few runs in  
size 3-5 mm.

1 syringe of cat.  
wall of the trachea -  
no missile in the wound.

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Dr. Malcolm Perry 1-5050

4115 Park Lane

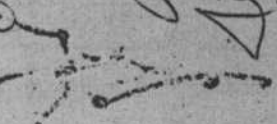
Dallas 20, Tex.

FL 2-5548

Home

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Off in Med. School

Dept. of Surgery  
Tom.   
Dr. Shivers

Dr. Malcolm Perry H. Hume

1  
A63.272

Kennedy, John F.

Date of birth — — 1917

Date of death 11/22/63

Place of death 1:00 PM CST Dallas, Tex.

Place of autopsy 8:00 PM EST Bethesda, Md.

### 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 Nov. 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 Gov. John B. Connally of Texas and directly in front of Mrs. Kennedy sat Mrs. Connally. The vehicle was moving at a slow rate of speed, ~~at approximately twenty miles per hour~~ down an incline into an underpass that leads to a freeway route to the Dallas Trade Mart where the president was to <sup>deliver</sup> give an address. Three shots were heard and the president fell <sup>backward</sup> ~~forward~~ to the floor of the vehicle.

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bleeding from the head. (Governor Connally was seriously wounded by the same gunfire). According to newspaper reports (Washington Post Nov. 23, 1963) Bob Jackson, a Dallas Times Herald photographer, said he looked around as he heard the shots 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 the emergency room of that hospital the president was attended by Dr. Malcolm Perry. Telephone communication with Dr. Perry on Nov. 23, 1963 develops 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, puncture wound, of the low anterior neck in approximately the midline. 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 lateral wall of the trachea was observed. Incisions were made in the upper anterior chest wall bilaterally to combat possible sub-cutaneous 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, Md. for post-mortem examination.

General Description of Body The body is that of a muscular, well developed and well nourished adult caucasian male measuring 70 1/2 inches and weighing approximately

170 lbs. 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 rt. pupil measuring 8 mm. in diameter, the left 4 mm. There is edema and ecchymosis of the inner canthus region of the left eye lid measuring approximately 1.5 cm in greatest diameter. There is edema and ecchymosis diffusely over the rt. supra-orbital ridge with abnormal mobility of the underlying bone. (The remainder of the scalp will be described with the skull.) There is dotted 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.

5" Incised on the upper rt. posterior thorax just above the upper border of the scapula there is a 7 x 4 mm. oral ~~time~~ wound. This wound is measured



to be 14 cm. from the tip of the st. acromion process and 14 cm. below the tip of the st. 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 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 linear wound measuring 2 cm. in length is situated on the antero-lateral aspect of the ~~right~~<sup>left</sup> 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. Mrs. Bunney 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

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 tears extend in stellate fashion into more or less intact scalp as follows:

a) From the right inferior temporo -





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 sagittal sinus.

Upon reflecting the scalp multiple complete fracture lines are seen to radiate from both the large defect at the vertex and the smaller ~~punctate~~ 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 has satisfactory verbal description and are better appreciated in photographs and ~~x-rays~~ roentgenograms which are prepared.

The brain is removed and preserved for further study following formalin fixation. Received as separate specimens 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 of <sup>approximately</sup> ~~entry~~ <sup>exit</sup> which exhibits  
~~perforation~~ of the outer ~~tissue~~ <sup>aspect of the</sup> and is estimated  
 to measure approximately 2.5 to 3.0 cm. in  
 diameter. Roentgenograms of this fragment  
 reveal minute <sup>particles</sup> ~~fragments~~ 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 <sup>perforated</sup> ~~perforated~~  
~~perforated~~ wound and the st. supra-orbital  
 ridge. From the surface of the dimpled  
 st. cerebral cortex two small irregularly  
 shaped fragments of metal are recovered.  
 These measure  $7 \times 2 \text{ mm.}$  +  $3 \times 1 \text{ mm.}$ . These  
 are placed in the custody of agents  
 Francis X. O'Neil, Jr. and James W.  
 Stout of the Federal Bureau of Investigation,  
 who executed a receipt therefor (attached)  
 2. The second wound <sup>presumably</sup> of entry is that

described above in the upper st. posterior  
 thorax. Beneath the skin there is ecchymosis  
 of subcutaneous tissue and musculature.  
 The needle path through the fascia and  
 musculature cannot be easily probed. The  
 wound of <sup>presumably</sup> ~~st~~ 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 tracheotomy incision and thus  
 its character is distorted at the time of  
 autopsy. However there is considerable  
 ecchymosis of the strap muscles of the <sup>st</sup>  
~~side of the~~ neck and of the fascia about the trachea  
 adjacent to the skin of the tracheotomy  
 wound. The third point of reference in  
 connecting these two wounds is in  
 the apex (supra-clavicular portion) of  
 the st. pleural cavity. In this region  
 there is contusion of the parietal pleura  
 and of the extreme apical portion of the  
 st. 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 intact overlying these areas of trauma.

