



## Nomination for 2018 Selection

Application deadline: Mon., April 30 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: Dr. Robert L. Wise, Sr. Given Name: Robert Lee Wise

Address at Time of Death: 4649 Northview St. Winston Salem State: N.C.

Winston-Salem Resident: Beginning: 1936 (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: Vivian Burke

Address: 3410 Cumberland Rd.

City: Winston Salem State: N.C. Zip Code: 27105

Email: vivianb@cityofws.org

Phone: Home (336) 767-6690 Cell: \_\_\_\_\_

Signature: Vivian Burke Date: 4/28/18

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



2016911450

D 124 2560

REGISTRATION DISTRICT NO. 03496

LOCAL NO. 975

COUNTY OF DEATH Forsyth

STATE FILE NO.

DECEDENT	DECEDENT'S LEGAL NAME															
	1a. FIRST <b>Robert</b>					1b. MIDDLE <b>Lee</b>					1c. LAST <b>Wise</b>					1d. SUFFIX <b>Sr.</b>
TYPE/PRINT IN PERMANENT BLACK, BLUE, BLACK OR BLUE INK	2. SEX <b>M</b>	3a. AGE-LAST BIRTHDAY (Yrs) <b>80</b>		3b. UNDER 1 YEAR Months: <b>0</b> Days: <b>0</b>		3c. UNDER 1 DAY Hours: <b>0</b> Minutes: <b>0</b>		4. DATE OF BIRTH (Month/Day/Year) <b>12-9-1935</b>			5. BIRTHPLACE (County/State or Foreign Country) <b>Forsyth, NC</b>		6. DATE OF DEATH (Month/Day/Year) <b>July 29, 2016</b>			
	7a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <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):															
NAME OF DECEDENT (For use by Physician, Institution or Medical Examiner)	7c. FACILITY NAME (If not institution, give street and number) <b>Forsyth Medical Center</b>															
	7d. CITY OR TOWN <b>Winston-Salem</b>															
B. MARITAL STATUS	8. SURVIVING SPOUSE (Give name prior to first marriage) <b>Jessie Jackson</b>															
	9. DECEDENT'S USUAL OCCUPATION (Do not use retired) <b>Pastor</b>															
11. SOCIAL SECURITY NUMBER <b>45-50-0833</b>	12a. RESIDENCE-STATE OR FOREIGN COUNTRY <b>North Carolins</b>															
	12b. COUNTY <b>Forsyth</b>															
12c. CITY OR TOWN <b>Winston, Salem</b>																
12d. STREET AND NUMBER <b>1649 Northview Street</b>																
12e. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
12f. ZIP CODE <b>27103</b>																
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 type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input checked="" type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, 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 checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify)																
PARENTS	17. FATHER'S NAME (First, Middle, Last) <b>Herbert Wille Wise</b>															
	18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Roberta Elizabeth Hampton</b>															
DISPOSITION	19a. INFORMANT'S NAME <b>Jessie Wise</b>															
	19b. RELATIONSHIP TO DECEDENT <b>Wife</b>															
19c. MAILING ADDRESS (Street and Number, City, State, ZIP Code) <b>4649 Northview St. Winston Salem, NC 27103</b>																
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) <b>Piedmont Memorial Garden</b>																
20c. LOCATION (City or Town and State) <b>Winston Salem, NC</b>																
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Donald D. Gilmore</i>																
21b. LICENSE NUMBER <b>3598</b>																
21c. NAME OF EMBALMER <i>Garry C. D. Dore</i>																
21d. LICENSE NUMBER <b>1631</b>																
22. NAME AND ADDRESS OF FUNERAL HOME <b>Gilmore Memorial Funeral Ser. 1609 N. Liberty St. Winston Salem, NC 27105</b>																
MEDICAL CERTIFICATION	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. <b>MYOCARDIAL INFARCTION</b> Due to (or as a consequence of) b. <b>CORONARY ARTERY DISEASE</b> Due to (or as a consequence of) c. _____ Due to (or as a consequence of) d. _____ Due to (or as a consequence of)															
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																
BURIAL/CREMATION PERMIT	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, Declined by Medical Examiner																
27. TIME OF DEATH (Approximate) <b>0457</b>																
28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input 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																
MEDICAL EXAMINER ONLY	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)																
CERTIFIER	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>Charles W. Colvin</i>															
33b. LICENSE NUMBER <b>30897</b>																
33c. DATE SIGNED (Month/Day/Year) <b>JULY 29 2016</b>																
33d. NAME AND ADDRESS OF CERTIFIER (Print legibly) <b>CHARLES COLVIN 3333 SILAS WOOD PKWY W-5, N.C. 27103</b>																
36. DATE REGISTERED BY STATE																
REGISTRAR	34. FOR LOCAL REGISTRAR (Name) <i>Farlan Hunter</i>															
	35. DATE FILED (Month/Day/Year) <b>AUG 10 2016</b>															
DATE CORRECTED (M/D/Yr)																
DATE AMENDED (M/D/Yr)																
ITEM(S) CORRECTED:																
ITEM(S) AMENDED:																

