

## MEMORANDUM

August 2, 1996

To: Jeremy Gunn, David Marwell, Tim Wray

cc: Joan Zimmerman, Joe Freeman

From: Doug Horne

Subject: More on Chain-of-Custody Discrepancy Re: Original Copy of President John F. Kennedy's Autopsy Protocol

This memo is an addendum to my memo this subject dated July 24, 1996 and should be considered a continuation of that document; as a result, the additional attachments used here continue in sequence, beginning with number 10, and the ground covered in the first document is not recapitulated here, except in brief.

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Further study of the record has revealed numerous indicia which support the possibility that the original autopsy protocol transmitted by the Burkley inventory and receipt (attachment 5 to original memo) was a different (earlier) report than the autopsy protocol published by the Warren Commission (CE 387). The circumstantial evidence for this hypothesis is laid out in some detail below:

-Paragraph 9 of attachment 5 references a complete autopsy protocol of President Kennedy as being an "...Original signed by Dr. Humes, pathologist." However, the Autopsy Protocol which is in evidence today as CE 387, attachment 10, is signed by all three pathologists--Drs. Humes, Boswell and Finck--on page 6. Considering the precision with which the Burkley inventory-and-receipt seems to have been made out, one would expect that if it were describing CE 387, that it would reference an original autopsy protocol signed by all 3 prosecutors, and that it would have listed them by name (i.e., "original signed by Drs. Humes, Boswell, and Finck"), not just by "Dr. Humes, pathologist." The wording which describes the protocol in paragraph 9 of attachment 5 implies that only one pathologist signed the original report being transmitted.<sup>1</sup>

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<sup>1</sup>The author briefly considered, and rejected, the possibility that the supplemental autopsy report (attachment 11), which was signed only by Dr. Humes, was the item listed on the Burkley receipt. Two factors argued against this being the case. First, attachment 11 is not titled "autopsy protocol," but rather "Supplementary Report of Autopsy Number A63-272;" second, there is no record of seven copies having been made of it, whereas attachment 1, which clearly forwards a

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document predating the supplemental report (since it was forwarded before the brain examination was conducted) does list an original autopsy report and 7 copies. Because the Burkley inventory-and-receipt likewise forwards an original autopsy protocol and 7 copies, it is clearly itemizing the same material forwarded on 11/24/63 from Bethesda to the White House physician, and not the supplementary report, which was produced subsequent to 11/24/63.

-Attachment 1, the cover letter which transmitted the protocol to Rear Admiral Burkley at the White House, states in paragraph 6 that the entire report was "sighted by" numerous persons (RADM Galloway, CAPT Stover, Mrs. E. Closson) and "the authors." The operative word here seems to be "sighted by," as opposed to "signed by." Attachment 1 implies (jointly in paragraphs 3 and 6) that all 3 pathologists were joint authors, but does not overtly state that all 3 pathologists *signed* the report. Attachment 1 leaves open the question of how many persons, and whom, signed the autopsy protocol being transmitted. Since paragraph 6 states the report was "sighted by" the authors, it could even be taken to imply that Boswell and Finck did not sign it, but instead merely "sighted it" along with numerous other persons who presumably are listed together in that paragraph for similar reasons--namely, because they witnessed it, but did not sign it.

-Attachment 12, an excerpt from the 1/27/64 Warren Commission Executive Session Transcript from that date, reads in part (quoting Mr. Rankin) on page 193: "We have an explanation there in the autopsy that probably a fragment came out the front of the neck...". Since no such finding or statement can be found in attachment 10, the autopsy protocol published by the Warren Commission (CE 387), this characterization of the contents of the autopsy report made by Mr. Rankin suggests that he was quoting from an autopsy report which differed from CE 387 in regard to what caused the anterior throat wound seen by the Parkland doctors in Dallas. This statement by Rankin, if not made in error, is circumstantial evidence of a different autopsy report than is in evidence today. (Furthermore, it is most unlikely that he is confusing the FBI summary report with the autopsy protocol, since the FBI summary report makes no mention whatsoever of an anterior neck wound, or of any fragment coming out of the front of the neck; nor does the Sibert-O'Neill report.)

