



OFFICE OF THE

COUNTY MEDICAL EXAMINER

2521 Main Street, Suite 2000

DALLAS, TEXAS 75201

Autopsy Number: 100-356

Name: OSMOND, Lee Harvey Age: 26 Hair: White Eyes: Blue

Autopsy date: 11-26-63, 1963 P.M. Coroner: Judge Pierce Hollings

Autopsy by: Karl F. Rose, M.D.

Assistants: Sidney C. Stewart, M.D.

EXTERNAL EXAMINATION:

External examination reveals a 3 foot, 9 inch white male, the estimated weight to 150 pounds. Hair is not present, slight cooling of the body. There is faint posterior vertebral lividity.

Identification bands on the left wrist, the right wrist, the left great toe. The head is cleaned. The hair is brown, slightly wavy. Small amount of dried blood in the hair which has run from the hairline to the right and backward. Slight frontal balding. To the right of the midline over the forehead is a $1\frac{1}{2}$ x $1\frac{1}{16}$ inch crusted superficial abrasion. The hairline, left temporal region, is a $1\frac{1}{16}$ inch very superficial crusted area. There is a left periorbital lesion which is papule in the central portion, fading at the margins to a faint honey-pewter. Total diameter of this is $1\frac{1}{16}$ x $1\frac{1}{16}$ inch. The trichia are grey-blue, the pupils are equal at 8 mm. The conjunctiva and conjunctival sac are not remarkable. Poorly defined over on the dorsum of the nose which measures $\frac{1}{2}$ x $\frac{1}{2}$ inch. There is black material in the nares. Midline, upper lip, terminating at the vermilion margin is a $\frac{1}{2}$ inch pale area. To the left of the midline, the upper lip, is a $1\frac{1}{16}$ inch abrasion. The buccal cavity is otherwise not remarkable. Oral hygiene is fair with some fillings. The tongue is not remarkable. The beard measures between 1 to 2 mm. Stimulation of the neck is mild. At the upper end of the right sternocleidomastoid over the skin is a transverse very superficial $1\frac{1}{16}$ inch streak with one reddish antiseptic type of paint surrounding this. Hair distribution is normal. The pubic hair has been shaved. The penis is circumcised. The testes are descended. The scrotum is flat.

Over the left periorbital region, $1\frac{1}{2}$ inches from the top of the head and $2\frac{1}{4}$ inches to the left of the midline there is a $1\frac{1}{2}$ inch wound. The edges of this are sharp. Over the left chest is an oblique wound which originates 17 inches from the top of the head and runs forward, downward toward the midline anteriorly measuring 7 inches and closed by 12 running black sutures. This wound goes inferior to the left nipple. Over the lateral aspect of the left arm, 16 inches from the top of the head is a $1\frac{1}{2}$ x $1\frac{1}{16}$ inch wound. It goes into the subcutaneous tissues. 18 inches from the top of the head over the lateral aspect anteriorly of the right arm there is a 1 x $\frac{1}{2}$ inch wound which goes into the subcutaneous tissues. 21½ inches from the top of the head originating slightly below the napehead running to the midline to above the pubis is a $1\frac{1}{2}$ inch anterior midline wound closed by 3 wire sutures. Above

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the medial callus on the right side there is a 1 3/8 inch transverse cut-down incision. Cephalic to this is a transverse 1 3/8 inch superficial transverse incised wound. Above the left medial callus there is a 1 1/2 inch cut-down type of incised wound. To the left of the midline region of the second thoracic vertebra there is a very faint 3/8 inch bluish discolored area. In the right anterolateral forearm is a very tiny needle puncture type of wound surrounded by bluish discoloration. In the left anterolateral forearm there are three small needle puncture type of wounds surrounded by bluish discoloration. The nails are normal. They are somewhat dirty although quite well cared for. No evidence of injury is noted. On the ulnar/radial forearm of the left hand, there is a poorly defined pale white discharge 1/2 inch square. Over the volar aspect of the right wrist there is a transverse superficial 1/2 inch abrasion. Volar aspect of the left wrist there is a transverse 1 3/4 inch slightly raised white scar. Midline aspect of the right knee reddish very poorly defined 1 1/2 x 1 1/4 inch reddish discoloration. Over the left arm, below the deltoid there is a transverse 5/8 x 1 1/2 inch somewhat purplish and irregular scar. A few strikes along the lateral aspect of the thigh. Some of the hair of the chest has been shaved. In addition, to the left of the midline there is a round poorly defined round impression on the skin, the diameter of which is 2 inches. Over the medial aspect mid-clavicular third of the left arm there is a 1 1/2 inch vertical scar with cross hatching.

