

Phiphine T. Moore

3181 Flanders Drive
Winston-Salem, NC 27105
336-744-7630(h) 336-813-5852(c)
ptmoore3181@gmail.com

March 29, 2019

VIA: HAND DELIVERY

City of Winston-Salem
ATTN: Marketing & Communications Dept.
City Hall, 101 North Main Street
Suite 336
Winston-Salem, NC 27101

**RE: 2019 Nomination for The Winston-Salem Arts, Culture & Entertainment
Memorial Walk of Fame
NOMINEE: Kim M. Sharpe**

Dear Committee Members:

It is my pleasure to submit the enclosed application packet to nominate Kim M. Sharpe for the above-referenced Walk of Fame. The packet includes the following:

1. A completed and signed application form
2. Bio of Kim M. Sharpe (with attached photo of his albums)
3. List of Community/Civic Involvement
4. Uncertified copy of Kim Sharpe's Death Certificate

The information provided is given to the best of my knowledge. However, Mr. Sharpe has accomplished more than what I can recall. If you have questions or require additional information, please contact his wife, Mrs. Maggie Sharpe, 3005 Carr Ct., Winston-Salem, NC 27105, 336-722-0155.

I look forward to hearing from you regarding this nomination.

Sincerely,



Phiphine T. Moore
Enclosures

cc: Mrs. Maggie Sharpe



Nomination for 2019 Selection

Application deadline: **Friday, March 29 by 5 p.m.**

DELIVER TO: City Hall, 101 N. Main St., Winston-Salem,
Marketing & Communications Department, Suite 336

OR MAIL TO: City of Winston-Salem
Marketing & Communications Department
P.O. Box 2511
Winston-Salem, NC 27102

Nominee's Stage Name: KIM M. SHARPE, Founder & Executive Music Director of The Voices of KMS Given Name: KIMBERLEY M. SHARPE

Address at Time of Death: 3005 Carr Court, Winston-Salem State: NC

Winston-Salem Resident: Beginning: 1972 (year only) To: 2016 (year only)

Category: Music Visual Arts Dance Motion Pictures
 Theater Television Writing Radio

Criteria:

- The nominee(s) exhibited sustained excellence in his or her field for at least five years.
- The nominee(s) made distinguished contributions to the community and civic-oriented participation.
- The nominee(s) is deceased (must provide copy of death certificate).
- The nominee(s) was a resident of Winston-Salem for at least five years.
- The nominee(s) made a significant contribution to the arts or entertainment industry in one or more of the following areas: music, dance, theater, writing, visual arts, motion pictures, television, or radio. A "significant" contribution would be iconic in terms of renown and the impact on the artistic disciplines or popular culture.
- Application must include nominee's performance/accomplishment biography.
- Attach nominee's biography with dates which must include at least 5 years of accomplishments in the arts, culture, or entertainment field.
- Attach a list of nominee's civic/community involvement.
- Attach a copy of nominee's death certificate.

Sponsor: Mrs. Phiphine Moore

Address: 3181 Flanders Drive

City: Winston-Salem State: NC Zip Code: 27105

Email: ptmoore3181@gmail.com

Phone: Home: 336-744-7630 Cell: 336-813-5852

Signature:  Date: 03/29/2019



Kim M. Sharpe

August 21, 1954 – December 28, 2016

Kim M. Sharpe made Winston-Salem, NC his home in 1972 after moving from Bertie County, NC to attend Winston-Salem State University to earn a B.S. Degree in Biology with a Minor in Chemistry, and a Partial Minor in Music (1976). He worked as a lab programmer processing attendant for 28 years with Johnson Control, Inc.

He was the Minister of Music for Middlefork Christian Church Young Adult Choir and Male Chorus for 5 years. Then he became a faithful member of Galilee Missionary Baptist Church and worked with the Galilee Male Chorus for over 20 years. He also worked with the First Baptist Church Choir and others.