-Attachment 13, the White House Death Certificate signed by RADM Burkley on 11/23/63, mentions a back wound on President Kennedy "...in the posterior back at about the level of the third thoracic vertebra." There is no supporting text for this statement in the autopsy protocol published by the Warren Commission, CE 387. On the contrary, attachment 10 states that the location of the non-fatal wound on the President was situated in the "...upper right posterior thorax just above the upper border of the scapula..." which is much closer to C-7 or T-1 than it is to T-3; furthermore, CE 387 does not use the fixed body landmark of the spinal column as does Dr. Burkley in locating the back wound, but rather the right acromion process and right mastoid process, instead. Although by no means conclusive in this regard, the wording of the Burkley Death Certificate is so different from that in CE 387 that it suggests that Dr. Burkley was quoting a different source document (i.e., different protocol)

than exists today. Although attachment 14 (HSCA OCR of telephone interview with Elsie Closson) verifies that an original autopsy protocol was not typed in smooth form until November 24, 1963, and Dr. Burkley's Death Certificate is dated one day previous to this (November 23, 1963), Dr. Burkley could very well have sighted (or discussed) such a draft on Saturday, November 23, 1963 and have been quoting its findings in his White House Death Certificate. (Attachment 1 reveals, in paragraph 6 for example, that the first draft of the report submitted on Sunday was sighted in part by CAPT Canada on Saturday, November 23, 1963. Since Dr. Burkley was present at the autopsy [acting as an intermediary between the Kennedy family and the pathologists], and since he had been President Kennedy's military physician, it seems certain that he in particular, and not just CAPT Canada, would have seen the protocol in draft form.) In summary, the unique wording (contrary to CE 387) used by Dr. Burkley to describe the President's back wound in attachment 13 could be evidence of an earlier (and suppressed) version of the autopsy protocol.

-On December 18, 1963 writer Nate Haseltine reported in the *Washington Post* that the anterior throat wound seen on the President in Dallas was caused by a fragment from the fatal shot (i.e., the head shot). This language parallels that used by Rankin over one month later on January 27, 1964 at a Warren Commission Executive Session, as quoted in attachment 12, and discussed above. Haseltine cited as the source for his information "the findings of the as yet unofficial report." Since neither the FBI Summary Report nor the Sibert-O'Neill FBI report mentions an anterior throat wound, his source cannot have been the FBI Summary Report. In response to a letter from researcher Paul Hoch in 1965, Haseltine wrote "Apparently my source misunderstood part of the autopsy report he had access to."<sup>2</sup> In hindsight, another interpretation for the information Haseltine got from his source is that his source was privy to an earlier version of the autopsy protocol than CE 387, one that espoused different conclusions. Thus, the Haseltine story corroborates the remarks of Rankin at the 1/27/64 Executive Session of the Warren Commission.

-Students of the Kennedy assassination have always wondered why the FBI Summary Report on the Assassination issued on 12/9/63 determined that a bullet lodged in the President's back during the shooting in Dealey Plaza, and did not transit his body, in opposition to CE 387 (attachment 10), which although undated, is commonly believed to have been signed on 11/24/63, well prior to the issue date of the FBI report. If, however, the FBI Summary Report was in synch with an earlier (original) smooth version of the autopsy protocol, then the

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<sup>2</sup>*Best Evidence* (Signet, 1992), page 181.

findings published by the FBI on 12/9/63 would not have been at variance with what they believed were the official Navy findings emanating from the autopsy at Bethesda. Although not on official distribution from the Navy on November 24, 1963 when the autopsy protocol was forwarded by Bethesda NNMC, the FBI may have been aware through informal means (either a Bethesda source, or a White House source) of the contents of such an early (different) autopsy protocol. The autopsy protocol as we know it today (CE 387) was not formally transmitted to the FBI until 12/23/63; if by this time some of its conclusions had been rewritten, and CE 387 had superseded an earlier version of the protocol, the troubling disagreement (over transit vs. non-transit of the bullet which struck President Kennedy's back ) between the FBI report of 12/9/63 and CE 387 which is so apparent today would, in hindsight, make sense for the first time. Restated, the FBI may have believed (or may have known) that its Summary Report of 12/9/63 was consistent with the findings of the Navy autopsy protocol at the time it was issued by J. Edgar Hoover.