Robert Lee Wise

BURIAL/CREMATION PERMIT

MEDICAL EXAMINER ONLY

CERTIFIER

REGISTRAR

# Resolution

## Recognizing Dr. Robert L. Wise, Sr. on his Thirty-Fifth Radio Anniversary and Fortieth Ministry Anniversary

WHEREAS, Dr. Robert L. Wise, Sr., was educated in the Winston-Salem/Forsyth County Schools. He attended Piedmont Bible College and received his Doctorate of Divinity Degree in June 1981 and the Doctorate of Sacred Theology in November 1983; and

WHEREAS, Dr. Robert L. Wise, Sr., began his ministry with the Macedonia Church of God Apostolic as a member. He was later ordained as an Elder to the same church. In 1971, he was ordained as Bishop; and

WHEREAS, under his leadership, he established an Education Committee which gives recognition to youth, provides financial support to students enrolled in institutions of higher learning and has improved the quality of life of the church for future growth with renovations, expansion and membership; and

WHEREAS, Dr. Robert L. Wise, Sr., is a compassionate leader, who has been blessed with many visions during his ministry. One of his visions was to have his ministry broadcast over the radio; and

WHEREAS, he began his radio ministry in May 1965 on radio station, WAAA ; and

WHEREAS, Dr. Robert L. Wise, Sr., will celebrate his thirty-fifth radio anniversary on May 21, 2000, and forty years of dedicated service to the ministry of mankind; and

WHEREAS, Dr. Robert L. Wise, Sr., is recognized for his many accomplishments, genuine love for his members, significant contributions to the church and for providing an outreach ministry to the community.

NOW, THEREFORE, BE IT RESOLVED, that the Mayor and Members of the Board of Aldermen hereby express appreciation and best wishes to Dr. Robert L. Wise, Sr., in celebration of his thirty-five years of radio ministry and forty years of ministry to mankind.

Jack Cavanagh Jr.  
Mayor

Vivian H. Burke  
Mayor Pro Tempore

Vernon Robinson  
Alderman

Robert S. Nonkington Jr.  
Alderman

Stephen H. Whiton  
Alderman

Joycelyn V. Johnson  
Alderman

Nelson L. Malloy Jr.  
Alderman

Wanda Merschel  
Alderman

Frederick N. Terry  
Alderman



Carver High School

Forsyth County



North Carolina

This is to Certify That

Robert W. [unclear]

has satisfactorily completed  
study prescribed by the  
High School

In Witness Whereof

*Fred D. [unclear]*

Macedonia Holiness Church of God of  
The Apostolic Faith, Inc.

Bishop R.L. Wise, Sr., D.D., S.T.D.

35 Years of Uninterrupted Radio  
Broadcasting Anniversary

CONGRATULATIONS  
*Dr. Robert Wise*  
ON 21 YEARS OF RADIO BROADCASTING  
ON WAAA

*"Labouring Deserves Honor"*

Thou God's harvest are full  
And his labourers are few,  
Theres no man on earth  
That has laboured like you.

For labouring you have suffered  
And for labouring you have pained,  
God's truth will march forward  
Cause you're suffering for his name.

Now if any man is worthy of honor  
For the labouring that is due,  
Double honor should be rewarded  
And it should all go to you.

COMMENDATION FOR BISHOP DOCTOR ROBERT L. WISE

WHEREAS, the Bishop Doctor Robert L. Wise is a native of Winston-Salem, having graduated from the local public schools; and

WHEREAS, Dr. Robert L. Wise has distinguished himself and made great contributions to this community in the field of theology; and

WHEREAS, Dr. Robert L. Wise has given this community his expertise and services in a variety of other community endeavors; and

WHEREAS, Dr. Robert L. Wise has held several positions in the Holiness Church, rising from Elder to Pastor and General Overseer of the Southeast District; and

WHEREAS, Dr. Wise is known far and wide as a great theologian and is most famous for his motto "Let God be First in Your Life Right Now"; and

WHEREAS, Dr. Robert L. Wise is now celebrating his eighteenth year as Pastor and General Overseer of the Macedonia Holiness Church of God, Inc. located at 4111 Whitfield Street in Winston-Salem, North Carolina, and at 3806 Dawson Street in Greensboro, North Carolina.

NOW, THEREFORE, BE IT RESOLVED that the Winston-Salem community is proud of the accomplishments of Dr. Wise and wishes him God's speed as he continues to minister to the needs of our citizens.



