

**I LIKE COOKING
MY FAMILY
AND MY PETS.
USE COMMAS,
THEY SAVE LIVES**

The JFK Autopsy Materials: A Current Summary

David W. Mantik

JFK Lancer: November 16, 2018

My nine visits to NARA

1. 1993—4 days
2. 1994—2 days
3. 1995—2 days
4. 2001—1 day
5. 2018—banished (forever) by Senator Paul Kirk

Mantik LASIK eye surgery
(1998)

What do we know about the JFK autopsy skull X-rays?

1. Some are missing—only 3 films at NARA
2. No oblique views of skull
3. NARA claims they are all originals

- <https://www.maryferrell.org/showDoc.html?docId=323#relPageId=5&tab=page>

X-ray films. (The films bore the number 21296 and an inscription indicating that they have been made at the U.S. Naval Hospital, Bethesda, Maryland on 11/22/63.)

Skull, A-P view
#1

Skull, left lateral
#2, 3

Skull, fragments of
#4, 5, 6

Thoraco-lumbar region, A-P view
#7, 11

Chest, A-P view
#9

Clark Panel Report: Complete list of X-rays

Right hemithorax, shoulder and upper arm, A-P view
#8

Left hemithorax, shoulder and upper arm, A-P view
#10

Pelvis, A-P view
#13

Lower femurs and knees, A-P view
#12

Upper legs, A-P view
#14

Also see Horne's Figures 57, 58

Multiple (i.e., 2-3) sets of skull X-rays were taken (@2-3 films/set)

Corroborating witnesses:

Jerrol Custer

John Ebersole

James Jenkins

Pierre Finck (less clear)

- Jerrol Custer:

- https://www.aarclibrary.org/publib/jfk/arrb/medical_testimony/pdf/Custer_10-28-97.pdf

[9] Q: Let me go back to an earlier question, and
[10] ask you: How many exposures did you take of the
[11] skull?

[12] A: Took an anterior/posterior, both laterals,
[13] and I took two oblique films. And the only reason
[14] why I took the two oblique films were to show any
[15] depth in bullet fragments.

[16] Q: Is there a particular name or particular
[17] type of oblique films that you took?

[18] A: No. I just took them to show fragments
[19] and to show the gaping holes.

Actual sentences found in patients' hospital charts

While in the ER, she was examined,
X-rated, and sent home.

The 3 skull X-rays

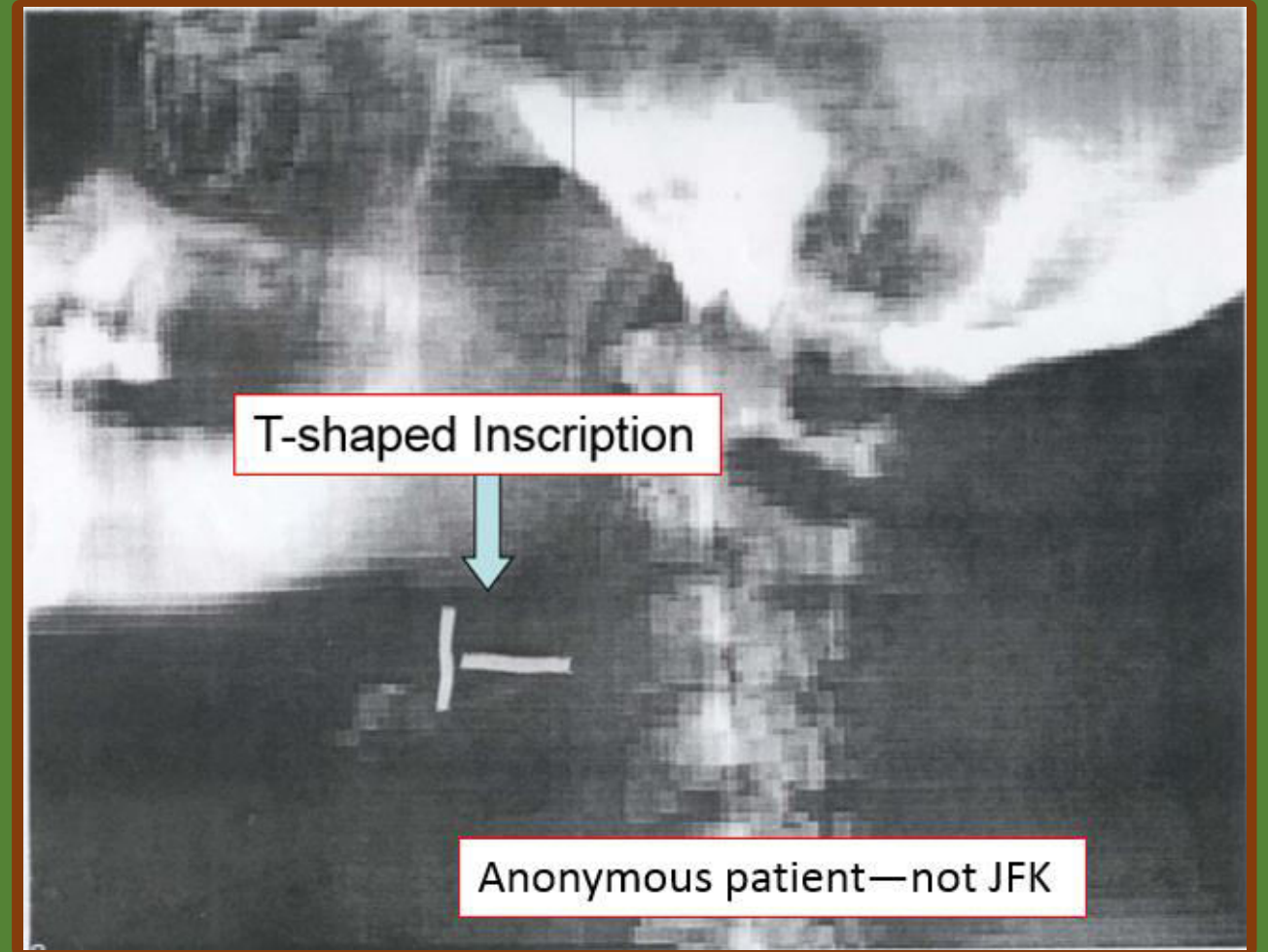
All three are copies; each one has been altered

1. Left lateral—>T-shaped inscription
2. Both laterals—>White Patch
3. AP—> 6.5 mm fake fragment

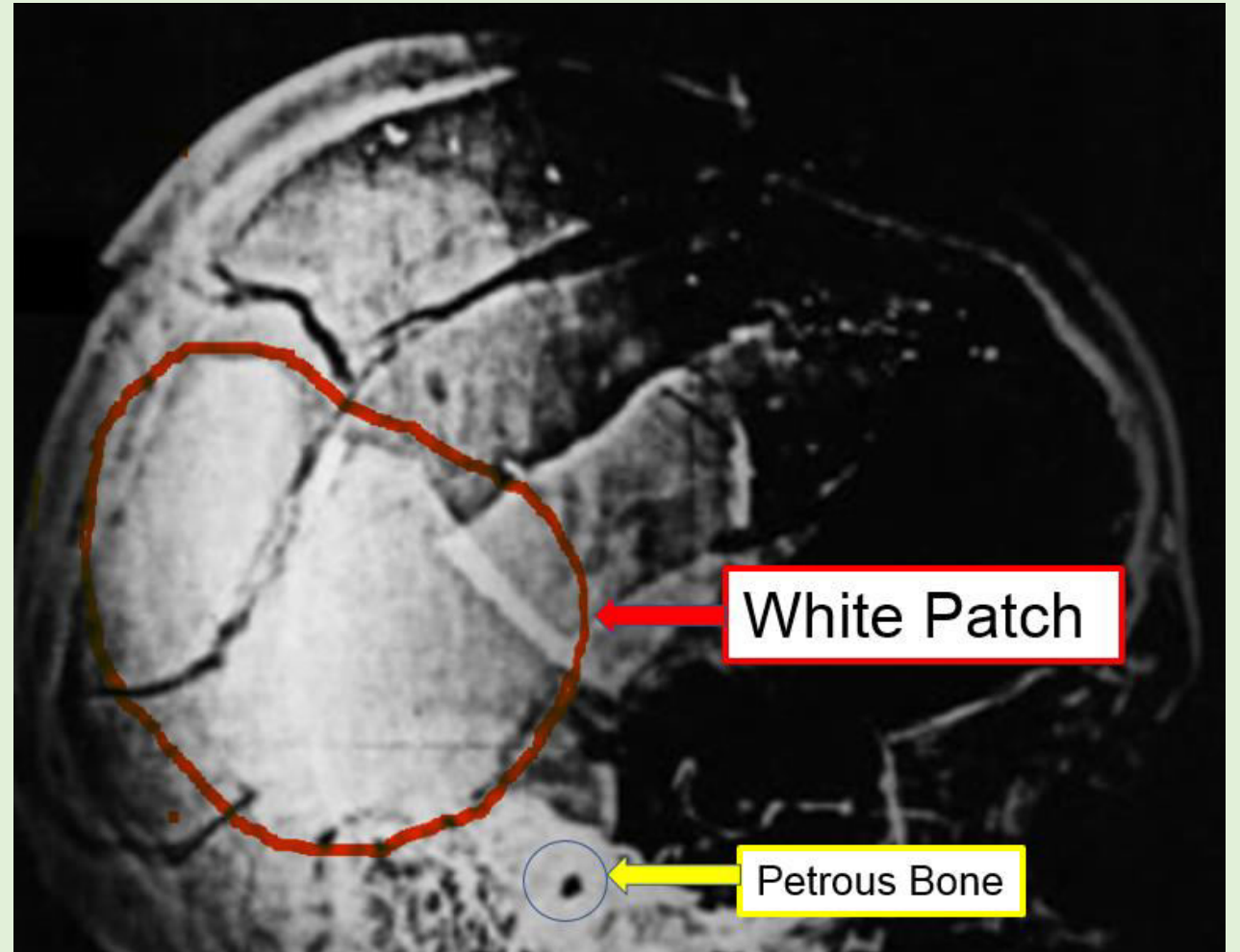
The 3 skull X-rays

1. T-shaped inscription: no missing emulsion→
this cannot be an original X-ray film
2. White Patch→ this is not normal (at all)--and
the JFK pre-mortem X-ray does not have one
(confirmed by OD data—Chesser and Mantik)
3. 6.5 mm fake→not seen at the autopsy—by anyone!

