

JFK Assassination Medical Smoking Guns: The EOP wound

The official autopsy report for JFK, written days after his death and post-mortem, reads:

The projectiles were fired from a point behind and somewhat above the level of the deceased.

<https://www.maryferrell.org/showDoc.html?docId=584#relPageId=6&tab=page>

The report was written by Dr. James Humes of Bethesda Naval Hospital, the lead autopsy surgeon who handled Kennedy's body after it was flown to Bethesda, Maryland from Dallas, Texas. The autopsy report was partially based on notes handwritten during the body examination, including measurements. The "above and behind" official party line was elaborated on by Humes in his 3/16/1964 Warren Commission testimony:

Mr. SPECTER - What conclusions did you reach then as to the trajectory or point of origin of the bullet, Dr. Humes, based on 388?

Commander HUMES - We reached the conclusion that this missile was fired toward the President from a point above and behind him, sir.

<http://jfkassassination.net/russ/testimony/humes.htm>

Arlen Specter was referring to [Commission Exhibit 388](#), also see [Commission Exhibit 386](#). These drawings were made by a medical illustrator working by the recollections of the autopsy pathologists. But it is certainly apparent by those illustrations that the small proposed entrance in the back of the head is anatomically LOWER than the exit location. Since Kennedy's brain was not properly sectioned and photographed to determine the path of the missile(s), the reported holes and [beveling](#) identified in the skull bone is provided as the only proof that the the head wounds were created by a single shot from behind.

The "above" in "above and behind" could only only justified by the flawed assumption that Kennedy's head was sharply forward at the moment of impact, which is drawn in CE 386 and 388. [That cannot be true.](#) During Humes testimony, Allen Dulles of the CIA expresses puzzlement over the steep upwards angle through the head proposed in the CE 386 and 388 drawings. Humes then admits that since the reconstruction of the skull during the autopsy was incomplete and therefore point of exit could have been a little lower than the CE 386 and 388 drawings depict.

According to Humes, the "point of exit" was determined at the autopsy when a large piece of skull bone allegedly found on the floor of the Limousine was later flown in from Dallas, and this fragment had an area of exit beveling of the edge of it. In other words, they could not prove that this "point of exit" was ever a through-and-through bullet hole. In cases of a tangential wound, a bullet could just clip the skull from the side and leave a "streak" of exit beveling instead of a through-and-through entrance and exit hole. So proving a "whole" exit hole was not done by Dr. Pierre Finck, the forensic pathologist at the autopsy assisting Humes who identified the beveling.

This fragment was [RIGHT PARIETAL BONE](#). Here's an x-ray taken of this skull fragment at the autopsy, before it was allegedly placed back onto the head for the later cosmetic reconstruction and buried with the rest of the body: https://history-matters.com/archive/jfk/hsca/reportvols/vol7/html/HSCA_Vol7_0066a.htm

The right parietal bone is anatomically higher than the location of the small wound where the pathologists reported a missile entered. Way higher.

CE 388 tilted to match the Zaprue frame z312: <https://i.imgur.com/KfAcTks.png>

Establishing that the autopsy pathologist's proposed entrance location in the head was anatomically LOWER than their proposed exit location on the top-right side of the head

On the night of the autopsy, the pathologists sure weren't thinking "above and behind". We have information from the NIGHT of the autopsy showing that the location of this beveled exit on the skull bone was anatomically higher than the small head wound.

Autopsy face sheet diagram marked during the body examination, showing a dot indicating the small head wound in the back of the head: <https://www.maryferrell.org/showDoc.html?docId=582> (This document is actually stained in Kennedy's blood, [as shown in this color image](#)) Next is the notation, "ragged, slanted, 15 x 6 mm"

The arrow is clearly pointing UPWARDS, indicating a proposed upwards trajectory.

