

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 88 Space: J

Find A Grave # 11900452

Name: **Camper, Joseph Heverin**

Birth date: December 12, 1950 Death date: October 13, 1954 Burial Date: October 15, 1954 Age: 3

Parents: Randolph W. Camper (1916-1986) and Sarah *Lightbourne* Camper (1916-2004)

Siblings: John R. Camper (1943-2008); Julia *Camper* Hallenbeck; Priscilla *Camper* DiCarlo

Residence: Brook Dale Farms, Elverson, PA

Cause of death/Burial/Obituary: Drowning, see next page

Officiate: Rev. Paul A. Kellogg

Lot Owner: Mr. and Mrs. Randolph Camper/ Oct. 22, 1954, Perpetual care by burial permit

Inscription:

Joseph H. Camper
1950 - 1954

DIMENSIONS: H 6" x W 20" x D 11"

STYLE: headstone

No repairs needed



Inventory date: March 30, 2020 Recorder: Ellen Richardson

News Journal, Fri. Oct. 15, 1954

Joseph H. Camper

DOVER, Oct. 15—(Special).—Funeral services for Joseph H. Camper, 4-year-old son of Mr. and Mrs. Randolph Camper, formerly of Dover, are being held this afternoon in Christ Church with the Rev. Paul A. Kellogg, rector, officiating. Interment will be in Christ Churchyard.

The boy died Wednesday at his parents' home, Brook Dale Farms, Elverson, Pa.

In addition to his parents, he is survived by two sisters, Julia and Priscilla; a brother, John, and his paternal grandparents, Mr. and Mrs. Rawlins F. Camper, Dover.

Death certificate retrieved from ancestry.com on November 16, 2020

HVS-20007-83M-6-53 10 COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH		File No. 82219 Registered No. 45
Primary Dist No. 15x59-159 BIRTH NO.		
1. PLACE OF DEATH a. County Chester b. City (If outside corporate limits, write RURAL and Borough or Township) Rural-Nantmeal Twp. c. Length of Stay (In this place) 1 hr. d. Full Name of Hospital or Institution, give street address or location Pend on Farm		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. State Pa. b. County Chester c. City (If outside corporate limits, write RURAL and give township) Rural Nantmeal Twp. d. Street Address (If rural, give location) R. D. #1 Elverson, Pa.
3. NAME OF DECEASED (Type or Print) Joseph Heverin Camper a. (First) Joseph b. (Middle) Heverin c. (Last) Camper		4. DATE OF DEATH 10 - 13 - 1954 (Month) (Day) (Year)
5. SEX Male 6. COLOR or RACE White 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Dec. 12 1950 9. AGE (In yrs. If Under 1 Yr. If Under 24 Mts. Specify) 3 (Months) (Days) (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during usual of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (also give State or foreign country) Elverson, Pa. 12. CITIZENSHIP U.S.
13. FATHER'S NAME Randolph W. Camper 14. MOTHER'S MAIDEN NAME Sara Lightbourne		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Specify in (1) if yes, complete re-urn; (2) if no, complete re-urn; (3) if unknown, write side of certificate) NO 16. SOCIAL SECURITY NO. None
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation ANTECEDENT CAUSES Morbid conditions, if any, DUE TO (b) Drowning giving rise to the above cause (c) stating the underlying cause last. DUE TO (c) II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		MEDICAL CERTIFICATION INTERVAL Between ONSET and DEATH 5 Min. 9291
19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? No
21a. ACCIDENT (Specify) Accident 21b. PLACE OF INJURY (i.e., in or about home, farm, factory, street, office building, etc.) Elverson, Nantmeal, Pa. 21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE)		
21d. TIME (Month) (Day) (Year) 10-13-54 21e. INJURY OCCURRED Drowning 21f. HOW DID INJURY OCCUR? Drowning		
22. I hereby certify that a view (an inquest) was held upon the body of the above named deceased on 10-13-54 at 10:30 A.M., E.S.T. from the onset and on the date stated above.		
23a. SIGNATURE OF CORONER Deputy Thomas Monteith 23b. ADDRESS Coatesville, Pa. 23c. DATE SIGNED 10/16/54		
24a. BURIAL, CREMATION, REMOVAL, OR DISPOSITION Burial 24b. DATE 10/14/54 24c. NAME OF CEMETERY OR CREMATORY St. Charles Cem. 24d. LOCATION (Town, township and county) (State) Dover, Delaware		
DATE RECD BY LOCAL REG. 10-14-54 REGISTRAR'S SIGNATURE Marawenia M. Shoemaker 25. SIGNATURE OF FUNERAL DIRECTOR Charles F. Mochler ADDRESS Coatesville, Pa.		