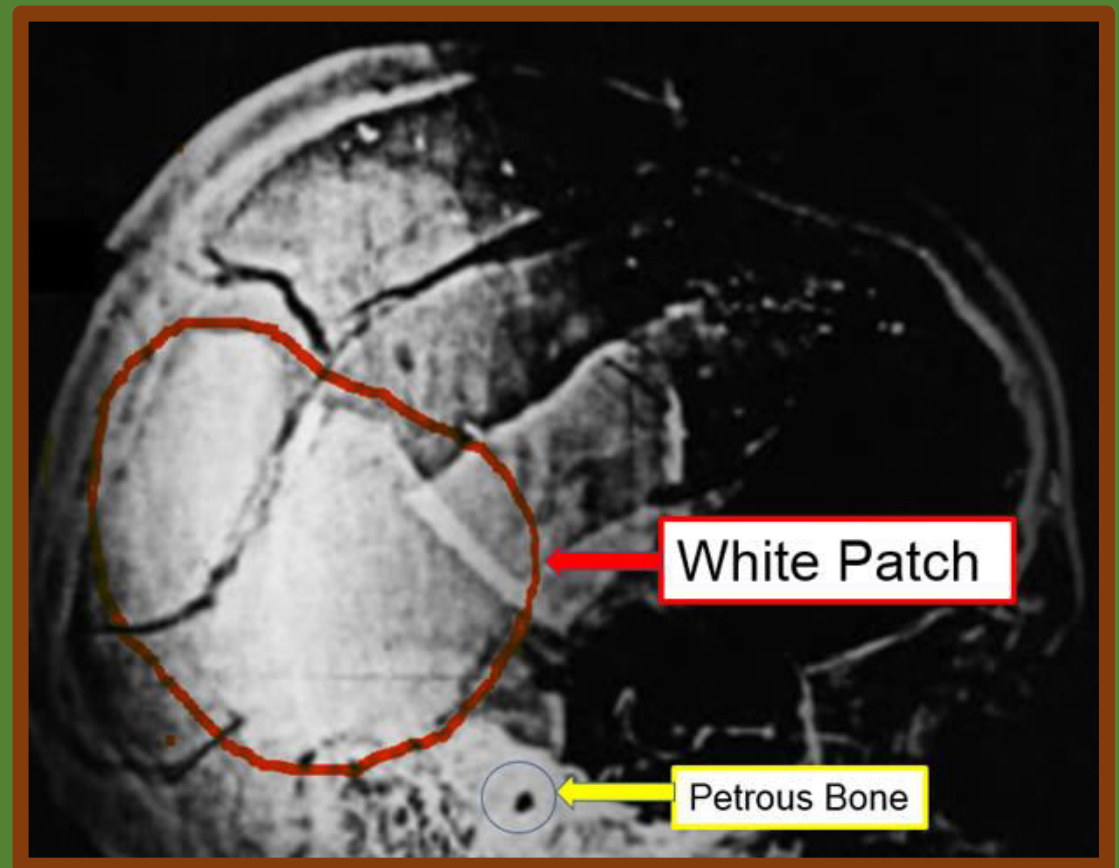
The T-shaped inscription:
no missing emulsion!



The White Patch

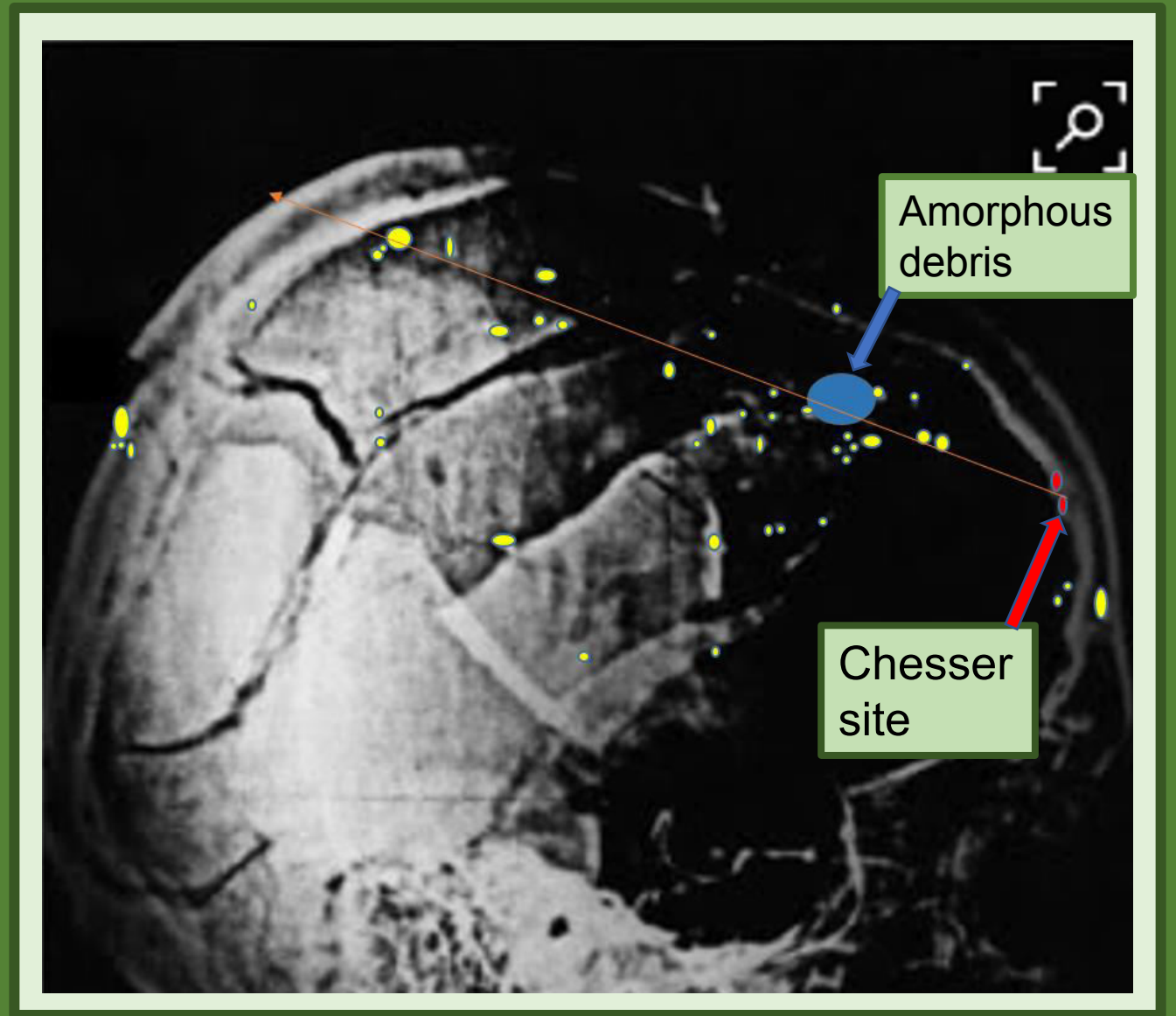


JFK pre-mortem X-ray: No White Patch



JFK right lateral,
with metal
fragments (yellow),
as closely traced at
NARA.

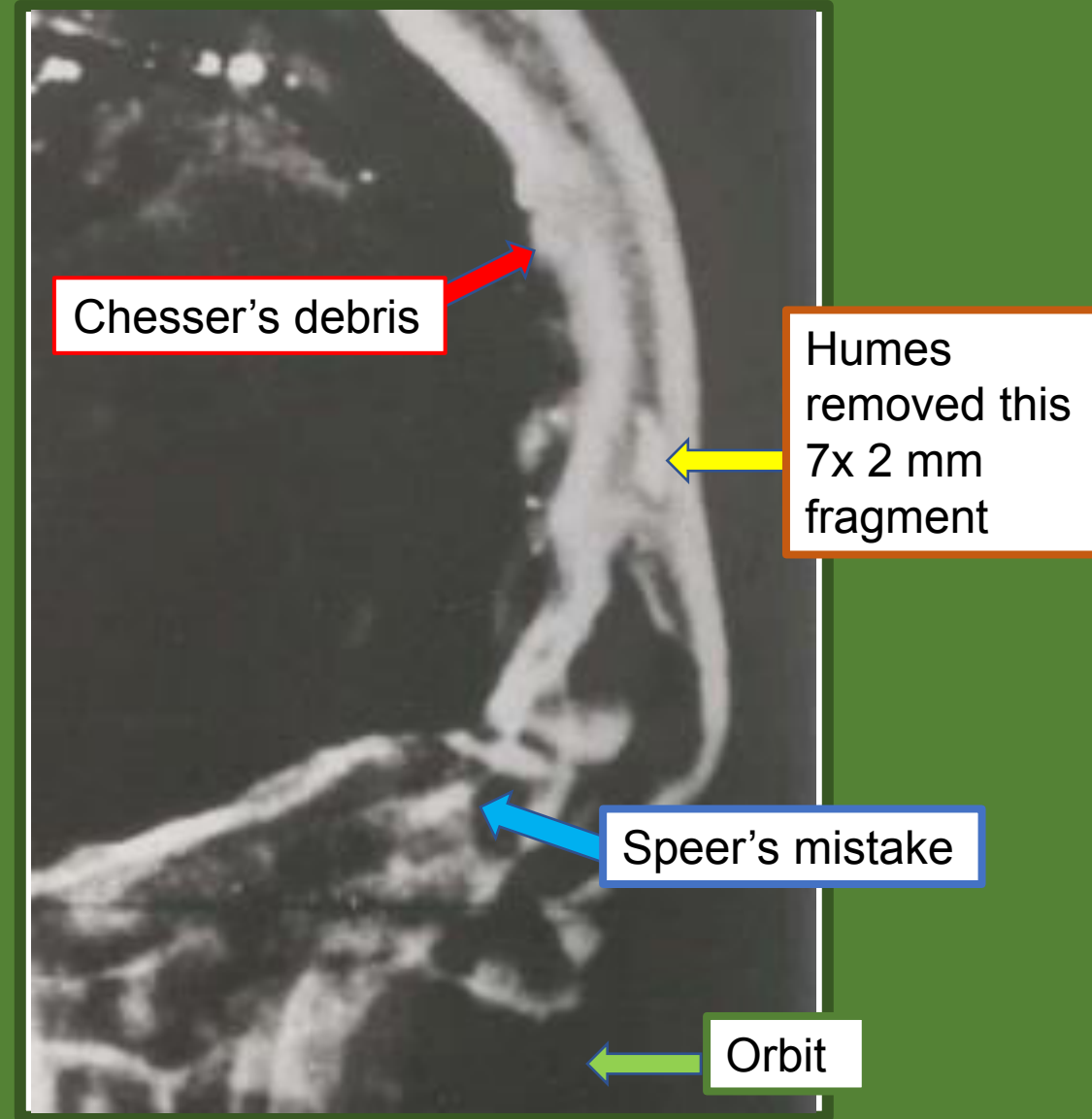
Chesser's tiny fragments
lie on the metallic trail
(note the thin orange line)