A summarized autopsy "conclusion" by FBI agent autopsy witnesses James Sibert and Francis X. O'Neill in a 2 AM 11/23/1963 teletype, freshly written after departing the autopsy around 11:00 PM - 1:00 AM and driving to the FBI lab from Bethesda Naval Hospital, reads:

TOTAL BODY XRAY AND AUTOPSY REVEALED ONE BULLET ENTERED BACK OF HEAD AND THEREAFTER EMERGED THROUGH TOP OF SKULL. PIECE OF SKULL MEASURING TEN BY SIX POINT FIVE CENTIMETERS LATER FLOWN IN FROM DALLAS HOSPITAL AND XRAYS BETHESDA DISCLOSED MINUTE METAL FRAGMENTS IN THIS PIECE WHERE BULLET EMERGED FROM SKULL.

<https://www.maryferrell.org/showDoc.html?docId=680>

Even the autopsy report, with it's "above and behind" line, has a sentence describing the small head wound as being in the "occiput" while the large head wound as being in the "vertex" (which is supposed to have a beveled exit on part the skull bone):

Upon reflecting the scalp multiple complete fracture lines are seen to radiate from both the large defect at the vertex and the smaller wound at the occiput.

<https://www.maryferrell.org/showDoc.html?docId=584&rel=#relPageId=4&tab=page>

By definition, the occiput is lower than the vertex.

The sea of documentary and witness evidence unanimously indicates that this small "entrance" head wound could not have been higher than slightly above the external occipital protuberance

On the same page, the official autopsy report reads:

Situated in the posterior scalp approximately 2.5 cm. laterally to the right and slightly above the external occipital protuberance. 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.

This report was based on notes taken at the autopsy which were later destroyed.

The beveling of the bone was reportedly identified by forensic pathologist Dr. Pierre Finck, who was called late to the autopsy to assist autopsy surgeons Dr. Humes and Dr. J. Thornton Boswell, who were inexperienced in gunshot wound cases. All evidence provided by Humes ([WC 3/16/1964](#), [HSCA 8/10/1977](#), [HSCA 3/11/1978](#), Livingstone 2/5/1988, 9/5/1991, 10/7/1991, [JAMA 2/27/1992](#), [Aguilar 11/18/1994](#), [ARRB 3/13/1996](#)), Boswell ([WC 3/16/1964](#), [HSCA 3/11/1978](#), [HSCA 8/17/1977](#), Livingstone 2/5/1988, 10/7/1991, [JAMA 2/27/1992](#), [Aguilar 11/18/1994](#), [ARRB 2/26/1996](#)), and Finck ([WC 3/16/1964](#), [Blumberg 1/25/1965 & 2/1/1965](#), [Clark Panel 2/10/1967](#), [Clay Shaw 3/24-25/1969](#), [HSCA 3/11/1978](#), [HSCA 3/12/1978](#), [ARRB 5/24/1996](#)) indicate that this wound was right next to the external occipital protuberance, and that only an approximation was needed to describe how close it was. Drs. Humes, Boswell, and Finck have never deviated from their reporting on this while being interviewed through the years.

See this model skull marked by Drs. Humes, Boswell, and Finck during the late 70's *House Select Committee on Assassinations* investigation:

https://history-matters.com/archive/jfk/hasca/reportvols/vol7/html/HSCA_Vol7_0062b.htm, https://history-matters.com/archive/jfk/hasca/reportvols/vol7/html/HSCA_Vol7_0063a.htm. The lower marks are where they recalled the location of the small head wound. The upper mark is where an entry wound closer in line with the Depository would be located.

Not only the three lead autopsy surgeons, but other autopsy witnesses including photographer John Stringer ([HSCA 8/15/1977](#), [Lifton 8/25/1972](#), [ARRB 4/8/1996](#), [ARRB 7/16/1996](#)), Secret Service agent Roy Kellerman ([WC 3/9/1964](#), [HSCA 8/24/1977](#)), Chief Petty Officer Dr. Chester Boyers ([HSCA 4/25/1978](#)), FBI agent Francis X. O'Neill ([HSCA 1/10/1978](#)), Lieutenant Richard Lipsey ([HSCA 1/19/1978](#)) have made statements describing a small wound next to the EOP.