-At least two observers at the President's autopsy, Richard Lipsey (Army aide to General Wehle) and Tom Robinson (embalmer from Gawler's Funeral Home) have described at various times (Lipsey in 1978 to the HSCA, and Robinson in 1996 to the ARRB) that the autopsy pathologists concluded a bullet entered the back of the President's head, and exited the front of his throat. Robinson recalled during his interview by the ARRB that this conclusion by the doctors was demonstrated by insertion of a metal probe in the back of the head, and the exit of that probe from the anterior neck; Lipsey, on the other hand, vividly recalled for the HSCA that he listened to the Doctors' oral conclusions regarding this matter in the morgue. These observations corroborate both the description given by Rankin in his 1/27/64 characterization of the autopsy report saying a fragment caused the President's anterior neck wound, and the Nate Haseltine newspaper story in the *Washington Post* on December 18, 1963 which reported that the President's throat wound was caused by a fragment from the fatal shot; both observations provide corroboration for the belief that Rankin may have been correctly quoting an autopsy report in attachment 12--simply an earlier (i.e., November 24, 1963) version of the autopsy protocol, not CE 387 (which this author now believes was produced after November 24, 1963 and prior to December 11, 1963). The timing of the earlier report (11/24/63) is established by the Navy transmission documents which forward a protocol to the White House Physician on November 24, 1963; the author expostulates below, in some detail, why it is virtually certain that the revised autopsy protocol is produced no later than December 11, 1963.

-The first known public mention of a bullet which transited the President's neck appeared in a 12/12/63 *Dallas Times-Herald* story by reporter Bill Burrus. Previous to this *LIFE*

magazine had published frames from the Zapruder film showing the President, with his arms raised in front of his face and with both fists clenched directly in front of his throat, in both its 11/29/63 issue, and its special Memorial Issue of the following week. (The enlarged and clear color reproductions of Zapruder frames in the Memorial Issue are particularly graphic; one frame appears to show the President reaching for his anterior throat with his left index finger after he has clenched his fists in front of his neck.) Furthermore, *LIFE's* description of the timing of the shots and the damage they caused, and its overt discussion of the puzzling nature of the anterior throat wound in its 12/06/63 issue, seem to have caused the Secret Service to request an analysis of the Zapruder film from the CIA's National Photographic Interpretation Center sometime shortly after the publication of that issue (see the author's October 18, 1995 memo on the NPIC analysis of the Zapruder film for discussion of the timing of the NPIC analysis and the linkage between the NPIC analysis and the December 6, 1963 issue of *LIFE*).

Thus, it is entirely feasible that study of the Zapruder film (unavailable to the autopsy pathologists the weekend of the assassination)-- namely, the unavoidable conclusion that the President was reacting to an apparent throat wound *prior to* the fatal shot-- likely stimulated a reassessment of what caused the anterior throat wound, which in turn may have caused an original version of the autopsy protocol to be rewritten. The new version would of necessity have had to postulate a pre-fatal-shot cause for the President's arm-splay and "startle" reactions in the Zapruder film, which a transiting bullet (from posterior thorax to anterior neck) does nicely. Unlike the Sibert-O'Neill Report (11/26/63) and the FBI Summary Report (12/9/63), which both posit non-transit for the bullet which caused the back wound, CE 387 postulates a transiting non-fatal bullet.