25 inches from the top of the head and 3 3/8 inches to the left of the midline anteriorly and 10 3/8 inches to the left of the midline posteriorly, over the lower aspect of the left chest there is an extensive type of wound which measures 1 1/8 x 2 1/16 inches in diameter. This is surrounded by a contusion ring, the total diameters of the contusion ring are 3 1/8 of an inch.

25 inches from the top of the head and 9 3/8 inches to the right of the midline anteriorly and 8 1/2 inches to the right of the midline of the back there is a vertical, 2 x 1 inch gapping wound. Posterior to this by 1/2 inch there is a 3/8 x 3/8 inch irregular contused area.

INJURIES: The standard "T" thoracothoracic and intercostal incisions are utilized. Reflecting the skin there is found to be a wound between the fourth and fifth rib which extends through the soft tissues and measures 6 inches in length. This conforms to the wound on the left chest. The incision is continued through the abdominal wall as well as the thoracotomy wound to the left of the midline of the chest.

MASS CAVITY: Hemorrhage of the serous cavities is note. In the left pleural space approximately 175 cc. of blood. In the right pleural space there is in excess of 600 cc. of blood. In the peritoneal cavity there is in excess of 1000 cc. of blood with clot formation. In addition, there is massive retroperitoneal hemorrhage. The muscle adjacent to the transverse colon and stomach is hemorrhagic and irregularly torn.

The abdominal parietalis measures 1 3/8 inches.

THE COURSE OF THE WOUND IS FOLLOWING. It is found to notch the undersurface of the seventh rib at the costovertebral junction, this is surrounded by hemorrhage. In the course it notches the diaphragmatic attachment in this region, however, the left lung is not penetrated. The course is found to go from left to right and backward. In the course it is found to strike the anterior edge of the spleen and there is a cruciate laceration of the spleen measuring approximately 1.5 x 2 cm.

The missile is found to penetrate the stomach along the greater curvature of the body of the stomach, the penetration measuring 9 cm. It exits from the stomach along the posterior wall, lesser curvature, 2 cm. distal to the cardiosophageal junction. The penetration measures 6 cm. It passes a course backwards and to the right slightly caudad to the colic axis and there is extensive hemorrhage in this area. The anterior and right anterior-lateral aspect of the aorta is torn with the superior mesenteric artery being severed. The right renal artery shows destruction and hemorrhage along the cephalic portion. The right renal vein is torn and the tear involves the inferior vena cava, the dorsal surface. It courses through the upper pole of the right kidney along the anterior surface causing a jagged and irregular laceration covering a distance of 3 x 2 cm. with penetration into the calyx. It becomes peritonealized in the hepatorenal pouch and there is a jagged and irregular laceration of the liver covering a distance of 9.5 x 2 x 2 cm. From the liver it penetrates the diaphragm posteriorly on the right side. It then passes oblique to the lung in the pleural space and the right lung is not penetrated. The eleventh rib to the right of the midline is irregularly fractured and an exit type of wound in this region and in the soft tissue along the posterior axillary line right side there is an incised wound and fragmentation of the rib.

NECK ORGANS: The neck organs are examined. They are not remarkable. The thyroid is intact. No evidence of injury is noted. The thyroid gland is not remarkable grossly.