Kim Sharpe is Founder along with his wife, Maggie Sharpe, Co-Founder of the 501(c)3 non-profit organization, KMS, Inc. of which the Late Great Larry Leon Hamlin served as President of the Organization. Being his own boss, Kim worked with KMS, Inc. for over 30 years. Under the organization, they formed the gospel group, The Voices of KMS. This group recorded 3 albums/CD's: (1) Single in 1982 – "I Need the Lord on My Side"; (2) Album – "No Matter What"; (3) Album – "Power of God"; (4) Album – "I Remember Martin Luther King, Jr. (Thank You for the Dream)," and 4 videos. They performed on The Bobby Jones Gospel Show and Fox 8 WGHP. In addition to Dr. Bobby Jones, they have performed in concerts with The Williams Brothers, Luther Barnes, The Clark Sisters, Nicolas, Edwin Hawkins, Rev. James Cleveland and the list goes on. Spreading Gospel Music in and out of the City and State, The Voices of KMS were on the North Carolina and South Carolina Touring Rosters.

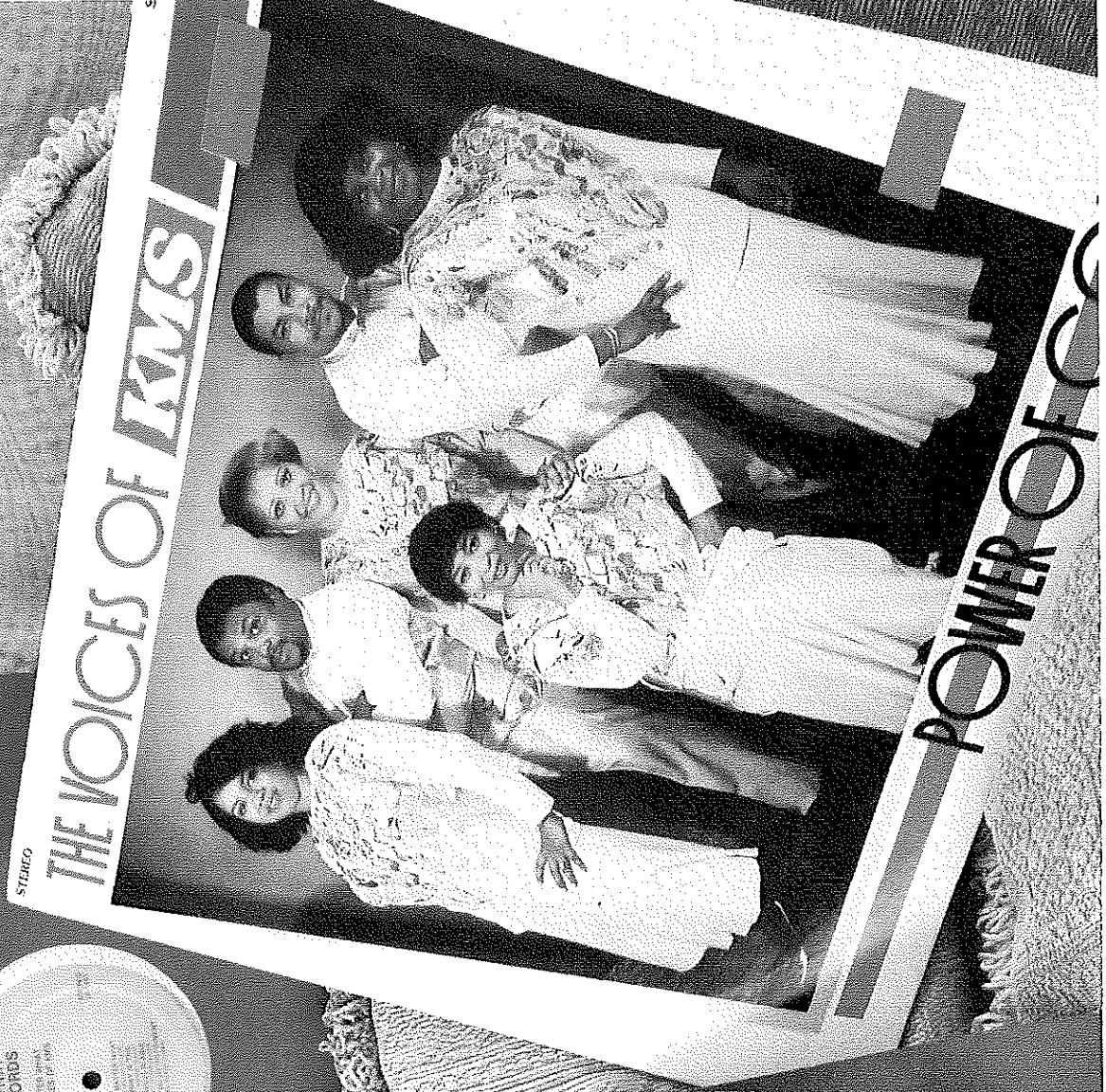
Kim, Maggie and Kenta Sharpe and The KMS Singers were selected to give a 45-minute performance at the White House Christmas Tree Lighting Ceremony on December 18, 2014. They were the only group from North Carolina that was invited to take part in that special event. They performed at the White House in December 2013 and December 2014.