Two more autopsy participants may be considered "half-EOP witnesses": embalmer Tom Robinson, who described seeing the autopsy pathologists use a tool to probe the base of the head ([HSCA 1/12/1977](#), [ARRB 6/24/1996](#)), and Dr. George Burkley, Kennedy's personal physician who was present. More info on Burkley is further down.

The single-assassin theory cannot account for the existence of this wound.

Factoring in Kennedy's body position at Zapruder Frame 312, a 6.5 Carcano round from the angle of the Sixth Floor of the School Book Depository entering the skull next to the EOP would exit the face area, where no significant wound was reported or filmed, not the top of the head as the official x-rays and photographs indicate the large defect was located. Not just the right parietal bone.

See this diagram on z312: <https://i.imgur.com/tpfhS7S.jpg>

In an otherwise awful recent propaganda History Channel special called *Tracking Oswald*, some valuable experimental evidence was provided in the form of 6.5 round fired from the angle of the Sixth Floor into a ballistics dummy next to it's EOP location. The bullet exited the face, as shown on slow motion video.

<https://i.imgur.com/h47igr1.png>

A straight line would also continue in the direction of Connally, who suffered no applicable shrapnel wounds. It would also fail to explain the damage to the windshield, dashboard, and the James Tague curbstone, which have all officially explained by fragments from the z313 head shot.

Even if such a powerful round could suddenly deflect upwards upon entering skull, how could it do so without severely damaging the cerebellum? [The official brain photographs show only slight damage to the right cerebellum](#). How could it do so without depositing bullet fragments in the base of the head? [The official x-rays only show fragments on the top of the head](#).

This small wound in the back of the head was right beside the EOP, not whatever measurement suits the single-assassin theory.

The evidence overwhelmingly contradicts the U.S. Government's official 1967 Clark Panel and 1976-1978 *House Select Committee on Assassinations* conclusion that the small wound reported at autopsy was actually 4-5 inches above the EOP in the parietal bone, close to the large defect in the same bone. The Clark Panel consisted of 4 doctors and the HSCA Medical panel consisted of 12 doctors. They concluded that the pathologists who performed the autopsy made a 4-inch mistake, mistook the occipital bone for the parietal bone, and that the rest of the autopsy participants also mistook the base of the head for the top of the head.

Here is an official sketch of the situation proposed by the *House Select Committee on Assassinations* investigation, which for all intents and purposes is considered the "current official story":

<https://i.imgur.com/Ka4RY5A.jpg>

Photographs as well as X-rays of the body were taken at the autopsy. There are no photographs which show an unambiguous view of the small head wound described in the autopsy report. Kennedy's hair was not shaved to give a clearer view of the wounds, and the area on the back of the scalp reported to contain the small "entrance" head wound is not shown in a clear enough view to differentiate his hair from possible wounds. There are a lot of statements from the autopsy pathologists and photographer John Stringer that close-up views of the small head wound were taken which do not appear on the official collection of photographs. Missing autopsy photographs is another big subject. The record is littered with statements indicating that various views of the body photographed at the autopsy, including close-ups of the small wound in the back of the scalp, and the inner and outer surface of the skull upon reflection, have gone missing from the record. [There is some evidence that Robert F. Kennedy wanted to personally take or destroy John's preserved brain and tissue samples](#), but not the photographs.

Here are some leaked versions of the official autopsy photographs.

Back of the scalp with ruler next to red blemish: <https://imgur.com/a/vsBs2xx>

If you scroll down this page, you will find some high-quality morphing animations of the back-of-head photos: <http://www.patspeer.com/chapter13%3Asolvingthegreatheadwoundmyster>

The current official theory is that the red blemish to the right of the ruler was the actual entry wound described in the autopsy report. This is also referred to as the "cowlick wound". The head is tilted considerably back, and the scalp appears to be considerably loose, so there is actually no proof that this spot could correspond with any particular hole in the skull bone. No hole in the skull bone under the scalp has been reported to be visible on the high quality official versions of these photographs. As researcher Pat Speer points out, the red blemish only appears to be about 12 millimeters, not the elliptical 15 x 5 millimeters noted on the autopsy report.