*Wayne A. Coopening*  
Mayor Wayne A. Coopening

*Vivian H. Burke*  
Alderman Vivian H. Burke

July 25, 1985

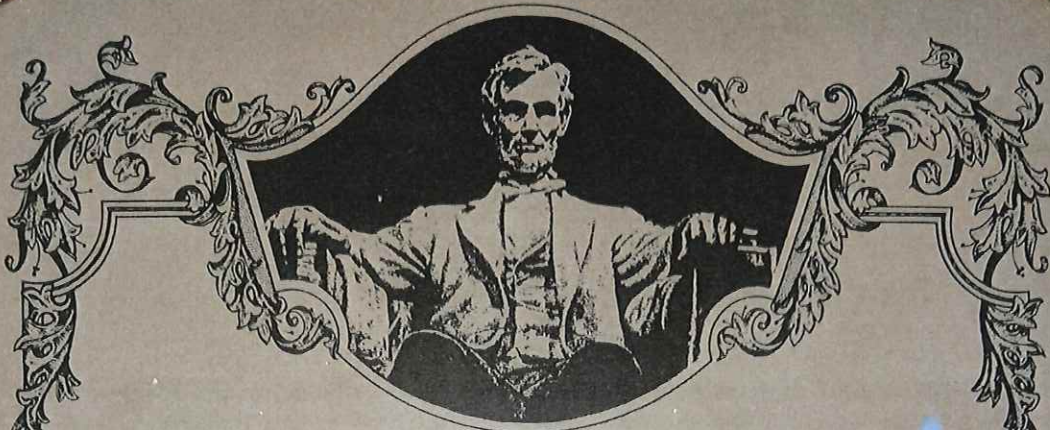


IN GRATEFUL APPRECIATION FOR  
YOUR GENEROUS CONTRIBUTION OF  
ONE THOUSAND DOLLARS.

BISHOP ROBERT L. WISE

WINSTON SALEM, NC

MARCH 1996



Certificate of Life Membership  
*This certifies that*

**Bishop Robert Wise**

is a Life Member of the

**National Association**

**for the Advancement of Colored People,**

having paid the sum of Five Hundred Dollars into the Treasury of the National Office,  
testifying forever to our faith in the future of Black Americans in the United States,  
and in the principles of equality and justice in the American Constitution.

In witness whereof the Board of Directors has caused this Certificate to be issued,

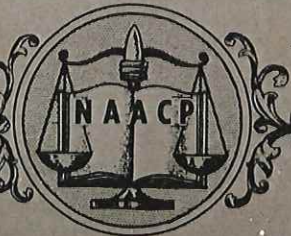
*W. Montague Cobb*  
President

August 1981

*Margaret Dusan Wilson*  
Chairman of the Board

*Benjamin H. Davis*  
National Life Membership Chairman

*W. H. Moore*  
Executive Director







### "The Righteous Man"

This is the face of a righteous man,  
And he holds Gods word in the center of his hands.

in his hands you shall find,  
Gods healing power all the time.

He was pioneered as a child, to grow up in the faith;  
For the burdens he had to face are now just light weight.

He can give you comfort when you are in need,  
Yet he is never too proud to get on his knees.

If you follow closely to this man,  
He shall teach you that with God you can stand.

He teaches the true confession of "God Living Within",  
For we all know, without this the devil will win.

His gift of spiritual knowledge can teach you a lot,  
And his eyes can see beyond what ours can not.

He has prophesied many things to his people in the past,  
Which has now finally happened at last.

He never backed down though fought by an army of many,  
And God spoke to him and said, "I can fight off any".

Our children just love,  
To be embraced by his hugs,  
And he is still crying out, "LORD KEEP THEM OFF DRUGS".

Through his fasting and praying, God was well pleased;  
And in return God has blessed him with so much indeed.

There is none other like him that stands,  
He is Dr. Robert L. Wise the Righteous Man.

*Written By*

*Sister C.L. O'Neal*

THE CHURCH OF GOD (Apostolic) INC.  
HEADQUARTERS WINSTON SALEM, NORTH CAROLINA

**License**

*Go Ye Into All The World And Preach The Gospel*

This is to Certify that the bearer hereof Bishop R. L. Wise  
having acknowledged His calling and anointing to preach the Gospel of our Lord and Saviour Jesus Christ  
is hereby recommended as being in fellowship with the above named Church and granted this license.  
And by the laying on of hands of the presbytery and prayer, we do hereby Ordain Him that He may be  
set apart as an Ordained Bishop in the Church of God Apostolic, to solemnize all rites and duties as an Or-  
dained Bishop as long as His life meets the approval of the Doctrine of the Church, if not this license may be  
revoked at anytime during the year by the Overseer or Bishop.

Done by the order of the Annual General Assembly  
Held at St. Peter's Church of God (Apostolic) Winston Salem, N.C.

Presbytery  
Bishop Floyd Crawford  
Bishop W. R. Dammitt  
Bishop G. H. King  
Bishop J. J. Fitzgerald  
Bishop G. S. Magall  
General Overseer Bishop G. K. Hask  
General Secretary Bishop L. M. Hask