-A second major newspaper story citing transit of a bullet from the back of the neck through the front of the throat was written by reporter Richard Dudman and appeared in the *St. Louis Post-Dispatch* on December 18, 1963. [This story followed two others by Dudman dated December 1 and December 10, 1963 which raised questions about the nature of the anterior throat wound observed by the Dallas doctors at Parkland (i.e., how could the President have what appeared to be an entry wound in his throat when the assassin was behind him?). In addition to the Zapruder film frames published on 11/29/63 and 12/02/63 (and overt discussion on 12/06/63 explaining how the President *could* be shot in the front of the throat from behind) in *LIFE* raising questions, so was at least one reporter, Mr. Dudman, in the two front-page stories on December 1st and 10th.] In this new December 18, 1963 article Mr. Dudman reported the following headline: "Secret Service Gets Revision on Kennedy Wound," followed by the sub-head: "After Visit by Agents, Doctors Say Shot was from Rear." [The context for this new angle by Dudman was the Parkland hospital press conference on 11/22/63 held by key Dallas doctors Perry and Clark, recorded by White House transcript 1327-C, in

which Dr. Perry opined three times that President Kennedy had been shot in the throat from the front.] Dudman then reported: "The investigators did so by showing the surgeons a document described as an autopsy report from the United States Naval Hospital at Bethesda. The (Parkland) surgeons changed their original view to conform with the report they were shown." The visit Mr. Dudman referred to occurred on December 11, 1963, as evidenced by attachment 15, which is Secret Service agent Elmer Moore's report of his activities of that date, which included interviews of physicians who attended to President Kennedy at Parkland hospital. As this attachment makes clear on page 2, he showed the Dallas doctors a Bethesda autopsy report signed by Drs. Humes, Boswell and Finck: from all appearances, and his description of its contents (which describe a transiting bullet from the upper back to the anterior neck, using the same language in attachment 10), what became known as CE 387, the autopsy protocol published in the Warren Report. Attachment 16, a Church Committee summary of an interview with Elmer Moore, reveals on page 2 that Moore told interviewer Patrick Shea that he went to Dallas on November 29, 1963 to interview Dr. Perry. Yet attachment 15 reveals that the interview, in which CE 387 was apparently utilized to great effect, did not take place until December 11, 1963. Why agent Moore did not interview Dr. Perry until December 11, 1963 (when he "went to Dallas on November 29, 1963 to talk with Dr. Perry") goes unexplained in attachments 15 and 16. If the Bethesda autopsy report was rewritten, however, as the evidence marshaled in this memo suggests, then the delay in talking with Dr. Perry would serve as an important time marker as to when it was first available in Dallas: namely, December 11, 1963. This hypothesis is corroborated by the first known news report of a bullet which transited the President's body from the back of the neck to the front of the throat: namely, the Burrus article (mentioned above) which appeared in the *Dallas Times-Herald* on December 12, 1963.

-If the autopsy protocol was rewritten, as seems likely to this analyst, then the HSCA interview summary of Richard Lipsey may be crucial to understanding what was changed. Lipsey told HSCA staffers that the autopsy pathologists concluded the President was struck by three bullets, as follows (see attachment 17): one struck the head creating one large defect (representing both entrance and exit); one entered the base of the skull/very high neck, just above the hairline, and exited the anterior throat; one entered the upper back and did not exit. If one compares the Lipsey observations with attachment 10 (CE 387), changes noted between what Lipsey observed the night of the autopsy and CE 387 can be summarized as follows:

<u>LIPSEY</u>	<u>CE 387</u>	<u>CHANGE</u>
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Head	One large skull	Large defect	Lipse's second wound
Wound defect represents		is exit	(in base of skull)
			becomes
(large	both entrance and	wound only	entrance wound for CE
defect) exit damage from	fatal shot		387's exit defect
Head	Small wound in low	Small wound in	(see above)
Wound skull/high in neck		low skull/high in	
(small	is entrance for bullet	neck in occiput is	
wound	which exits anterior	entrance for bullet	
near EOP)	neck	which exits in right	
		parietal region	
Back	Wound in upper back	Wound in upper	Non-transit changes
Wound does not transit body;	back transits body,	to transit	
	no bullet found at	exiting at anterior	
	autopsy	neck	