This dynamic duo, Kim and Maggie Sharpe had their own Gospel Hour TV Show on My 48 TV where they gave local talent a chance to be seen and heard. Kim and Maggie booked other artists through local and state Arts Councils.

THE VOICES of **KMS**

Presenting MARJORIE SHARPE
 BEYONCE BRYANT/BRINDLEY
 SUEA ROBERT/Prudette

Produced by
 K. NAYRE
 S.F.G. 3967



Kim M. Sharpe

Community/Civic Involvement

- KMS, Inc. had a heavy focus on musical activities and events that operated a Youth, Senior Citizen and Prison Outreach program along with lecture series in the Performing Arts Division.
- Volunteered with various churches to assist with directing their choirs and teaching them new music.
- Organized music ministry in the local prison.
- Organized gospel concerts in the community by bringing national artists to Winston-Salem:

Aug. 16, 1987 – The Williams Brothers at WSSU Kenneth R. Williams Auditorium

Bobby Jones & The New Life Singers at The Stevens Center
(from the nationally syndicated show: The Bobby Jones Show that aired on the BET television station)

- April 1988: Lecture on the Historical Significance of Gospel Music
- North Carolina and South Carolina Touring Roster that included:
 - Education and ministering in music in public schools
 - Participation in City-wide events



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NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 03495 LOCAL NO. 860 COUNTY OF DEATH Forsyth STATE FILE NO.