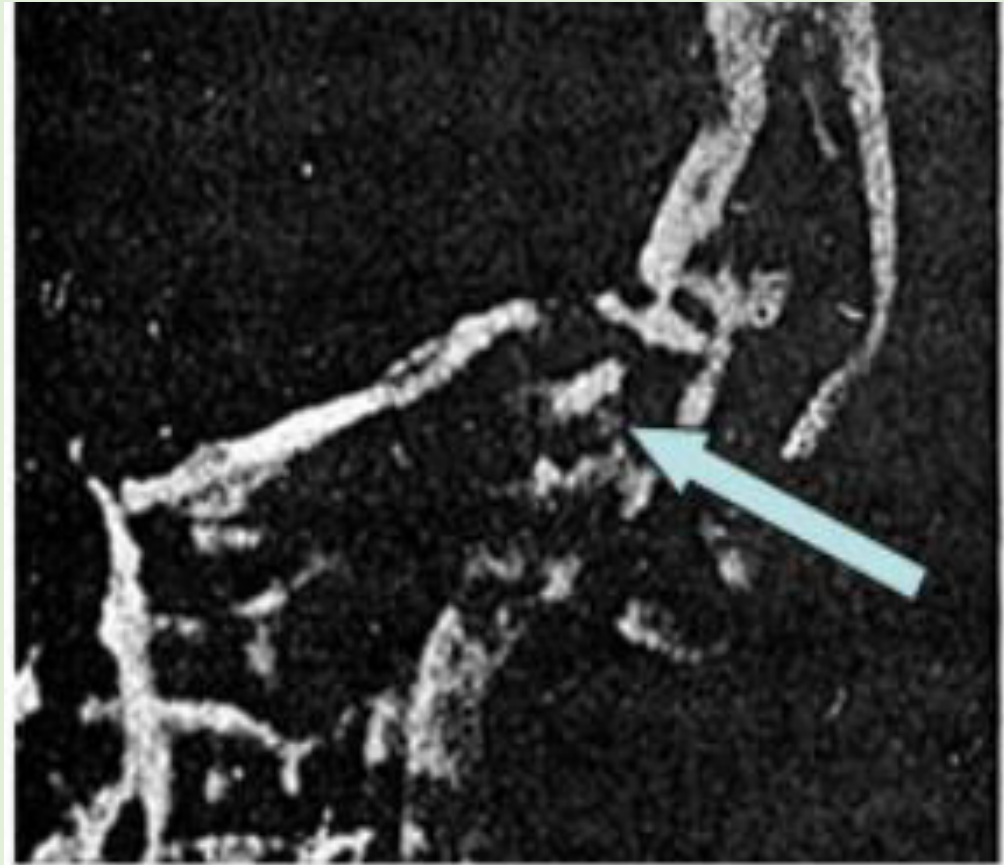
Actual sentences found in patients' hospital charts

Examination of genitalia reveals that he is
circus sized.

JFK right
lateral—
closeup of
forehead

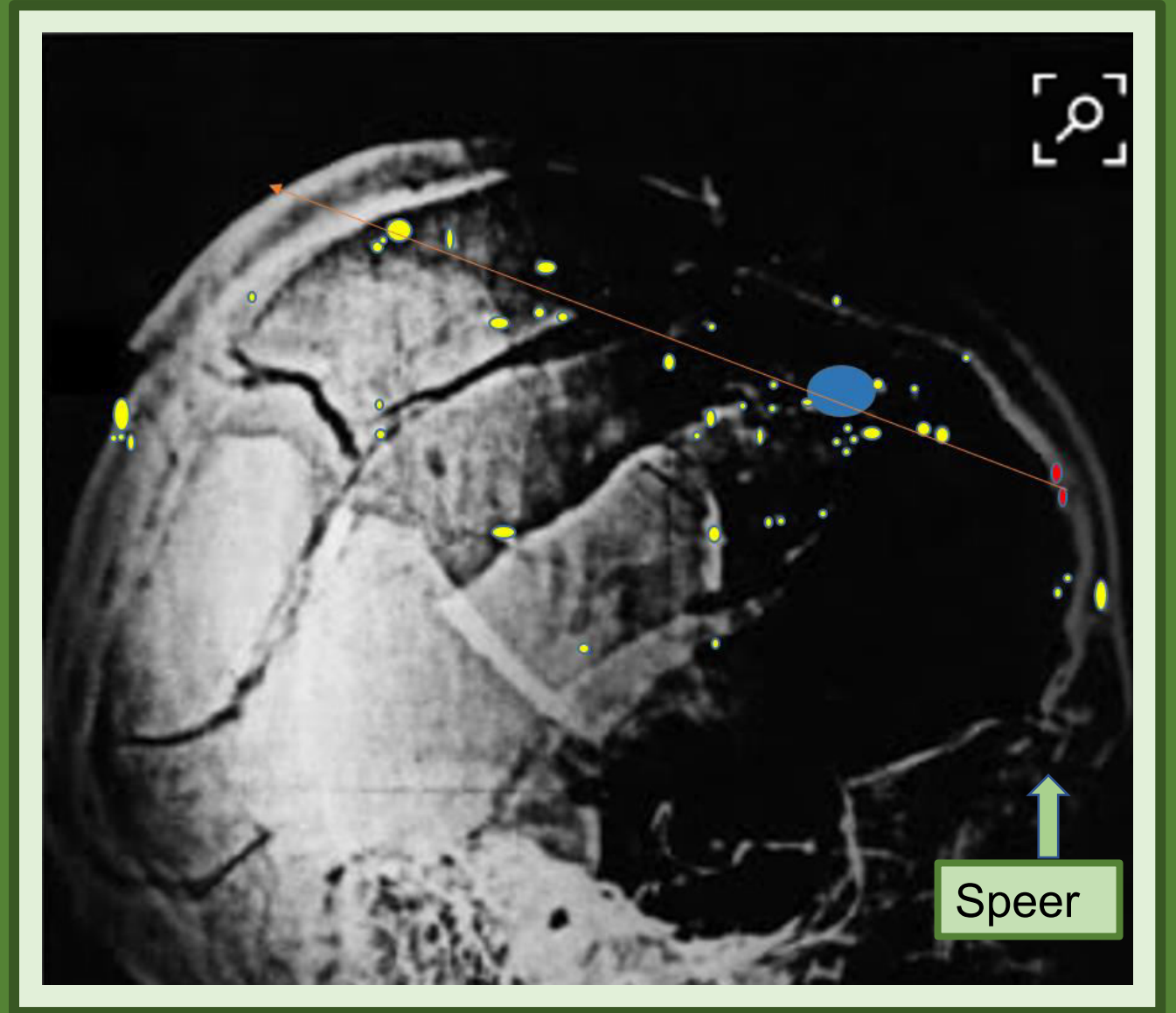


Pat Speer's
“metal”
fragment—from
his own figure,
with his own
arrow



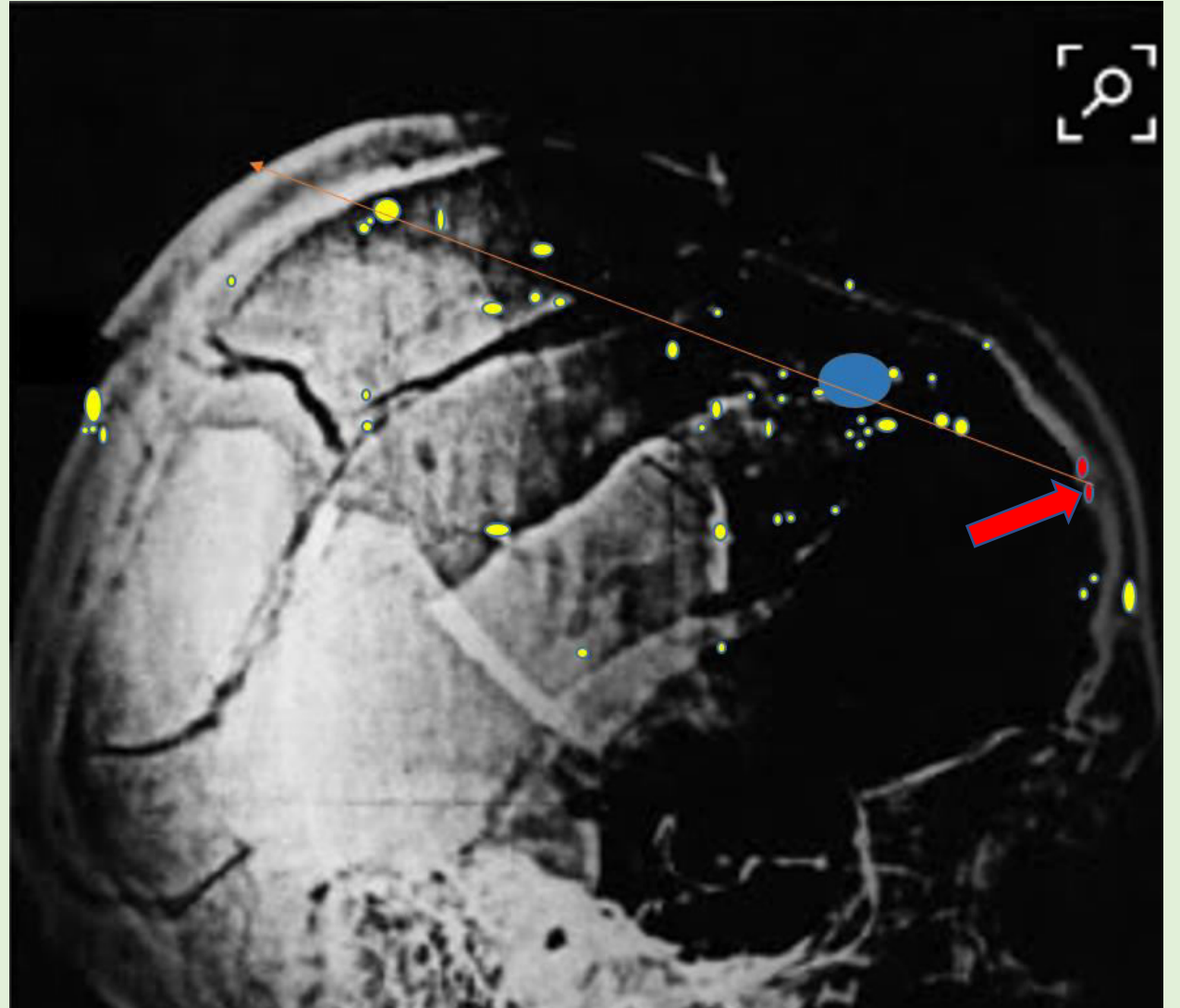
Blow-up from Exhibit F-53
showing fragment location

