FILE NAME: Niagara Insulation (NIN)

DATE: 1959

DOC#: NIN004

DOCUMENT DESCRIPTION: Death Certificate

2704

EXHIBIT
ID EVID 11/24/04
PLF 17
10/22/04

11/20/09

F.E.F.E.X. Ro MD Albany Correctional Fac. E.D.

Form VS No. 450 (Buffalo) 11-54-52M Books (ED-443)

MARGIN RESERVED FOR BINDING

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH. TYPEWRITE, HAND PRINT, OR WRITE LEGIBLY IN PERMANENT BLACK OR BLUE-BLACK INK. PENCILS, COLORED INKS, OR BALLPOINT PENS SHOULD NEVER BE USED. SIGNATURES SHOULD BE LEGIBLE. THIS IS A PERMANENT RECORD.

(See Reverse for Instructions)

INDEXED

New York State Department of Health
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 1951

1. PLACE OF DEATH: a. STATE OF NEW YORK b. COUNTY OF ERIE c. CITY OF BUFFALO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans Hospital

District No. 1401

2. USUAL RESIDENCE: a. STATE N.Y. b. COUNTY Erie c. TOWN West Seneca d. CITY OR VILLAGE (Inside limits?) YES NO

3. SEX: Male

4. COLOR OR RACE: White

5. NAME OF DECEDENT: (First) (Middle) (Last) Clinton

6. DATE OF DEATH: (Month) (Day) (Year) 10 57

7. a. MARRIED, WIDOWED OR DIVORCED (Give name of husband or wife) Violin Fried

7. b. MAIDEN NAME

8. DATE OF BIRTH: Feb. 25, 1902 (Month) (Day) (Year)

9. AGE: Last birthday 52 Years

10. a. BIRTHPLACE (State or foreign country) Buffalo N.Y.

10. b. CITIZEN OF WHAT COUNTRY USA

11. a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Agent

11. b. KIND OF BUSINESS OR INDUSTRY Veterans Hospital

12. FATHER'S NAME William Clinton

13. MOTHER'S MAIDEN NAME Mary Smith

14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO

15. SOCIAL SECURITY NO. 106-03-3031

16. INFORMANT'S NAME Kent Front Institution

17. a. INFORMANT'S MAILING ADDRESS (Street and number or R.F.D. number, town or city, state, and zip code) 759 Indian Church Road West Seneca N.Y.

17. b. RELATIONSHIP TO DECEDENT

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Primary Cancer (b) Pneumonia

CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)

(a) Primary Cancer

(b) Pneumonia

(c)

INTERVAL BETWEEN ONSET AND DEATH

19. DISEASE OR CONDITION OF IMPORTANCE BUT NOT RELATED TO CAUSE GIVEN IN 18

20. MAJOR FINDINGS OF AUTOPSY

21. AUTOPSY? YES NO

22a. DATE OF OPERATION

22b. MAJOR SURGICAL OPERATIONS DURING LAST 4 WEEKS

23. a. ACCIDENT-SUICIDE-HOMICIDE? (Specify)

23. b. TIME (Hour) (Day) (Year) OF INJURY

23. c. PLACE OF INJURY (Home, farm, factory, street, office building, etc.)

23. d. INJURY OCCURRED IN OR AS A RESULT OF: Home Not Home

24. HOW DID INJURY Ooccur

25. I hereby certify that I attended the deceased from Aug. 10 57 to Aug. 11 59; that I last saw the deceased alive on Aug. 11 59; that death occurred at 10:30 A.M. from the cause(s) and on the date stated above.

SIGNATURE AND TITLE OF CERTIFIER: Wm. C. Johnston

25a. DATE SIGNED: Aug. 12 59

25b. ADDRESS: 1310 Union Rd. West Seneca

26. BURIAL, CREMATION OR REMOVAL

27. DATE: Aug. 14 59

28. NAME OF CEMETERY OR CREMATORY: Forest Lawn

28a. LOCATION: Buffalo N.Y.

29. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Wm. C. Johnston

30. REGISTRAR'S SIGNATURE: Louis Gliebe

31. DATE FILED BY LOCAL REGISTRAR: AUG 14 1959

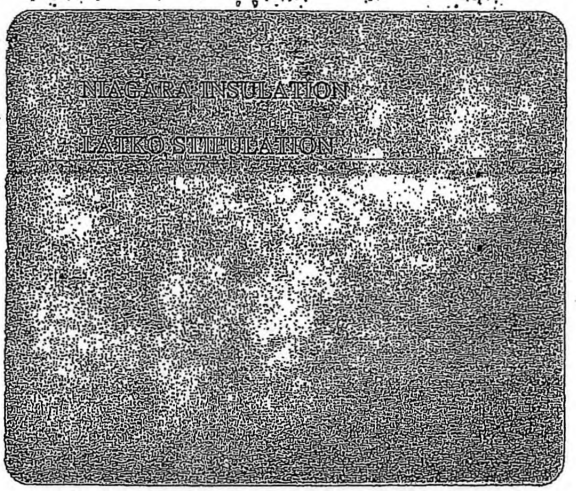
Burial or Removal Permit issued by: Louis Gliebe

Date of Issue: AUG 14 1959

2697

EXHIBIT 11 TO LIPSITZ AFFIDAVIT - CAVANAUGH DOCUMENTS [2697-2704]

EXHIBIT
IN EVID - 10/26/04
PLF 16
10/22/04



PLAINTIFF'S EXHIBIT