THORAX: The trachea and bronchi are not remarkable. The right lung is quite well aerated. The left lung is edematous. The peritoneal tissue is not remarkable, however, there is hemorrhage in the posterior mediastinum.

HEART: Examination of the right atrium as well as the right ventricle and a pulmonary artery shows frothing bubbles. The epicardium is markedly congested with petechial hemorrhages, more marked over the left ventricular portion. The heart weighs 350 gm. There are a few subendocardial petechial hemorrhages. Along the anterior right ventricular surface there is a single culture. This is in the epichondrial fat. The right ventricle measures 2 to 3 cm., the left 1.5 to 1.3 cm. The valvular circumferences are as follows: aortic valve - 7 cm., mitral valve - 10.5 cm., tricuspid valve - 11.5 cm., and pulmonary valve - 7 cm. The coronary ostia are in the normal location. The coronary arteries are examined in situ, found to be thin, delicate, of normal distribution and free of occlusions. There are left ventricular myocardial hemorrhages.

LIVER: The liver weighs 1500 gm. The penetration of the liver has previously been described.

PANCREAS & Spleen: Not remarkable.

PERITONEAL SYSTEM: Inspection of the peritoneal system is made. There is frothing blood in the peritoneal system. Extensive hemorrhage is noted to surround this, particularly in the region of the pancreas.

PANCREAS: The pancreas is surrounded by hemorrhage. The parenchyma of the pancreas is not penetrated and the ductal system is not remarkable.

SPLEEN: The spleen weighs 350 gm. The penetration of the spleen has previously been described.

DIAPHRAGM: The penetration of the diaphragm has previously been described.

ABDOMINAL TRACT: There is massive hemorrhage.

ABDOMEN: The penetration of the aorta has previously been described. The aorta is otherwise smooth and elastic. There is extensive peritoneal hemorrhage which extends above the diaphragm in the posterior abdominal tissues.

KIDNEYS: The kidneys weigh 140 gm. The destruction to the right kidney has previously been described. The capsule strips with slight difficulty. The cortical surfaces are smooth and pale. The corticomedullary junction is indistinct. The cortices measure 2 to 3 mm. There is hemorrhage into the parenchyma with destruction of the right kidney as previously described. The penetration of the calyces has also been described. About the pelvis of the right kidney there is extensive hemorrhage. The pelvis and ureters are otherwise not remarkable. The bladder contains bloody urine. The prostate is grossly not remarkable.

ADRENALS: The adrenals are both surrounded by hemorrhage, however, both are intact.

INTESTINAL TRACT: The small and large bowel are examined. They are free of perforations. The appendix is identified. The large bowel contains some formed stool. The penetrations of the stomach have previously been described and there is blood in the stomach. The rugal pattern is not remarkable. The duodenum is not remarkable.

BLADDER: The bladder weighs approximately 15 gm., is quite fibrotic.

SCUTUM, SKULL, CRANIAL CAVITY & BRAIN: Not remarkable. No evidence of injury is noted.

BRAIN: The brain weighs 1250 gm. The brain is unexpanded. The external surface of the brain is not remarkable. Configuration is normal. Multiple sections through the brain are taken and fail to reveal any abnormalities. The ventricular system is unexpanded. No abnormalities are encountered. The vascular system is not remarkable and the vessels are thin and delicate. The calvarium is not remarkable. The cervical vertebrae and clavicles are not remarkable.

HISTOLOGIC:

- Aorta:** There is disruption with fresh hemorrhage. No inflammation or organization.
- Heart:** There are hemorrhages in the epicardial fat, mild interstitial edema and focal fragmentation of the muscle fibers.
- Lung:** Areas of edema and focal alveolar hemorrhage extrusions.
- Liver:** Disruption with fresh hemorrhage, otherwise non-contributory.
- Stomach:** There are disruptions of the stomach with hemorrhage adjacent. The remainder of the bowel sections are non-contributory.
- Spleen:** There is disruption along one margin, otherwise non-contributory.
- Thyroid:** Non-contributory.
- Pancreas:** Non-contributory.
- Gallbladder:** Non-contributory.
- Prostate:** Non-contributory.
- Lymph Nodes:** Non-contributory.
- Adrenals:** There is extensive fresh hemorrhage adjacent, otherwise non-contributory.
- Skin:** Section through the entrance wound shows disruption with fresh hemorrhages. There is no organization or inflammation. Some amorphous debris and fibers in the depths of the wound.
- Kidney:** Sections show disruption of the right kidney with hemorrhages which are marked in the pelvic fat and perirenal tissue.
- Central Nervous System:** Multiple sections are examined and they are non-contributory.

