



# 2023 Nomination Form

Application deadline: Friday, February 24 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: FUNCHES Given Name: JAMES EVERETTE FUNCHES

Address at Time of Death: 2821 N. GLENN AVE State: NC

Dates of Residency: \_\_\_\_\_ to: 2012 (ex: 2000-2010)

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 or obituary).
- 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 to Include:

- Attach nominee's performance/accomplishment biography 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 or obituary.

Sponsor Name: BEVERLY F. WILLIAMS / KAYUM

Address: 3141 BUTTERFIELD DR, WINSTON-SALEM, NC 27105

City: WINSTON-SALEM State: NC Zip Code: 27105

Email: Bfwms3@aol.com

Phone: Home: \_\_\_\_\_ Cell: 336-408-4564

Signature: Beverly Williams Date: 2/22/23

**NOMINATION FOR THE MEMORIAL WALK OF FAME 2023**  
**FOR**  
**JAMES EVERETTE FUNCHES**  
**JULY 26, 1943 – MARCH 5, 2012**

ATTACHMENT TO APPLICATION

**BIOGRAPHY**

MR. JAMES FUNCHES WAS BORN JULY 26, 1946 TO LONZO AND EVELYN FUNCHES, ONE OF SEVEN SIBLINGS RAISED BY HIS PARENTS.

HE WAS A MEMBER OF ST. PHILIP'S MORAVIAN CHURCH THAT HE JOINED AT AN EARLY AGE WHEN THE FAMILY RESIDED IN THE HAPPY HILL GARDENS COMMUNITY. HE WAS A MEMBER OF THE CHOIR AND COORDINATED SEVERAL OF THE CHRISTMAS LOVE FEAST MUSICAL BANDS.

MR. FUNCHES GRADUATED FROM A.H.ANDERSON HIGH SCHOOL (COLUMBIA HEIGHTS) IN 1962. FOLLOWING GRADUATION HE WAS DRAFTED INTO THE US ARMY WHERE HE WAS ASSIGNED TO THE RED STONE ARSENAL MISSILE BASE IN HUNTSVILLE, ALABAMA. WHILE SERVING HE BECAME A MEMBER OF THE 55<sup>TH</sup> ARMY BAND PERFORMING FOR COUNTLESS VIP MILITARY EVENTS.

AFTER COMPLETING HIS TOUR OF DUTY, JAMES GRADUATED FROM WINSTON-SALEM STATE UNIVERSITY IN 1971 RECEIVING A BS DEGREE IN EDUCATION WITH A MINOR IN MUSIC. HE WAS EMPLOYED AS A MUSIC AND ARTS TEACHER IN THE WINSTON SALEM FORSYTH COUNTY SCHOOL SYSTEM FOR 30 YEARS. DURING HIS TENURE HE WAS AN EXCELLENT INSTRUCTOR SHARING HIS LOVE OF MUSIC WITH THOUSANDS OF STUDENTS AT BRONSON, ATKINS, ANDERSON, SOUTH PARK, CARTER G. WOODSON, AND WALKERTOWN SCHOOLS.

EXPRESSING HIS LOVE OF MUSIC AND ART, MR. FUNCHES PLAYED SAXOPHONE AND FLUTE WITH THE ELIMINATORS BAND, THE BILL BRIGHT JAZZ QUINTET. THERE WERE INNUMERABLE SESSIONS AT LOCAL NIGHT SPOTS TO INCLUDE THE KOSMOPOLITE CLUB, THE BLACK VELVET LOUNGE, AND MICHAEL'S DOWNTOWN. WITH THE ELIMINATORS HE PERFORMED AT MANY CHITLIN' CIRCUITS.

MR. FUNCHES WAS A MEMBER OF THE ASSOCIATED ARTISTS OF WINSTON-SALEM. HE ARRANGED THE MUSIC AND CONDUCTED THE BAND FOR THE BIG4 HBHS TALENT SHOWS. HE ALSO COMPOSED MUSIC FOR THE NC BLACK REPERTORY PERFORMANCES.