-In attachment 12, the excerpt from the Warren Commission Executive Session Transcript, J. Lee Rankin paraphrases an autopsy report which says the throat wound was caused by a fragment; the Haseltine Washington Post article of December 18, 1963 quotes an autopsy report as saying that the anterior throat wound was caused by a fragment from the fatal shot; and the Sibert-O'Neill FBI report dated November 26, 1963 states that Dr. Humes' conclusion was that two bullets had struck the President (vice three, as Lipsey remembers the prosecutors concluding), but reported the pathologists concluding that the bullet which struck the back did not transit and makes no mention of an anterior throat wound. The record shows that Dr. Humes also called Dr. Perry in Dallas twice, probably sometime on Friday and again on Saturday, and learned during one of these calls that Dr. Perry had observed a small, circular wound 3-5 mm in diameter in the anterior neck. Dr. Humes' first awareness of the Dallas observation of a small wound in the anterior neck does not necessarily mean that he was obliged to equate it with transit; the data cited above, to the contrary, indicate that his initial conclusion was probably that this anterior neck wound had been caused by a fragment from the fatal head shot--otherwise, there is no good explanation for this version of events being traced to an official report by

J. Lee Rankin and Nate Haseltine. All of the above lead this author to speculate that the following steps may have taken place in the evolution of the autopsy protocol:



<u>STEP 1 (Draft Autopsy Protocol burned by Dr. Humes Nov. 23-24, '63)</u>	<u>STEP 2 (Smooth Autopsy Protocol typed, signed and transmitted from Bethesda to the White House on 11/24/63)</u>	<u>STEP 3 (CE 387; Revised Autopsy Protocol produced no later than December 11, 1963)</u>
Three likely possibilities exist re: what went into this draft: either 3 shots hit President Kennedy (the Richard Lipsey version as expressed in his HSCA interview summary, attachment 17); or the Sibert-O'Neill version (2 shots hit JFK and the bullet which entered the back did not transit); or the George Barnum version (2 shots hit JFK, and the bullet which entered the back of the neck did transit the body). <sup>3</sup> Also, different witnesses in the morgue could have recorded for posterity the changing or evolving speculations of the prosecutors as the autopsy progressed. It cannot be definitively known now, in 1996, which of the above conclusions were placed	2 shots hit President (Lipsey's second wound in head--low occipital--body) becomes entry for same bullet which exits in right parietal region; back wound does not transit, and it is assumed that the Dallas stretcher bullet came out of JFK's back during closed cardiac massage.) The President's anterior throat wound is caused by a fragment from the fatal head shot.	2 shots hit President (Back wound now transits Reason for change: Z-film shows JFK clearly reacting to a throat wound prior to the fatal head shot, which means an explanation--i.e., a back shot which now transits the body--must be found for that stimulus.
		This protocol is likely signed only by Dr. Humes, per the Burkley inventory (attachment 5); however, even if the other two prosecutors did not sign it, they would be aware of it, having all met on Sunday, Nov 24th at Bethesda to discuss it. <sup>4</sup>

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<sup>3</sup> *Best Evidence* (Signet, 1992), page 782.

in the draft which was burned by Dr. Humes the weekend of 23-24 November, 1963. But it is highly likely that the draft was different in some way from what was produced in Step 2, the first smooth autopsy protocol, or it would not have been destroyed.

-Step 3 in the evolution of the autopsy protocol, as shown above, may have also involved “fudging” or manipulating the location of the President’s back wound. The reason for doing this would have been to make the “transit” scenario seem more believable by “administratively” raising the back wound to a point where it is much nearer to a horizontal plane with the anterior throat wound. Documentary evidence for a lower back wound is “early,” while documentary evidence for a higher back wound can be viewed as relatively “late,” as shown below:

Lower Back Wound

Higher Back Wound

Autopsy Face Sheet diagram showing location of entry wound in back

Measurements in CE 387 (14 cm from tip of the right acromion process and 14 cm from tip of the right