No metal
fragment at
Speer's site

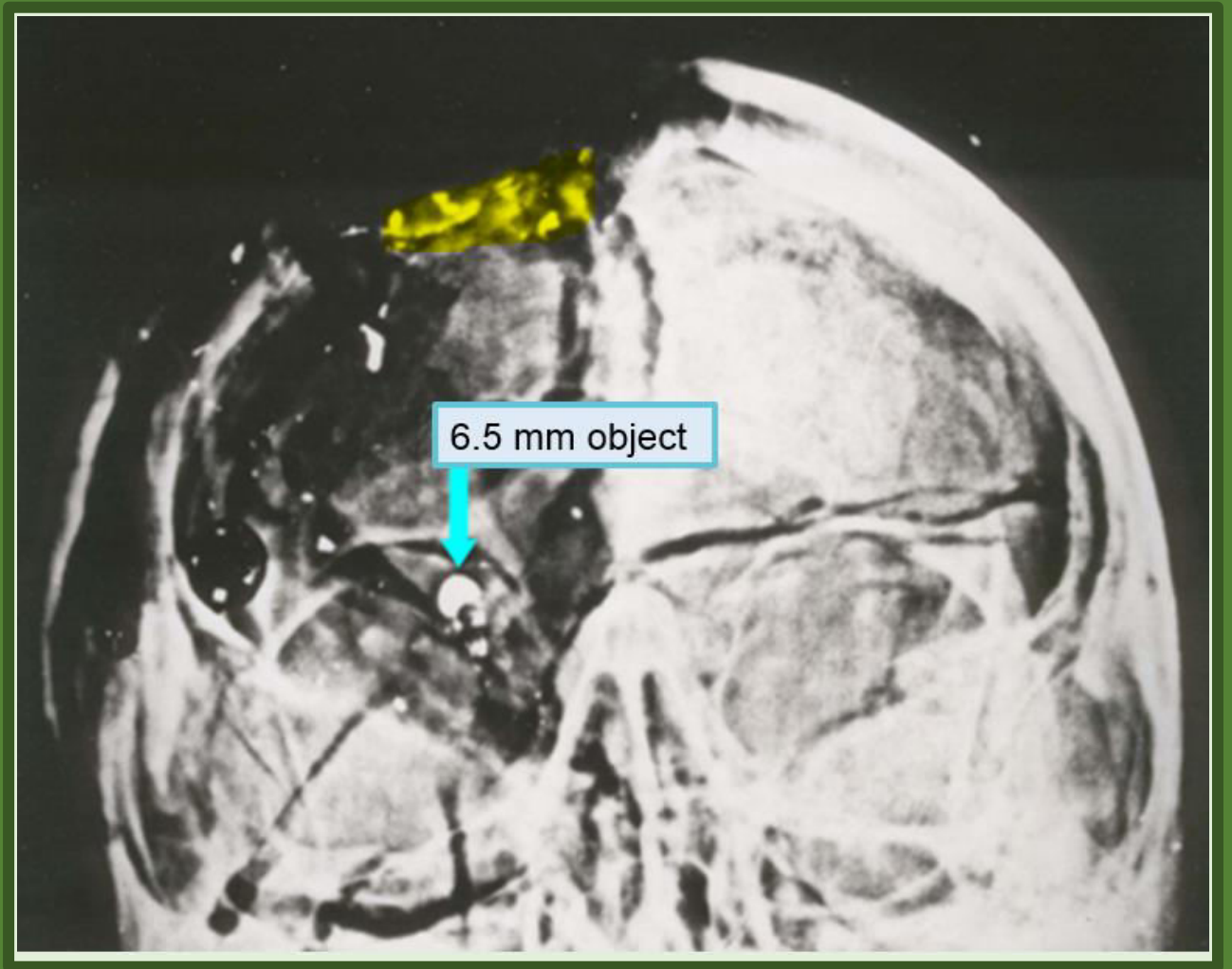


Dr. Chesser saw tiny
metallic fragments
(red arrow)

I drew these same fragments (as a
single object) in my 2001 survey of
metallic debris, but I missed
Chesser's keen observation--
because I had had LASIK surgery
shortly before my 2001 visit.

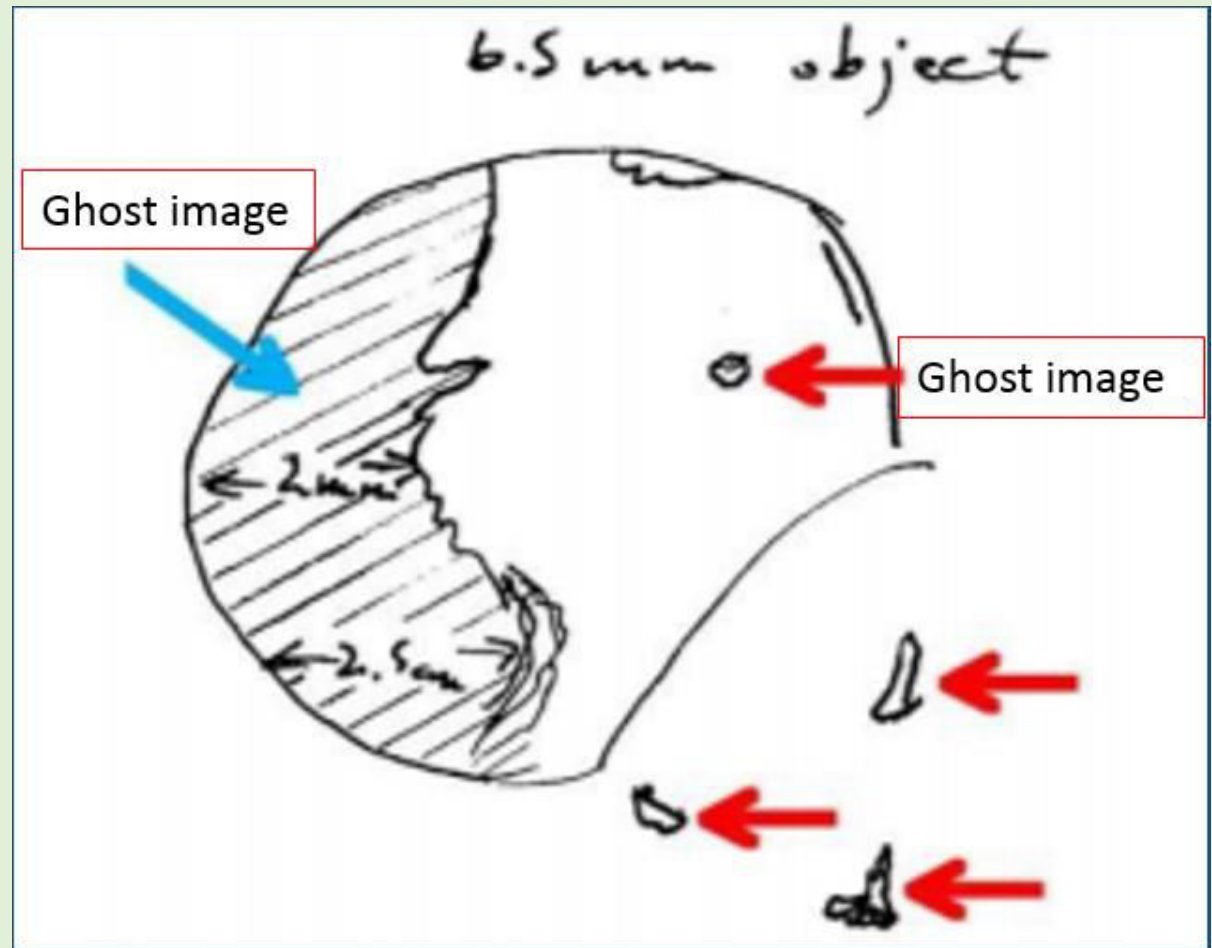


AP X-ray: Note the 6.5 mm object—added later in the darkroom. At least 26 individuals did not see this during the autopsy.



AP X-ray: The 6.5 mm double exposure—an extreme magnification view.

My very myopic eyes easily saw this in the early 1990s. But after my 1998 LASIK surgery I (like any normal person) needed a loupe to appreciate the double exposure



Mantik's "severe"
myopia:
-8.75 diopters
(about 1% US
prevalence)

How many government
radiologists had "severe"
myopia?

"High" myopia (-5.0) afflicts
only 4.0% of the US
population

Arch Ophthalmol. 2004;122(4):495-505.
doi:10.1001/archopht.122.4.495

SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP
9985 SIERRA AVENUE
FONTANA, CALIFORNIA 92335
TELEPHONE: (714) 829-5000

NAME Dr. David Mantik DATE Dec 16/82
ADDRESS _____ CALIF.
R WARNING: If Dizziness or Drowsiness Occurs, Do Not Drive - ☐
LABEL IN SPANISH - ☐

-7.00 +0.50 X 85
-8.75 +0.50 X 100

DEA Reg. No. _____ Print Name _____ Rep. _____ Times
CALIF. LIC. No. 12-7395 (5-74) Deturangein M.D. No Rep. ☐
Signature

Actual sentences found in patients' hospital charts

Patient has two teenage children, but no
other abnormalities.