Incisions - The scalp wound has extended in the coronal plane to examine the cranial contents and the customary "Y" shaped incision is used to examine the body cavity.

Thoracic Cavity - The bony cage is unimpaired. 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 rt. pleural cavity is noted.

Lungs - The lungs are of essentially similar appearance the rt. weighing 370 Gm, the left 290 Gm. The lungs are well aerated with smooth glistening pleural surfaces and grey-pink color. A 5 cm dia. area of purplish red discoloration and increased firmness to palpation is situated in the apical

portion of the rt. upper lobe. This compares to the similar area described in the underlying partial pleura. <sup>perforation in this region sends vessels into</sup> ~~hemorrhage into pulmonary parenchyma.~~

Heart - The ~~pleural cavity~~ <sup>pericardial</sup> cavity is smooth walled and contains approximately 10 cc of straw colored fluid. The heart is of essentially normal external contour and weighs 350.6 gm. The pulmonary artery is opened in situ and no abnormalities are noted. The cardiac chambers contain moderate amounts of post-mortem clotted blood. There are no gross abnormalities of the leaflets of the cardiac valves. The following are the circumferences of the cardiac valves: aortic 7.5 cm, pulmonary 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 rt. ventricular myocardium 0.4 cm. The coronary arteries are dissected, 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 a few adhesions joining the region of the cecum to the ventral abdominal wall at the above described old abdominal incision scar.

Skeletal System - Aside from the above described skull wounds there are no significant gross skeletal abnormalities.

Photography - Black and white and color photographs are <sup>separately</sup> prepared of significant findings. Exposed X-ray film.

Roentgenograms - Roentgenograms are <sup>made</sup> of the entire body and of the separately submitted three fragments of skull bone. Double roentgenogram.

Summary Based on the above observations it is our opinion that the deceased died as a result of two <sup>separately</sup> gunshot wounds inflicted by high velocity projectiles fired by a person.

as persons unknown. The projectile was fired from a point behind and somewhat above <sup>of the body</sup> ~~above the horizontal plane~~ <sup>the level of the</sup> ~~the vertical portion~~ of the body at the moment of impact. 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 ~~small~~ portion of the projectile traversed the cranial cavity in a posterior-anterior direction (see lateral skull roentgenogram) depositing minute particles along its path. ~~The~~ <sup>A</sup> ~~portion~~ <sup>portion</sup> of the projectile made its exit through the parietal <sup>bone</sup> ~~bone~~ on the right. ~~The two wounds 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 sagittal sinus and of the rt. cerebral hemisphere.

The ~~second~~ <sup>other</sup> missile entered the rt. superior posterior thorax above the

scapula ~~to the right of the midline~~ and  
 traversed the soft tissues of the supra-  
 scapular and supra-clavicular portions of  
 the base of the right side of the neck. This  
 missile produced contusions of the st. apical  
 parietal pleura and of the apical portion  
 of the st. upper lobe of the lung. The missile  
 contused the strap muscles of the st. 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.

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.

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.

## AUTOPSY

NMS # A-3872 DATE 4-22-63 HR. STARTED \_\_\_\_\_ HR. COMPLETED \_\_\_\_\_

NAME: \_\_\_\_\_ RANK/RATE \_\_\_\_\_

DATE/HOUR EXPIRED: \_\_\_\_\_ WARD \_\_\_\_\_ DIAGNOSIS \_\_\_\_\_

PHYSICAL DESCRIPTION: RACE: \_\_\_\_\_ Obtain following on babies only:

Height \_\_\_\_\_ in. Weight \_\_\_\_\_ lb. Hair \_\_\_\_\_ Color \_\_\_\_\_

Crown-rump \_\_\_\_\_ in. Crown-head \_\_\_\_\_ in.

Color eyes \_\_\_\_\_ Pupils RT \_\_\_\_\_ mm, LB \_\_\_\_\_ mm

Circumference: Head \_\_\_\_\_ in. Chest \_\_\_\_\_ in.