MR. FUNCHES' FAVORITE ARTISTIC MEDIA WAS WIRE SCULPTING AND SEVERAL OF HIS PIECES WERE DISPLAYED DURING BLACK HISTORY MONTH AT THE DIGGS GALLERY ON THE CAMPUS OF WSSU. OTHER EXHIBITS HAVE BEEN AT THE DELTA FINE ARTS CENTER AND REGIONAL GALLERIES THROUGHOUT NORTH CAROLINA.

SUBMITTED BY  
BEVERLY FUNCHES WILLIAMS

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



Registration District No. **03495** Local No. **710**

DECEDENT'S NAME (First, Middle, Last) <b>1. James Everette Funches</b>		SEX <b>2. M</b>	DATE OF DEATH (Month, Day, Year) <b>3. March 5, 2012</b>
SOCIAL SECURITY NUMBER <b>4. 239-68-6079</b>	AGE—Last Birthday (Years) <b>5. 68</b>	UNDER 1 YEAR Months Days <b>5b.</b>	UNDER 1 DAY Hours Minutes <b>5c.</b>
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) <b>6. Yes</b>		DATE OF BIRTH (Month, Day, Year) <b>8. July 26 1943</b>	
PLACE OF DEATH (Check only one) <b>9. Hospice</b>			
FACILITY NAME (If not institution, give street and number) <b>9b. Kate B. Reynolds Hospice Home</b>		CITY, TOWN, OR LOCATION OF DEATH <b>9c. Winston-Salem</b>	COUNTY OF DEATH <b>9d. Forsyth</b>
MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>10. Married</b>	SURVIVING SPOUSE (If wife, give maiden name) <b>11. Tommie Myers</b>	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>12a. Music/Art Teacher</b>	KIND OF BUSINESS/INDUSTRY <b>12b. Education</b>
RESIDENCE—STATE <b>13a. N.C.</b>	COUNTY <b>13b. Forsyth</b>	CITY, TOWN, OR LOCATION <b>13c. Winston-Salem</b>	STREET AND NUMBER <b>13d. 2821 Glenn Avenue</b>
INSIDE CITY LIMITS? (Yes or No) <b>13e. Yes</b>	ZIP CODE <b>13f. 27105</b>	Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specify) <b>14.</b>	DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+) <b>18. 16</b>
FATHER'S NAME (First, Middle, Last) <b>17. Lonzo Funches</b>		MOTHER'S NAME (First, Middle, Maiden Surname) <b>18. Evelyn Harris</b>	
INFORMANT'S NAME (Type/Print) <b>19a. Beverly Williams</b>		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>19b. 3141 Butterfield Dr. Winston-Salem NC 27105</b>	DATE AMENDED <b>19c.</b>
Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)			Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Esophageal CA</b> DUE TO (OR AS A CONSEQUENCE OF):			
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. 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, such as tobacco, alcohol, or drug use; diabetes, etc.			
AUTOPSY? (Yes or No) <b>21a. No</b>		If yes, were findings considered in determining cause of death? <b>21b.</b>	Was case referred to Medical Examiner? (Yes or No) <b>21c.</b>
TIME OF DEATH <b>22. 11:10 P.M.</b>		NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATH FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.	
SIGNATURE AND TITLE OF CERTIFIER <b>23a. M. Copeland MD</b>		DATE SIGNED (Month, Day, Year) <b>23b. 3/7/12</b>	
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print) <b>24. Mark N. Copeland, MD • 101 Hospice Lane, W-S, NC 27109</b>			
METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/> Donation <input type="checkbox"/> Other		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>25b. CREMATION SERVICES INC.</b>	LOCATION — City or Town, State, Zip Code <b>25c. Winston-Salem, NC 27106</b>
NAME AND ADDRESS OF FUNERAL HOME <b>26a. 1415 E. 14th Street Winston-Salem NC 27105</b>		NAME OF FUNERAL DIRECTOR <b>26b. Jonathan S. Johnson</b>	LICENSE NUMBER <b>26c. 1746</b>
REGISTRAR'S SIGNATURE <b>27. Mark Harty</b>	DATE FILED (Month, Day, Year) <b>28. MAR 08 2012</b>	NAME OF EMBALMER <b>28d. NA</b>	LICENSE NUMBER <b>28e. NA</b>

DECEDENT

PARENTS

INFORMANT

CAUSE OF DEATH

CERTIFIER

DISPOSITION

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