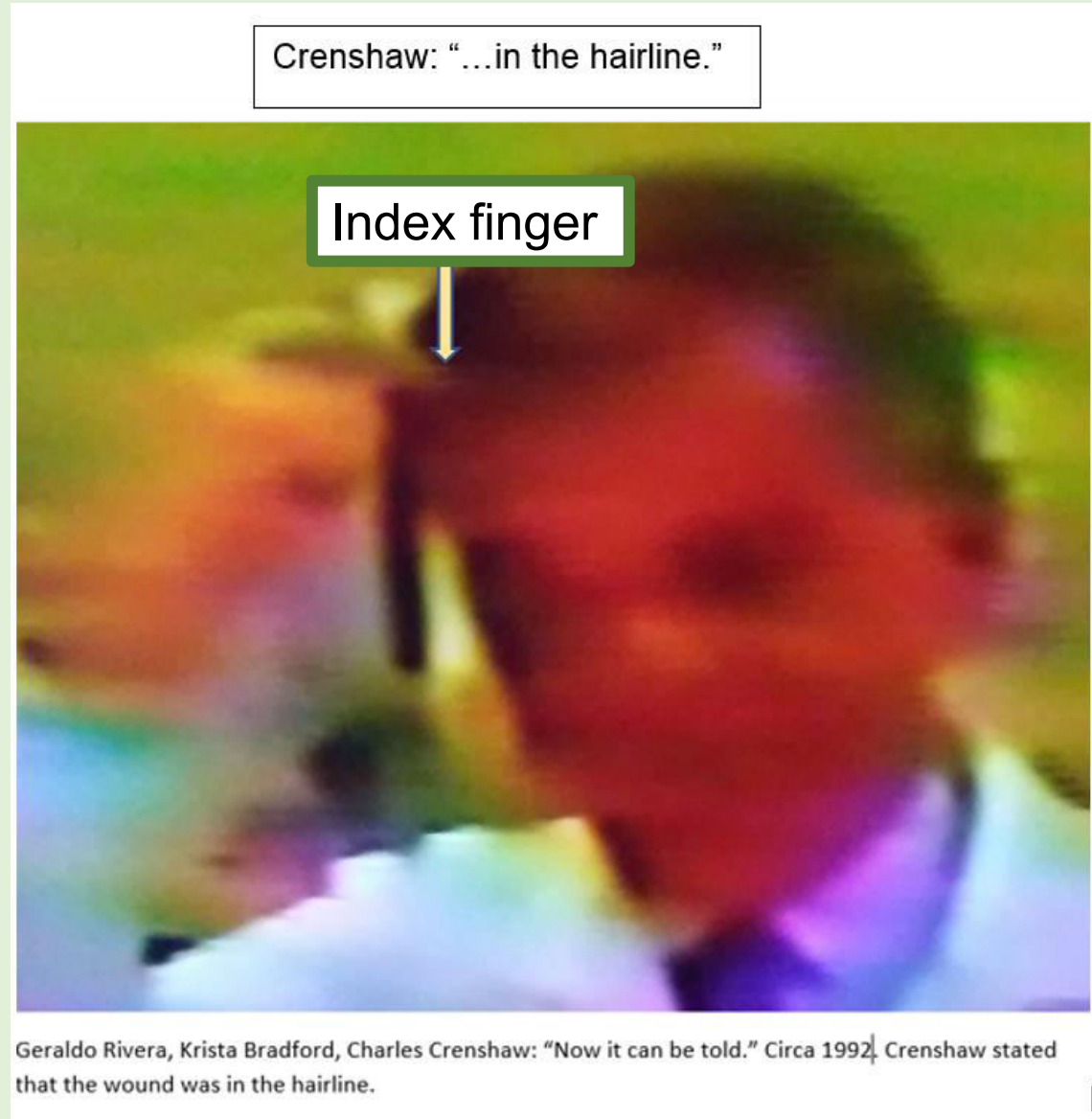
The 3 skull X-rays

1. The left lateral has no Kodak ID numbers--or any manufacturer's data
2. Likewise for one film of the 3 bone fragments
3. This "virgin" status makes copying (without detection) much easier, i.e., no duplicate IDs would appear on the copies

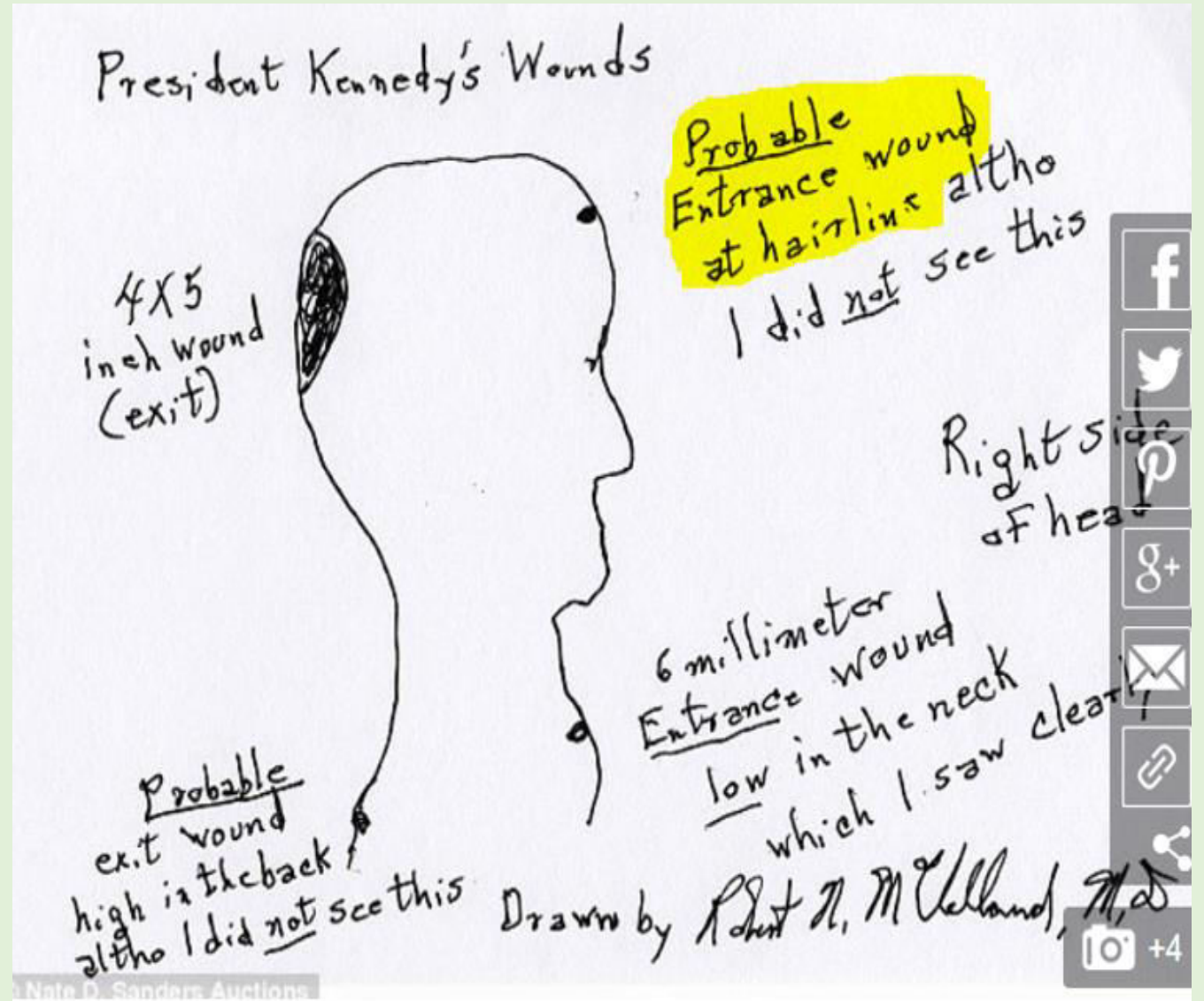
The 3 skull X-rays

1. Absent right lambdoid suture→
bone is missing at right rear (Harper fragment)
2. Chesser: tiny metallic debris just inside forehead→
a forehead shot (perhaps a mercury bullet)

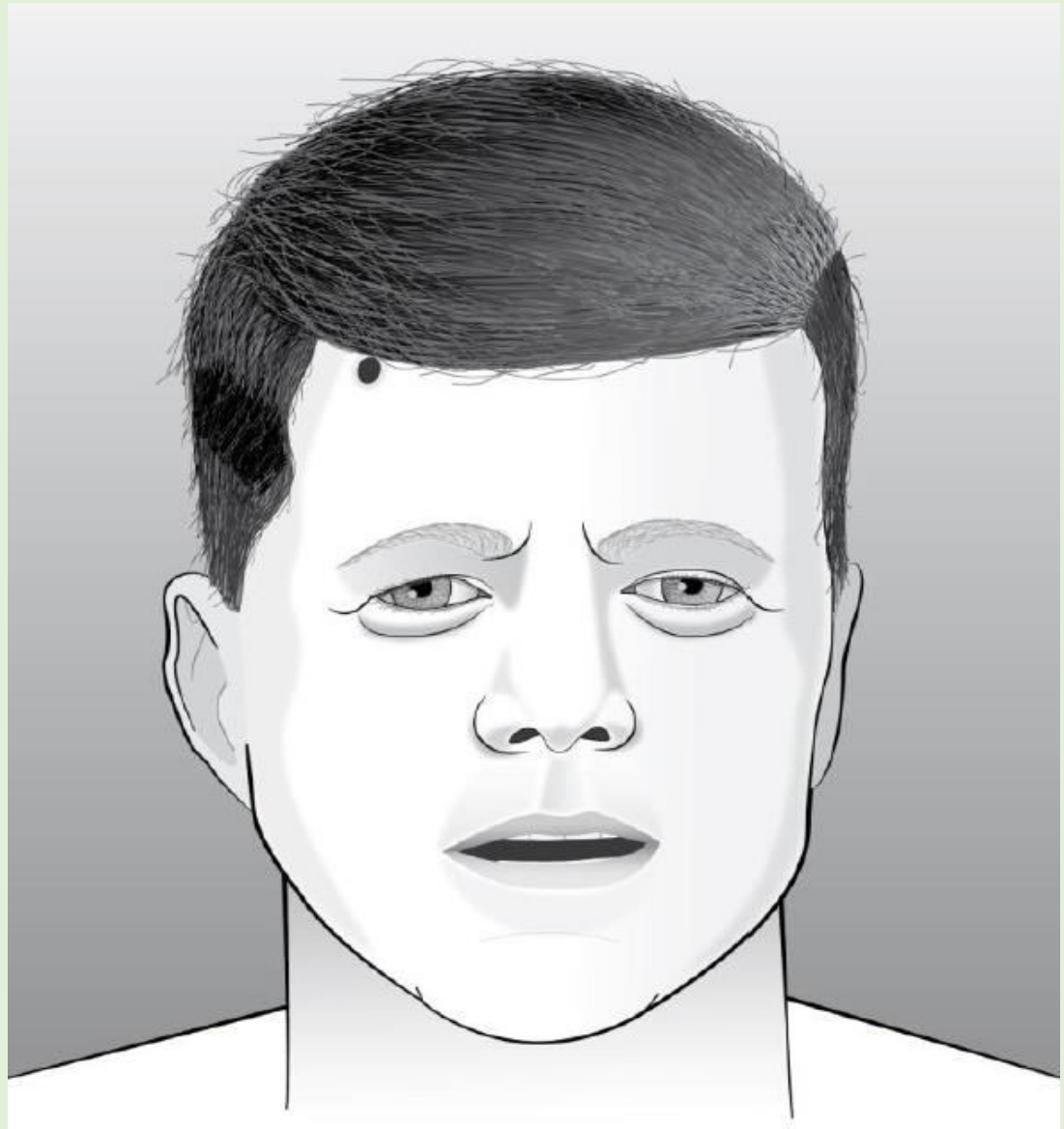
Forehead entry:
Charles
Crenshaw, MD
with Geraldo
Rivera
(April 2, 1992)