DECEDENT TYPEPRINT IN PERMANENT BLACK, BLUE, BLACK OR BLUE INK	DECEDENT'S LEGAL NAME					1d. SUFFIX					1e. LAST NAME PRIOR TO FIRST MARRIAGE					
	1a. FIRST Kimberly		1b. MIDDLE Michelle			1c. LAST Sharpe										
NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)	2. SEX M		3a. AGE-LAST BIRTHDAY (Yrs) 62		3b. UNDER 1 YEAR Months Days Hours Minutes		3c. UNDER 1 DAY		4. DATE OF BIRTH (Month/Day/Year) 8/21/1954		5. BIRTHPLACE (County/State or Foreign Country) Bertie/NC		6. DATE OF DEATH (Month/Day/Year) 12/28/2016			
	7a. IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA													7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		
7c. FACILITY NAME (If not institution, give street and number) Wake Forest Baptist Medical Center							7d. CITY OR TOWN Winston-Salem			7e. COUNTY OF DEATH Forsyth						
8. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE (Give name prior to first marriage) Maggie Glenn			10a. DECEDENT'S USUAL OCCUPATION (Do not use retired) Lab			10b. KIND OF BUSINESS/INDUSTRY Battery Mftg.							
11. SOCIAL SECURITY NUMBER 237-98-8737			12a. RESIDENCE - STATE OR FOREIGN COUNTRY North Carolina			12b. COUNTY Forsyth			12c. CITY OR TOWN Winston-Salem							
12d. STREET AND NUMBER 3009 Carr Court							12e. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		12f. ZIP CODE 27105		13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input checked="" type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.D., JD)							15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)					16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Other Asian (Specify) <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian of Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese				
17. FATHER'S NAME (First, Middle, Last) John Henry Taylor					18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Annie J. Sharpe											
19a. INFORMANT'S NAME Maggie G. Sharpe					19b. RELATIONSHIP TO DECEDENT Wife			19c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 3009 Carr Ct. Winston-Salem, NC 27105								
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)					20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Evergreen Cemetery			20c. LOCATION (City or town and State) Winston-Salem, NC								
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Grantheum F. Johnson</i>					21b. LICENSE NUMBER 1746		21c. NAME OF EMBALMER Grantheum F. Johnson			21d. LICENSE NUMBER 1746						
22. NAME AND ADDRESS OF FUNERAL HOME Hooper Funeral Home 1415 E. 14th St. Winston-Salem, NC 27105																
23. Part I. Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Septic Shock Due to (or as a consequence of) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Pseudomonas aeruginosa + Staph aureus pneumonia Due to (or as a consequence of) c. _____ Due to (or as a consequence of) d. _____ Due to (or as a consequence of)													Approximate interval: Onset to death			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							24a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No			24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No						
25. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide <input type="checkbox"/> Cannot be determined			26a. WAS CASE REFERRED TO MEDICAL EXAMINER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26b. IF YES: <input type="checkbox"/> Declined by Medical Examiner		27. TIME OF DEATH (Approximate) 18:02		28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		29. IF FEMALE: <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year					
30. DATE PRONOUNCED (Month/Day/Year)			31a. DATE OF INJURY (Month/Day/Year)		31b. TIME OF INJURY		31c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		31d. PLACE OF INJURY—at home, farm, street, factory, office, building, etc.		31e. IF TRANSPORTATION INJURY SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
31f. DESCRIBE HOW INJURY OCCURRED													31g. LOCATION OF INJURY (Street/Number/City/State)			
32. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician/nurse practitioner/physician assistant - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated.																
33a. SIGNATURE AND TITLE OF CERTIFIER <i>Mary Bay Maramola, MD</i>							33b. LICENSE NUMBER 144685			33c. DATE SIGNED (Month/Day/Year) 12/28/16						
33d. NAME AND ADDRESS OF CERTIFIER (Print legibly) Mary Bay Maramola, (Medical) Center Blvd. W-5 N.C. 27157																
34. FOR LOCAL REGISTRATION <i>Mary Bay Maramola</i>							35. DATE FILED (Month/Day/Year) JAN 06 2017		36. DATE REGISTERED BY STATE							
37. DATE CORRECTED (Month/Day/Year)													ITEM(S) CORRECTED:			
38. DATE AMENDED (Month/Day/Year)													ITEM(S) AMENDED:			

NOT A CERTIFIED COPY

Kimberly Michelle Sharpe

PARENTS

DISPOSITION

MEDICAL CERTIFICATION

BURIAL/CREMATION PERMIT
Medical Examiner Authorization for Deposition/Transportation
Medical Examiner Authorization for Disposition and Final Disposition
Medical Examiner Authorization for Burial, Cremation, Transportation or Release from the State
A copy of this form serves as a Burial/Cremation Permit.

MEDICAL EXAMINER ONLY

CERTIFIER

REGISTRAR

Substitute for
DH-10 1972
(REVISED 04/15)
N.C. VITAL RECORDS