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<sup>4</sup>Another review of attachment 10 (CE 387) shows that on page 1, Dr. Humes’ signature appears alone, whereas on page 6, the signatures of all 3 prosecutors appear. An alternate explanation for an original autopsy protocol signed only by “Dr. Humes, pathologist” (attachment 5) is that the persons writing the Burkley inventory only looked at page one and ignored page 6 when drafting their inventory. At this point, however, the author has seen enough discrepancies in the early reporting of autopsy results that the circumstantial evidence for two smooth versions of the autopsy protocol seems extremely persuasive. But more important than whether one pathologist or three pathologists signed the protocol transmitted by Burkley on April 26, 1965, is the fact that documents exist (attachments 5 and 8) which show the Secret Service transmitting an original autopsy protocol to other entities on two separate occasions, a physical impossibility if there was only one official report.

(attachment 18)	Mastoid process--were these measurements added after-the-fact to the autopsy face sheet?) <sup>5</sup>
Holes in JFK's shirt and suit coat	Rydberg Drawing (CE 385), executed in March 1964 by Navy artist H. A. Rydberg at the direction of Dr. James Humes (attachment 19)
Written statement of Clint Hill dated 11/30/63, page 5, in which he states that	Autopsy photographs which show the back wound (and which were not seen by Arlen Specter until Spring 1964, and "I observed a wound six inches not by the autopsy pathologists until down from the neckline in the 11/1/66) back..." (attachment 20)
White House Death Certificate signed by George G. Burkley on 11/23/63 (attachment 13) which says back wound was at level of third thoracic vertebra	
J. Lee Rankin, in attachment 12, refers to the back wound in the following manner: "... it seems quite apparent now, since we have the picture of where the bullet entered in the back, that the bullet entered below the shoulder blade to the	

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<sup>5</sup>In the HSCA summary of its interview with enlisted autopsy technician James Curtis Jenkins, he said he thought that the autopsy face sheet looked different than the one he saw that night in the morgue at Bethesda. A wound located where these measurements dictate does not match the dot placed on the diagram by Dr. Boswell which represents the entry wound in the back.

right of the back bone..."

-As a final point of interest, the author notes that the anteflexion of the President's head in attachment 19 (the Rydberg drawing of the "neck" wound) does not reflect reality as reflected in the Zapruder film; in fact, it is anteflexed approximately twice as much as it should be in Rydberg's drawing. Only this degree of anteflexion will allow a low occipital entry wound at the base of the skull to cause a blow-out in the right parietal region. (All 3 pathologists, and Mr. Stringer, the official photographer, all confirmed under oath to the ARRB a low occipital entry wound.) If Dr. Humes did abandon the early (Friday night) conclusions reported by Richard Lipsey in attachment 17, and redescribe the low occipital wound as the entry point for a bullet which caused the right parietal defect prior to signing a smooth autopsy protocol on Sunday, November 24, 1963, then this is the only kind of drawing that could have resulted. That is to say, the geometry of connecting those two wounds with an assassin in an elevated building shooting from behind the limousine would force this body posture/head anteflexion on anyone trying to postulate how such a low entrance wound could cause such a high exit wound. Humes would likely not have been aware of his error (if, indeed, he ever became aware of his descriptive error) until he viewed the Zapruder film on 4/14/64, along with Drs. Boswell and Finck, Arlen Specter, Melvin Eisenberg, Norman Redlich, and various FBI and Secret Service officials.<sup>6</sup> By then, even if noticed, it would have been too late to change the drawing, which had become a Warren Commission exhibit entered formally into the record and viewed by all of the Commissioners.

**Summary:** This author has developed above, in some detail, a working hypothesis that the autopsy protocol typed, signed, and transmitted from Bethesda to the White House on November 24, 1963 was not the autopsy protocol in evidence today, CE 387. This hypothesis stipulates that the first version of the report (submitted on November 24, 1963) found that the bullet causing the back wound did not transit, and that the anterior throat wound noticed in Dallas prior to the tracheotomy was caused by a fragment from the fatal head shot, and that it was this version that was later suppressed and replaced by a rewritten protocol, namely the version now in the official record as the undated CE 387. Aside from the cooperation of the pathologists involved (and 3 Naval Officers filling supervisory roles, namely Rear Admiral Burkley, Rear Admiral Galloway, and CAPT Stover, all of whom either signed or initialed CE 387), all that would have been required for this would have been to suppress the original (changed) version once it was transferred from Burkley/Secret Service to the Kennedy family