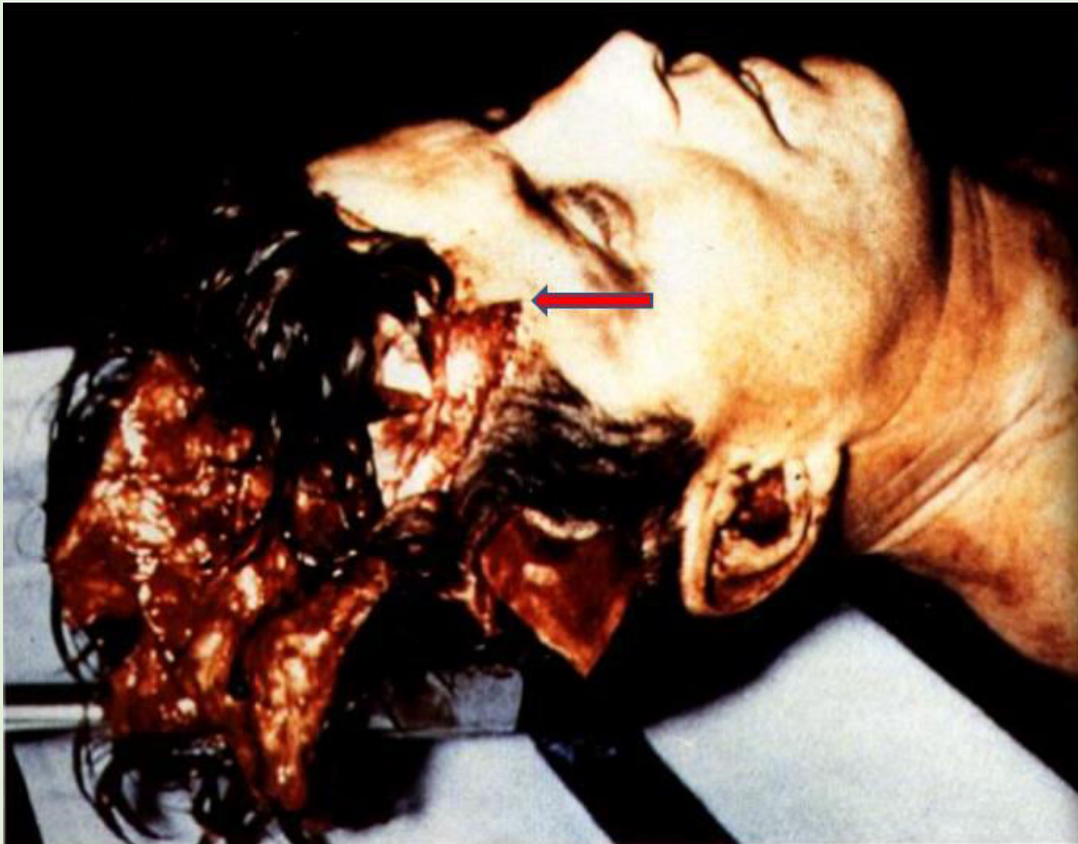
McClelland's Sketch



Forehead entry
near hairline:
Quentin
Schwinn
(Rochester,
NY—home of
Kodak)



Boswell: "...an incised
wound."

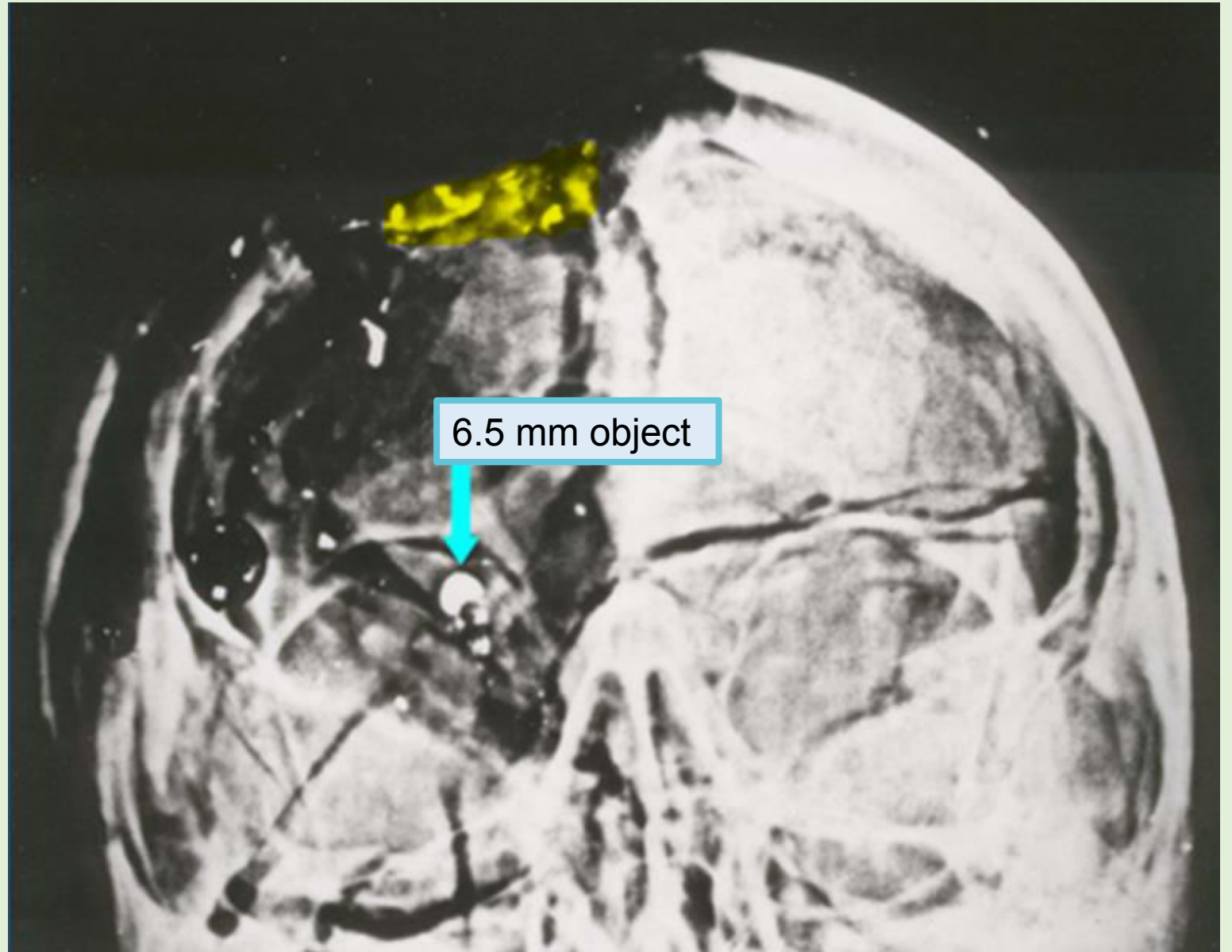


Boswell before the ARRB: he described this site as "...an incised wound."

This incision was
not seen in Dallas.
So who did this?

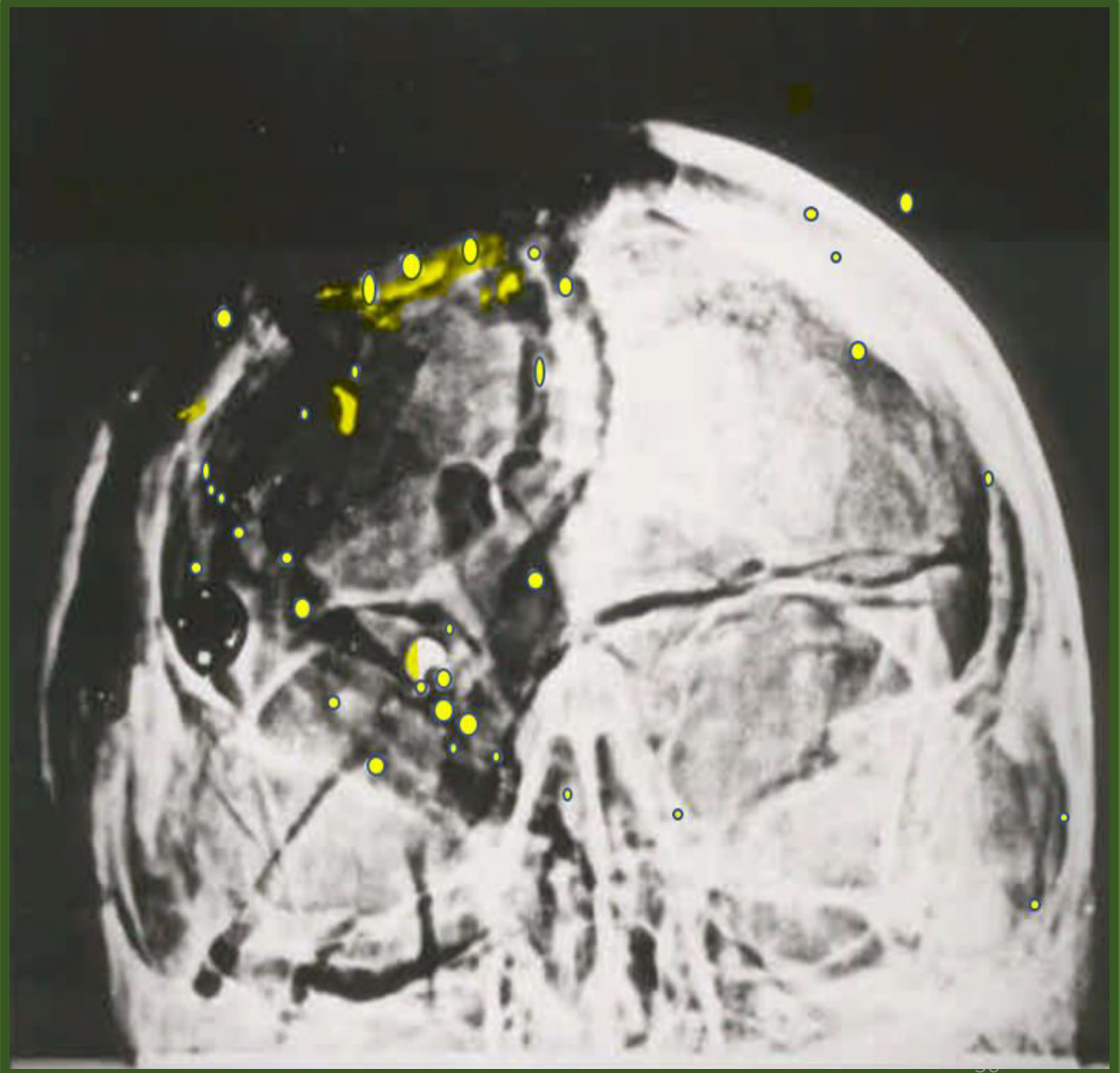
AP X-ray:
forehead entry.

Metal fragments in
yellow (mostly in
anterior skull)



AP X-ray, with
metal fragments,
as closely traced
at NARA.

Note the tiny debris
(mercury?) on JFK's left
side—very unlike a
metal-jacketed bullet



Actual sentences found in patients' hospital charts

The patient refused autopsy.

What do we know about optical density?