If you read through the statements of Humes, Boswell, Finck, and Stringer, among some others, you will see just how strongly the autopsy pathologists disagreed with this interpretation. Zero individuals at the autopsy recognized the red blemish as any significant wound. Humes, Finck, and autopsy photographer John Stringer suggested that the red blemish was just clotted blood. Boswell, on the other hand, told both the HSCA and the ARRB that he believed it was a small cut in the scalp related to the large defect.

The three pathologists and photographer argued that the existing photographs didn't show the back of the scalp clearly enough, or that this "white spot" below the ruler may represent the wound:

<https://imgur.com/a/wPYFQEA>

The photographs of the wound in the back also give a confusing view of the back of the scalp:

<https://imgur.com/a/jAWuQR7>

It may have helped if we had the high-quality official collection instead of leaked versions. Note how the hair is parted differently than it is in the other photographs. Is the grey teardrop shape with a hair growing out of it the same red blemish from the other ones? Also note how the "white spot" is still visible.

This white spot appears to be slightly *below* the EOP, but it remains an enigma despite not correlating with the autopsy report's "slightly above the EOP".

The HSCA literally tried coercing Dr. Humes into verbally agreeing with their "upper entry wound" interpretation of the back-of-head photographs. Anybody who hears the tape or reads the transcript of their joint interview with Humes and Boswell heard them almost literally arguing with them about the location of the small head wound, but it gets worse. HSCA counselor Gary Cornwell admitted in his 1998 book *Real Answers* that he threatened to treat Humes as a hostile witness if he did not concede to their theory, and that in his opinion the autopsy pathologists were lying about the wound to hide their personal embarrassment of describing it in their report as an approximation instead of a specific measurement. Also, according to former HSCA medical panel members Andy Purdy and Michael Baden, fellow panel member Dr. Charles Petty [verbally berated Humes after he and Dr. Boswell openly](#)

[disagreed with the panel about their interpretation of the red blemish as an entry wound in a 9/16/1977 taped interview.](#) According to author David Lifton who visited the HSCA public hearings in person, Humes' fists were literally shaking in anger while walking out of the building from his final 9/7/1978 testimony to the HSCA.

The HSCA medical panel seemed obsessed with their theory of a higher wound to explain a trajectory from the School Book Depository. Humes nor anybody never truly deviated from his opinion about the location of the small head wound. Zero individuals who were with the body ever agreed with the Clark Panel and HSCA over where, if any, small head wound was located. Everybody who was there is now dead or dying, so the roughly corroborating statements from these ten autopsy wound witnesses is forever solidified in time and nothing can ever falsify it.

The Clark Panel and HSCA also contended that the **skull x-rays** show a small hole 10 cm above the EOP. The X-rays from the autopsy were taken with low-resolution portable WW2-era X-ray equipment for the sole purpose of scanning for bullets or large bullet fragments in the body, not for the purpose of recording the forensic evidence of the wounds themselves. It would appear that the “expert consensus” on the existence of a hole on these x-rays is also questionable. An equal number of people equally experienced in X-rays have examined the official films and couldn't identify any specific defect resembling an entry wound (Dr. John Ebersole, Dr. Fred Hodges, Dr. Robert McMeekin, Dr. Alfred Olivier, Dr. Norman Chase, Dr. G.M. McDonnel, Dr. David O. Davis, Dr. Douglas Ubelaker, Dr. John J. Fitzpatrick, Dr. Robert Kirschner, Dr. David Mantik, and Dr. Peter Cummings).

Photographs were also taken of the skull with the scalp peeled back, but just as there are debates over the X-rays and pictures of the skin, the pictures of the skull are most likely the most confusing and debated images in history. The debate exists even with those that have seen the high-quality official collection.

Here is an album of some high-quality leaked versions: <https://imgur.com/a/xQMMyMIp>

The HSCA also formulated a basic interpretation of the skull photographs. The open-cranium photographs are known to be one of the most confusing photographs in crime case history. Opinions vary on whether the front or the back of the skull is in the foreground on these photographs, color versions of which are stored at the National Archives building. No color versions have leaked.