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<sup>6</sup>Source: ARRB staffer Joe Freeman's memo titled "Specter/Warren Commission Milestones," dated June 19, 1996

in April, 1965. The Navy letters of transmittal dated November 24, 1963 and the receipts dated November 24 and 25, 1963 would of course have remained in place, and the new enclosures (i.e., the new original protocol and accompanying copies) would have been substituted for the earlier versions.

Certainly, Admiral Burkley and some (but not necessarily many) Secret Service officials would have been privy to this subterfuge, if this hypothesis is valid. It is the author's contention that the most elementary analysis of the President's reactions in the Zapruder film (i.e., his reactions to some kind of wound in the throat area) would have been the stimulus for rewriting the autopsy protocol: namely, the requirement to come up with a cause for the throat wound *other than* a fragment from the fatal head shot, which the simplest analysis of the Zapruder film reveals to be an invalid explanation. The rewritten protocol, given this scenario, seems to have been completed no later than December 11, 1963 and probably was done after November 29, 1963 (the date *LIFE* magazine first published frames from the Zapruder film). [It should be noted that the Zapruder frames showing reaction to a throat wound were publicized by *LIFE* in the 11/29/63 regular issue, and the 12/02/63 Memorial Issue, and that these events were followed by speculation in the 12/06/63 issue about the anterior neck wound and by a CIA-NPIC analysis of the film at about the same time as the 12/06/63 issue.] The key to understanding how the FBI could issue its Summary Report with its non-transit findings is to understand that at the time the Sibert-O'Neill report (upon which the Summary Report medical findings were based) was written, it may very well have been in complete agreement with an earlier (i.e., non-transit) version of the autopsy protocol. Under this hypothesis, only when the revised autopsy protocol is transmitted to the FBI on 12/23/63 does the FBI look "out of the loop," or appear to be openly contradicting the autopsy protocol. It is the chain-of-transmission for the protocol (2 letters and 1 receipt dated November 24, 1963), and the Warren Commission testimony under oath of Dr. Humes in 1964, followed by his interview in 1977 by the HSCA forensic pathology panel, which have led everyone to believe for years that the report we now call CE 387 is the one signed on 11/24/63, and that therefore the FBI inexplicably issued a report in opposition to it some 15 days later; but the autopsy protocol we have today (CE 387) is not dated, and a bonafide chain-of-custody discrepancy exists today surrounding an original and seven copies of the autopsy protocol which were transferred to the Kennedy family on April 26, 1965, and which were not subsequently forwarded to the Archives on October 29, 1966 when Burke Marshall implemented the Kennedy family deed-of-gift with the National Archives. [Based on the receipt trail in evidence today, that protocol and its seven copies, and all associated "paragraph 9" documents and biological materials literally have dropped out of sight.] The transfer of an original autopsy protocol (CE 387) and other original documents from Secret Service Chief Rowley to the National Archives on October 2, 1967 implies that the rewritten protocol (CE 387) and other documents were transferred directly to him (perhaps by Admiral Burkley), and that the original version of the protocol (now missing) was retained in the safe of SAIC Robert Bouck of the Secret Service until April 26, 1965.

**Implications of this hypothesis:** Although this hypothesis of two separate versions of the Navy autopsy protocol does account for several previously inexplicable conflicts in the evidence, its adoption makes “problematic” certain givens, such as:

-the fact that all 3 prosecutors have stated under oath that they have signed only one autopsy protocol,<sup>7</sup> and their publicly stated and repeated position that CE 387 was signed on Sunday, November 24, 1963 at Bethesda National Naval Medical Center.

-the fact that the HSCA has declared that the autopsy photos (including the photograph of the back wound) are authentic and have not been tampered with.