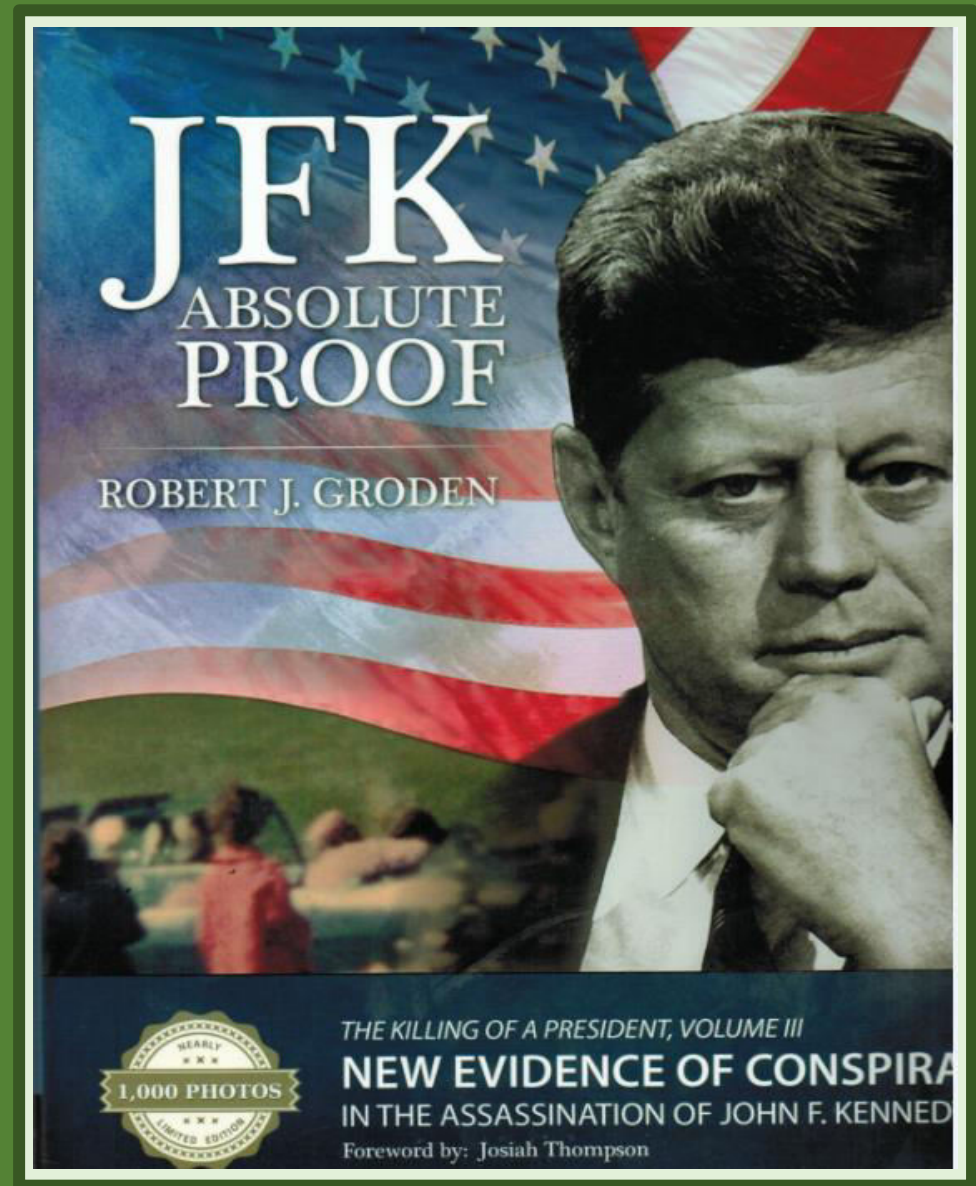
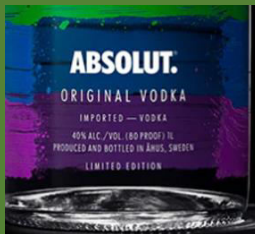
1. This is the science that underlies radiology (1917)
2. For the history of this science, see Appendix 10 in my critique of John McAdams
3. Dr. Arthur Haus, a Kodak physicist, reviewed my original article
4. Dr. Chesser confirmed my OD data—taken directly at NARA
5. NARA has its own densitometer—Chesser used it
6. No WC supporter has ever taken any OD data—nor has Randy Robertson, MD
7. No government radiologist ever even suggested measuring ODs
8. After 20 years, no one has offered any scientific criticism of my initial article on the 6.5 fake

What do we know about the JFK autopsy photographs?

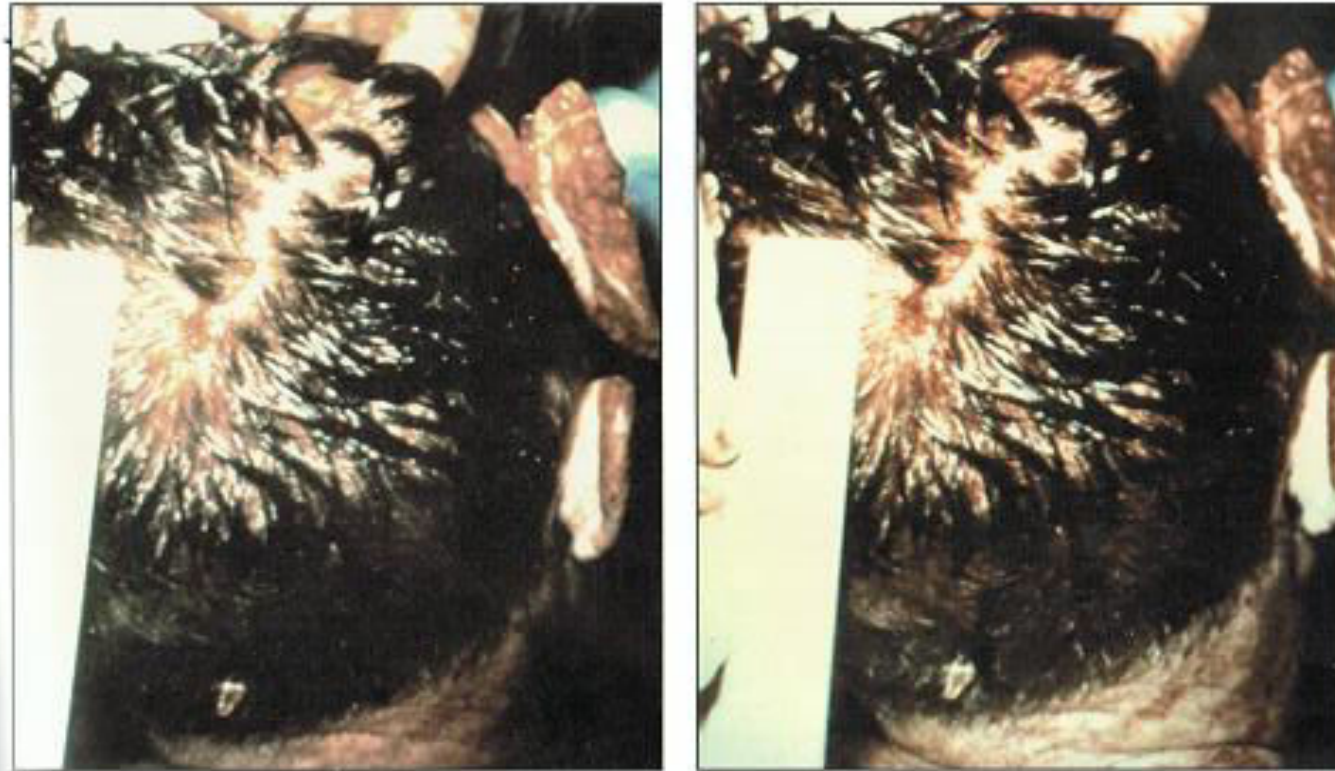
1. Some photos are missing--per Humes, Boswell, Finck, Stringer, Karnei, Knudsen, Spencer, etc.
2. No hole appears in the right occiput
3. No photos show a skull wound of entry!
4. Humes exclaimed to the HSCA (and to the ARRB): The “red spot” (in the scalp) was not an entry wound!
5. The brain photos show intact cerebellum (in disagreement with nine Parkland MDs)
6. The posterior hair is too clean (especially for the bloody shirt)
7. The camera/lens combination was located by the HSCA—but it did not match the photos
8. Stereo viewing is bizarre (for JFK’s hair) just where the occipital hole was seen
9. JFK’s back has inconsistent images in the “original photos”—per Mantik
10. Quentin Schwinn saw a candidate autopsy photo (with a forehead entry site)
11. Odd surface reflections on one F8 photo suggest that it is a copy (per Chesser)
12. James K. Fox, SS agent (known for the Fox photos), recalled a “burn party” dated about Dec. 6, 1963—see Killing the Truth, Harry Livingstone, p. 277

Stereo viewing: you
can do it yourself!

See Groden's p. 174 and pp.
183 -184



JFK: Absolute Proof, Groden, p. 174



Slightly different views of the back of the President's head give us a true parallax view of the forged photographs of the back of the head.

NOTE: Slight differences between the two photos permit stereo views

Stereo Viewing



Large format stereo print viewer

1. Buy a stereo viewer (online)—or make your own
2. Prepare two same-sized images (e.g., by scanning images, and then printing them)
3. Adjust image size—preferably large (close-up)
4. Focus on mid-distance (beyond the plane of the paper)
5. On JFK's back: the ruler will jump out at you
6. As a control, take two successive photos of a posterior scalp—and try stereo viewing those

Actual sentences found in patients' hospital charts

The patient has no previous history of suicides.

Inventory of November 10, 1966--only seven body poses:

- 20 body color transparencies
- 18 body b&w negatives
- 7 brain b&w negatives
- 7 brain color negatives

GRAND TOTAL= 52

View.#	Description from 11/10/66 Inv.	B&W Neg #s	Color Pos. Tran. #s
1.	left side of head and shoulders	1,2,3,4	29,30,31
2.	right side of head and right shoulder	5,6	26,27,28
3.	superior view of head	7,8,9,10	32,33,34,35,36,37
4.	posterior view of wound of entrance of missile high in shoulder	11,12	38,39
5.	right anterior view of head and upper torso, including tracheotomy wound	13, 14	40,41
6.	wound of entrance in right posterior occipital region	15,16	42,43
7.	missile wound of entrance in posterior skull, following reflection of scalp	17,18	44,45
8.	basilar view of brain	19,21,22	46,47,48,49
9.	superior view of brain	20,23,24,25	50,51,52

Horne's Volume I, pp. 151-152
Also see Horne's Figures 57, 58

Robert Knudsen, White House Photographer

- Said he took autopsy photos—and he was not home during the autopsy.
- The HSCA deposed him in 1978. The ARRB later interviewed his family. His son Bob reported that his father said that “hair had been drawn in” on one photograph to conceal a missing portion of the top-back of JFK’s head. Knudsen’s wife added that her husband saw wounds [in photographs] that did not represent what he had seen.