Here is an album explaining the HSCA's interpretation of these photos: <https://imgur.com/a/q5Svy1g>

Very few question the proposed OUTWARD beveling location, because it appears to be a textbook example of beveling on the edge of a bullet wound in the bone, but the presence of an inward beveled hole indicating entry behind it is questionable.

[As neuropathologist Joe Riley has pointed out](#), the HSCA medical panel's interpretation of the open-cranium photographs is anatomically impossible because it necessitates [this brain](#) to fit through a five-inch skull cavity. The only way their interpretation of these photos could come close to being true is if the autopsy pathologists somehow repaired the back of the skull or placed skull fragments “back in” after removing the brain but prior to taking the photographs. Usually in an autopsy, [the entire top of the](#)

skull is separated with a saw in order to remove the brain. In some cases, the brain can be removed without separating any of the occipital bone if it is carefully lifted and maneuvered through the front of the head. But in those cases: 1. A lot of frontal bone is separated, and 2. enough of the left side of the skull is separated to fit your fingers under the left temporal lobe.

In the case of the open-cranium photographs, not only did the HSCA conclude that the photos showed the frontal bone mostly intact (their proposed beveled exit location is near the coronal suture), but also either way you orient them anatomically, they still show a lot of the left side of the skull intact. Some who examined the photographs expressed belief that the beveled exit wound existed lower on the forehead above the right eyebrow, and in that interpretation a lot of frontal bone would be missing from the open cranium, but if so the Doctors never reported this wound which would have had to be obvious at the autopsy. **By the way, the autopsy pathologists were shown the cranium photographs and couldn't recognize the beveled exit on the edge of the skull bone. Remember from above, the autopsy pathologists only ever reported identifying exit beveling on the edge of a skull fragment.** That's just one of those gigantic contradictions we're expected to accept.

I took this model skull and drew an outline representing the absolute maximum size skull cavity that could exist while still being consistent with the official HSCA interpretation of the autopsy skull photographs: <https://imgur.com/a/9UMt94M> Clearly, this is too small to lift or even rotate the official 1500-gram brain through. Removing a brain requires enough space to fit your hands underneath the brain.

These issues with the official “4-5 inches above the EOP” interpretation of these photographs is compounded by the fact that the earliest evidence from the autopsy indicates that the pathologists thought the beveled exit in the skull was anatomically HIGHER than the small head wound. Are the single-assassin theorists going to ignore that too?

Dr. Pierre Finck has consistently stated that he arrived late to the autopsy, after the top of the skull had already been opened up to facilitate the removal of the brain, and yet he could still examine this small wound as an undisturbed perforation in the occipital bone. Again, more indication that this hole was LOW in the head. If there was an entry wound 4-5 inches above the EOP, then the hole in the skull would have been among the portions of skull separated during the brain removal procedure. Some have argued that the HSCA's interpretation of the photographs and Finck's statements could be true if Humes and Boswell had just carefully sawed around this entry hole in the parietal bone. This explanation cannot be true because the autopsy pathologists have already explained how fractured and brittle the area of skull around the large defect was, and how “virtually no” sawing of the skull was necessary to create a skull cavity large enough to remove the brain.

Some statements from the autopsy pathologists also indicate that just the scalp incision made for separating the top of the skull was not enough to expose the outer surface of the reported small hole in the skull, and that a special incision lower in the scalp was required to expose it.

On a finishing note, Dr. Burkley suspected or believed that Kennedy may have been struck in the head by more than one missile.

Dr. George Burkley rode in the back of the motorcade in Dallas on call at all times in case of medical emergency. He briefly viewed Kennedy's body in the emergency room at Dallas, flew on Air Force One to Maryland and worked as a messenger between the autopsy pathologists and the Kennedy Family who stayed at the hospital until the body was restored for casket viewing.

Burkley wrote his signature "verifying" the [face sheet diagram](#) of Kennedy's wounds, as well as [the official autopsy report produced a few days later](#).