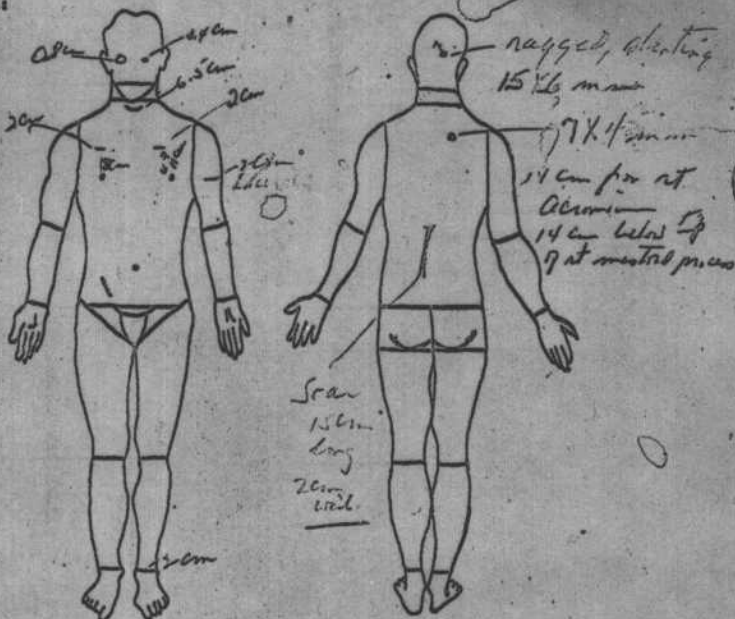
WEIGHTS: (Grams, unless otherwise specified) Abd. \_\_\_\_\_ in.

LUNG, RT. 3320 KIDNEY, RT. 1305 ADRENALS, RT. \_\_\_\_\_LUNG, LT. 2290 KIDNEY, LT. 140 ADRENALS, LT. \_\_\_\_\_BRAIN \_\_\_\_\_ LIVER 150 PANCREAS \_\_\_\_\_SPLEEN 90 HEART 350 THYROID \_\_\_\_\_

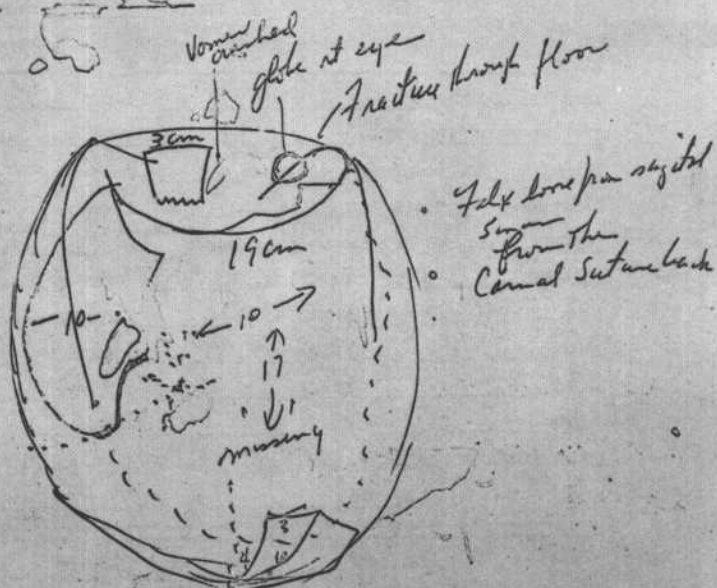
THYMUS \_\_\_\_\_ TESTIS \_\_\_\_\_ OVARY \_\_\_\_\_

HEART MEASUREMENTS: A 7.5 cm. P 9 cm. T 1.2 cm. M 10 cm.LVA 1.5 cm. RVH .4 cm.

## NOTES:



Pathologist \_\_\_\_\_







U. S. NAVAL MEDICAL SCHOOL  
NATIONAL NAVAL MEDICAL CENTER  
BETHESDA, MARYLAND 20014

In reply refer to

24 November 1963

C-E-R-T-I-F-I-C-A-T-E

I, James J. Humes, certify that all working papers associated with Naval Medical School Autopsy Report A63-272 have remained in my personal custody at all times. Autopsy notes and the holograph draft of the final report were handed to Commanding Officer, U. S. Naval Medical School, at 1700, 24 November 1963. No papers relating to this case remain in my possession.

*J. J. Humes*  
J. J. HUMES  
CDR, MC, USN

Received above working papers this date.

*J. H. Stover, Jr.*  
J. H. STOVER, JR.  
CAPT, MC, USN  
Commanding Officer, U.S. Naval Medical School  
National Naval Medical Center

COMMISSION EXHIBIT 397—Continued



U.S. NAVAL MEDICAL SCHOOL  
NATIONAL NAVAL MEDICAL CENTER  
BETHESDA, MARYLAND 20014

In reply refer to

24 November 1963

C-E-R-T-I-F-I-C-A-T-E

I, James J. Humes, certify that I have destroyed by burning certain preliminary draft notes relating to Naval Medical School Autopsy Report A63-272 and have officially transmitted all other papers related to this report to higher authority.

  
J. J. HUMES  
CDR, MC, USN

COMMISSION EXHIBIT 397—Continued