-the fact that someone would carelessly have apparently allowed a copy of the first version of the autopsy protocol into the hands of the Warren Commission’s Chief Counsel at some point--his paraphrasing of its contents on 1/27/64 does not necessarily mean he had possession of it on that date, but it does likely mean that he had sighted it (or learned of its contents) sometime subsequent to his swearing in on December 16, 1963. The autopsy protocol in evidence today, CE 387, was transmitted to the Warren Commission by the Secret Service on December 20, 1963. Nevertheless, one inevitably is driven to the conclusion, by Rankin’s comments in Executive Session on 1/27/64 about reading in the autopsy (sic) that the wound in the anterior neck was caused by a fragment, that he had sighted one of the seven copies of the original (non-transit) version transmitted to Admiral Burkley on 11/24/63. This could be the simple result of early distribution of copies after November 24, 1965--and failure to promptly retrieve all of them in a timely manner after the revised protocol was subsequently issued.

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**Recommendations:** This hypothesis is useful for two reasons: first, because it makes major, and previously inexplicable, conflicts in the medical evidence understandable; and second, because it

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<sup>7</sup>If only Dr. Humes signed the first version, then Drs. Boswell and Finck would have been truthfully answering that question. However, since all 3 prosecutors have signed CE 387, how many of them signed the first version (if the author’s hypothesis is correct and there was a “first version”) is almost a moot point, since all 3 individuals were surely aware of what was transpiring when they signed the second, rewritten version.

provides testable avenues of inquiry which the ARRB could pursue if it so chooses. Some of those avenues of possible inquiry are:

-Ask Ms. Elsie Closson if the autopsy report she typed on November 24, 1963 had only one signatory on the last page, or three signatories; ask her if she remembers whether the details of the text of today's CE 387 are consistent with what she typed on November 24, 1963; ask her whether she ever typed a second protocol after typing the first one; ask how many ribbon copies she typed on November 24, 1963--one, or two?

-Depose Drs. Humes, Boswell and Finck again with the emphasis on the evolution of the autopsy protocol, starting with whether their Friday night (11/22/63) conclusions were as Richard Lipsey remembers in his HSCA interview summary (President hit by 3 shots); as Tom Robinson remembered in his ARRB interview (re: use of metal probe); consistent with the Sibert-O'Neill FBI report signed on 11/26/63; or whether the George Barnum recollections of RADM Burkley's comments reflected their thinking on Friday night at the conclusion of the autopsy. Ask them if CE 387 is the same report signed on 11/24/63, or whether it was a second protocol prepared subsequently. Offer immunity if necessary; the sequence of events laid out in the above hypothesis does not mandate a sinister motive by those who may have been involved in rewriting the autopsy protocol, and in some ways seems quite understandable if the events transpired in the sequence proposed above (i.e., honorable men caught in difficult circumstances doing the best they could under some pressure, who, along with their superiors, might have been terribly embarrassed after elementary review of a motion picture film revealed that their basic conclusions were untenable, given a 3-shot scenario).

-Ask a qualified independent third party versed in photography to re-evaluate whether autopsy photographs of the President's back wound are authentic.

-Ask a document expert/handwriting expert to examine the autopsy face sheet (attachment 18) to determine whether the notations locating the back wound ("14 cm from rt acromion--14 cm below tip of rt mastoid process") to determine whether this notation was likely made at the same time as the remainder of the notations, or on a different (subsequent) occasion.

-ARRB could request access to Robert F. Kennedy's personal papers, and if granted access, should attempt to find the original autopsy protocol and 7 copies listed in the Burkley receipt, as well as the two original memos on autopsy photography (dated November 29, 1963) which are also mentioned in paragraph 9 of the Burkley/Secret Service inventory.

The purpose of a memo such as this is to stimulate constructive discussion among members of the ARRB staff involved in study of the medical evidence related to the Kennedy assassination. Encouraging useful and constructive analysis and thinking which will assist in efforts to clarify apparent conflicts in the record of the President's autopsy is more important than whether all (or any) of the tenets of this hypothesis are eventually validated. To the extent that this memo assists this process, it will have served its purpose.