Despite apparently feeling as if he had enough authority over the matter to sign the body sheet and autopsy report, was not called by the Warren Commission to testify about his experience beginning at the motorcade, at the Dallas emergency room, in Maryland for the autopsy, etc; he only wrote a [11/23/1963 Death Certificate](#) and a [11/27/1963 affidavit](#) which do not mention any specific evidence about the head wounds except the fact that they were fatal. He was interviewed by William Manchester for his 1967 book *The Killing of a President*, but the only passage that could be relevant to forensic evidence is "*The Lincoln continues to slow down. Its interior is a place of horror. The last bullet has torn through John Kennedy's cerebellum, the lower part of his brain*".

Then, in a [10/17/1967 interview at the JFK Library](#), Burkley stated "*My conclusion in regard to the cause of death was the bullet wound which involved the skull. The discussion as to whether a previous bullet also enters into it, but as far as the cause of death the immediate cause was unquestionably the bullet which shattered the brain and the calvarium*", and when asked "Do you agree with the Warren Report on the number of bullets that entered the President's body?", he replied "I would not care to be quoted on that". The interviewer mentioned nothing of a 'discussion of whether a previous bullet entered into it', Burkley brought it up independently. Around 1967, the multiple shooter conspiracy theories mainly focused on arguing against the single bullet theory rather than arguing against the official story of a single gunshot to the back of the head, so there is no sign of where Burkley got this "more than one bullet to the head" idea.

Years later, a 3/18/1977 letter from Dr. Burkley's attorney was sent to the HSCA said "*He has information in the Kennedy assassination indicating that others besides Oswald must have participated.*", and that Burkley would be available to interview. [An August 1977 interview report](#) written by Dr. Purdy of the HSCA medical panel reads "*Dr. BURKLEY said the doctors didn't section the brain and that if it had been done, it might be possible to prove whether or not there were two bullets. Dr. BURKLEY thinks there was one but concedes the possibility of there having been two*". Burkley then gave a [11/12/1978 affidavit to the HSCA](#) only saying "*Had the Warren Commission deemed to call me, I would have stated why I retained the brain and the possibility of two bullets having wounded President John F. Kennedy's brain would have been eliminated*", "*I supervised the autopsy and directed the fixation and retention of the brain for future study of the course of the bullet or bullets*". And finally, author Henry Hurt interviewed Burkley in 1982 ([Reasonable Doubt](#), page 49):

It is significant that Dr. Burkley had been with the President in Dallas, with him in the Parkland Hospital emergency room, with his body as it was flown east, and present during the autopsy. It is also significant that even though he was the only doctor present both at

Parkland and at Bethesda, Dr. Burkley's testimony was never taken by the Warren Commission, nor was it taken later by the House Select Committee.

In 1982 Dr. Burkley told the author in a telephone conversation that he believed that President Kennedy's assassination was the result of a conspiracy.

This startling statement, after so long a silence, amplified an obscure exchange Dr. Burkley had in an oral-history interview on file at the Kennedy Library in Boston.

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When he originally telephoned the author, Dr. Burkley expressed his willingness to discuss various matters concerning the assassination. He asked for a letter detailing the areas the author wished to discuss. Dr. Burkley acknowledged receipt of the letter with a letter of his own. Two months later, the author proposed a meeting with Dr. Burkley to discuss the points. The doctor responded with an abrupt refusal to discuss any aspect of the case.

Can't explain the EOP wound without a conspiracy

Many researchers suspect that the x-rays have been faked and that the brain in the official photograph collection did not belong to Kennedy. But a conspiracy can be argued without invoking the fabrication of evidence. Different vantage points for a shooter, different weapons, different ammunition, and different outlets for missiles striking Kennedy's body should be open for consideration for all reasonable people. Whatever few explanations there are, all of Kennedy's head wounds cannot be explained by a single 6.5 round fired from the Depository. Even in a hypothetical scenario where an "upper entry wound" could be proven to exist on the X-rays, it would still have to coexist with the evidence for a lower wound. There is too much evidence for the EOP wound to justify "retconing" it out of existence to promote a simpler shooting scenario.