FINDINGS:

Chest, left, gunshot wound.
Penetration of the spleen, stomach, aorta, kidney, liver and diaphragm.
Massive retroperitoneal hemorrhage.
Massive peritoneal hemorrhage.
Right and left hemithorax.
Heart, left ventricular epicardial and myocardial hemorrhage.
Aorta, right; ventricle, right; pulmonary artery, - air.
Lung, left, edematous.
Chest, left, thoracotomy.
Abdomen, laparotomy incision.
Arm, left; arm, right; ankle, right; ankle, left - cut-down incisions.
Chest, right, located wound.
Eye, left, periorbital hematoma.
Forehead and lip, abrasions.
Left wrist and left arm, scars.

CAUSE OF DEATH:

Hemorrhage, secondary to gunshot wound of the chest.


Paul L. Knott, M.D.

AutopsyFile.org - Lee Harvey Oswald Autopsy Report
D.M.S. : 1111-COUNTY JAIL 11.1.1978. XTC. TINT L. 100-1047
(Parkland Memorial Hospital
Dallas, Texas
Report no. 100-1047)

Case of H-103-354 Referred by Medical Staff

Blood drawn by _____ At Parkland Hospital

Date 11/25/63 Time 11:50 A.M. Antiseptic used _____

Officers, identification, etc.: _____

Specimen received from: _____

Dallas J.A. Lab. Box #11: Date 11/25/63 By M. Patterson

E.O. Lab. Box #1113: Date 11/25/63 By M. Patterson

Other (Describe): Hospital lab box.

Specimen transferred to M. R. Ray (Analyst):

Date 11/25/63: Date 11/25/63 By M. Patterson

Specimen container: One test tube stamped with rubber stopper.

Information from: _____

Analytical

Specimen: Date and time of analysis 11/25/63 11:50 A.M.

Whole Blood

Plasma or serum Analyst: M. R. Ray

Date (Micro-Krebsbach Method):

1	= 2.02	1	= 2.78
2	= 2.02	2	= 2.78
I.V.	= 2.02	I.V.	= 2.78
1	= 2.02	1	= 0.18
2	= 2.02	2	= 0.18
I.V.	= 2.02		

Gas chromatogram Yes

No

Calculation:
Negative for alcohol.

Results: Alcohol content Negative

W. Miller
Dallas City-County Criminal
Investigation Laboratory

DALLAS COUNTY HOSPITAL DISTRICT
(Parkland Memorial Hospital)

Date 11/26/63

TOXICOLOGIC EXAMINATION

Name of Lee Harvey Oswald autopsy No. H63-356

autopsy by Dr. Rosen On 11/26/63

Examined for Alcohol and barbiturates.

Organs submitted Blood (see also report on skin, below).

Method: OF ANALYSIS

Poisonous Gases _____

Volatile Poisons _____ Negative.

Acid-Ether soluble poisons _____ Negative.

Alkaline-Ether soluble poisons _____ -

Ammonia-Ether or mm-Chloroform soluble poisons _____ -

Metallic Poisons _____ -

Mineral acids and alkalies _____ -

Halogens and their salts _____ -

Salts of Oxy-acids _____ -

Poisons isolated by special methods _____ -

RESULT: Blood type = "A"

No nitrates were detected around the bullet hole in the specimen of skin and specimen of ligament submitted.


M. Rosen
Toxicologist, Dallas County Hospital District