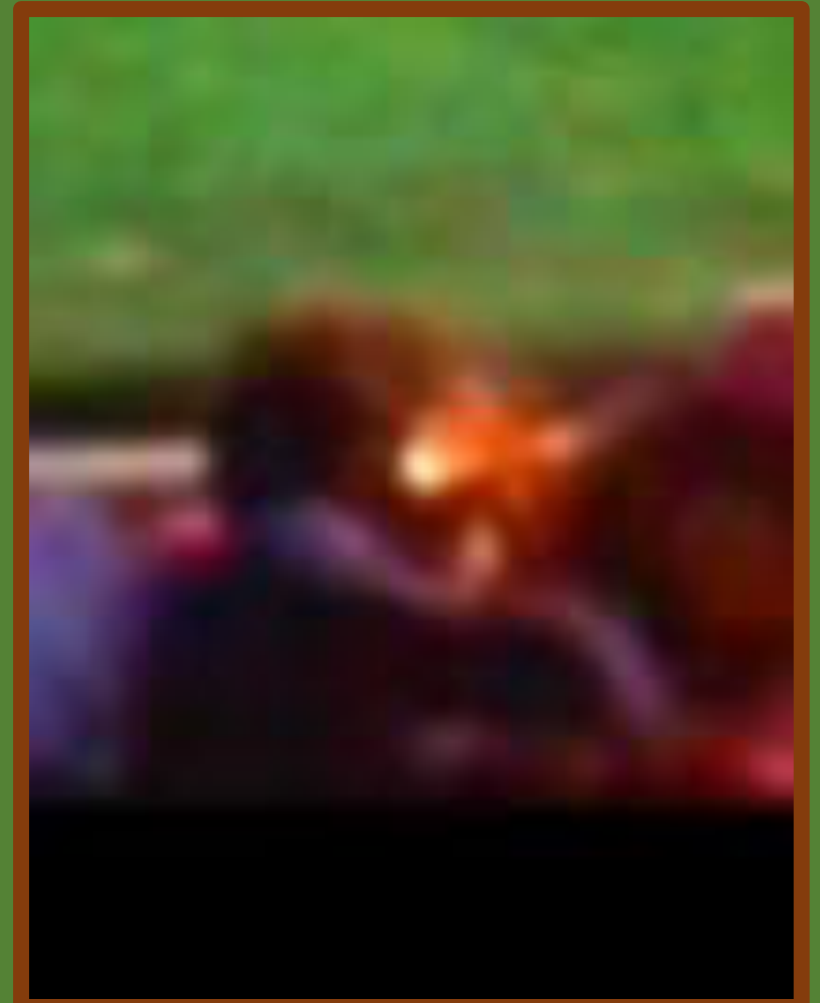
In the (unshown) paired photo of this color transparency (i.e., the “original photo”), this Dark Spot is much lighter, with a thin horizontal line through the center.

1. But the two color prints look normal!
2. And both pairs yield stereo images.

CONCLUSION: The odd photo cannot be an original, but must rather be a copy. Therefore, the door is open to other photos also being copies, e.g., the back of the head.



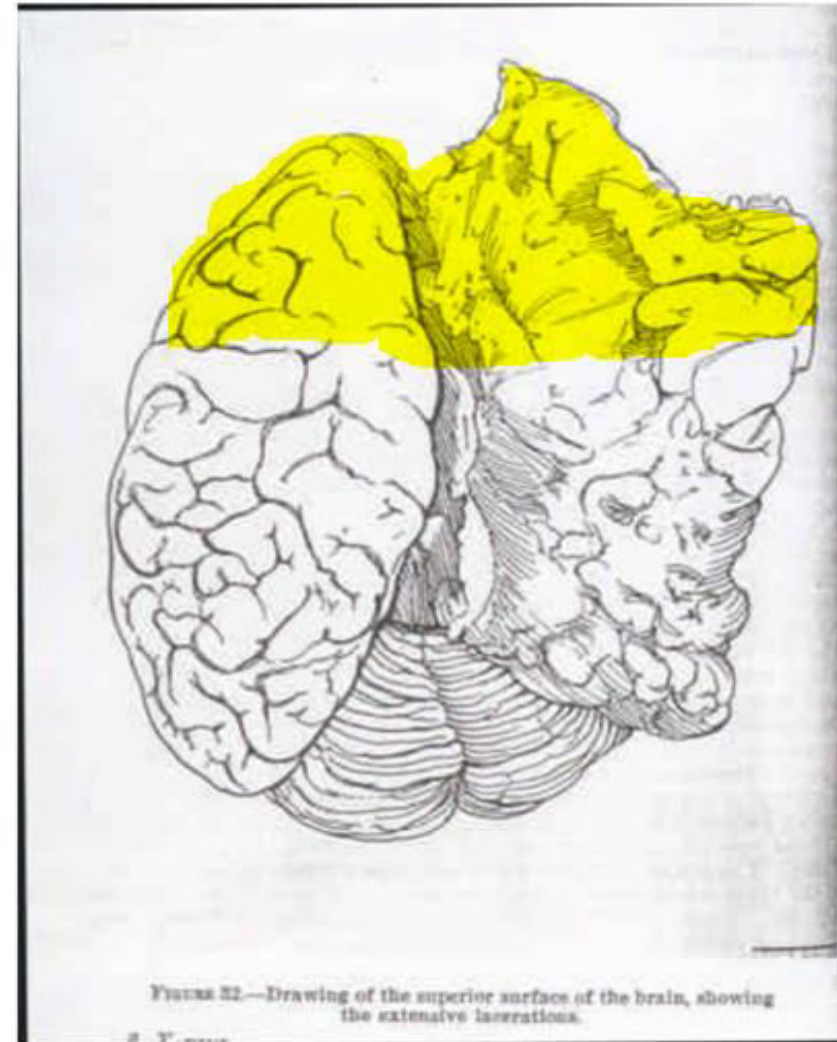
1. How does this clean scalp bloody this shirt?
2. How does this Z-317 “wound” bloody this shirt?



What do we know about JFK's brain?

1. Much brain tissue was missing, per the witnesses
2. Humes (in *JAMA*): 2/3 of the right cerebrum was gone
3. ODs of right cerebrum match Humes's recollection
4. ODs show no brain in a fist sized area at the front—on both sides
5. Brain photos: most frontal brain is present—on both sides
6. ODs show missing right cerebellum—quite unlike the brain photos
7. The 1500 gram brain weight is impossible
8. The brain photographs are on the wrong film type

HSCA drawing of an unknown brain



Ida Dox prepared this drawing for the HSCA. It is the only image in the public record. The yellow tissue is absent on the lateral X-rays.

Actual sentences found in patients' hospital charts

Between you and me, we ought to
be able to get this lady pregnant.

What do we know about bullet fragments?

1. Belmont (FBI) memo: bullet found behind ear
2. Robinson (mortician) saw 10 bullet fragments
3. Dennis David typed a memo for fragments (from more than one bullet)
4. James Jenkins saw a plastic bag with fragments of bone and metal lying next to JFK's head

More about bullets and fragments

1. Limo fragments: these were not recalled by Floyd Boring, who officially discovered them!
2. One is bent straight back, an impossible outcome after merely striking the skull
3. James Young bullet—from a recent document discovered by Dr. Robertson
4. Aguilar & Thompson: no provenance for CE-399
5. John Hunt timeline: two bullets at the FBI lab that night!
6. 6.5 mm object was not removed (it did not exist)

X-ray forgery: Who are the experts?

1. Diagnostic radiologists? No one claims this title.
2. There are no radiology courses on X-ray forgery.
3. Online searches for “X-ray forgery” yield nothing useful. (But try Rembrandt forgeries instead!)
4. Radiologist Gerald McDonnell listed possible features of X-ray forgery—on the next slide.

McDonnell (HSCA): Possible features of X-ray forgery

1. A difference in *density* of the images. (JFK: the White Patch)
2. A discontinuity of anatomical structures. (Not seen in the JFK X-rays.)
3. Alteration of continuity of an abnormal pattern. (JFK: differences between the two White Patches—left vs. right sides may be different shapes, and likely are different densities)
4. Production of an image which is not anatomical or an image of an impossible pathologic process. (JFK: the double exposure—ghost image—inside the 6.5 mm object)

Comment: McDonnell offered these criteria to the HSCA for his verdict that the JFK X-rays were unaltered. Unfortunately for him, his conclusion was wrong. After all, he had not been trained as a medical physicist—so he totally overlooked the utility of optical density measurements.

What McDonnell overlooked

On an original film, missing emulsion should be obvious where it has been scraped off (e.g., the T-shaped inscription). McDonnell failed to examine this area.

What all the diagnostic radiologists overlooked—from the Clark Panel, the HSCA, and the ARRB

1. Optical density data can clarify grossly suspicious paradoxes.
2. Even John Fitzpatrick, the forensic radiologist for the ARRB, confessed that he could not solve the paradox of the 6.5 mm object. Nonetheless, he ignored the OD data. Instead, he returned for a second day just to stare (helplessly) at the 6.5 mm fake. He never explained it.
3. No government radiologist has ever suggested measuring ODs.
4. Even Larry Sturdivan (a physicist, no less), was puzzled by the 6.5 mm fake), but even he never suggested using OD data.

What skills are required to detect X-ray forgery?

1. An open mind helps!
2. A minimum threshold for suspicion (If you don't believe in ghosts you will never see one—but there are ghosts in this case!)
3. Technical skills: Both Radiology and Medical Physics are useful
4. Experience: I taught medical physics to my fellow residents.

Comment: When Cyril Wecht needed an expert for a suspicious trauma case, he asked me to travel to Nebraska to examine an X-ray. (It was authentic.) Why did Cyril not ask an expert?

Actual sentences found in patients' hospital charts

I saw your patient today, who is still
under our car for physical therapy.

Conclusions: The JFK autopsy X-rays contain three decisive anomalies. These are unique in history—so that is why all of the experts still remain mystified.

No one before had thought about (or had ever seen) double exposures.

1. The T-shaped inscription has no missing emulsion—so it must be a copied film.
2. The White Patch resulted from a double exposure.
3. The 6.5 mm fake was another double exposure (but farcically overdone).

Six Mantik References

1. Twenty Conclusions after 9 Visits (2003):
<https://assassinationresearch.com/v2n2/pittsburgh.pdf>
2. JFK Lancer Lecture (2009—on how to alter 1963 X-rays):
<http://assassinationofjfk.net/jfk-skull-x-rays-evidence-of-forgery-david-mantik/>
3. THE JOHN F. KENNEDY AUTOPSY X-RAYS: THE SAGA OF THE LARGEST “METALLIC” FRAGMENT (2015):
<https://www.journals.ke-i.org/index.php/mra/article/view/177/78>
4. Houston Mock Trial (2017):
<https://statick2k-5f2f.kxcdn.com/images/pdf/david-mantik-houston-2017.pdf>
5. JFK Assassination Paradoxes: A Primer for Beginners (2018):
<http://escires.com/articles/Health-1-126.pdf>
6. The Mantik Website (courtesy of Bernard Wilds in the UK):
<http://themantikview.com/>